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CCT Programmes and Women's Empowerment in Peru, Bolivia and Ecuador

by Maxine Molyneux & Marilyn Thomson

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Executive Summary

Latin America's efforts to alleviate poverty have resulted in reducing poverty in twelve countries, most strikingly in Mexico and Brazil. The adoption of Cash Transfer programmes in much of the region is credited with helping to bring this reduction about. These programmes are widely promoted as a cost effective and efficient means by which to target vulnerable groups.

The model pioneered in Latin America is designed to assist poor households with the cost of schooling, and an innovative feature is that the transfer is given directly to the mothers. It is claimed that this maximises efficiency and achieves positive results because women's spending in low income households, in contrast to men's, is largely directed at satisfying children's and household's needs. It is also claimed that women benefit from their control over this resource and that their participation in the programme is empowering women.

Research Objectives

CCTs are child centred programmes and evaluations have naturally focused on their impact on children. The result is that we know little about their impact on women's lives or about their relationship with their husbands, their children, and with the authorities who manage the programme. Evaluations from a wide variety of contexts show that cash transfers have led to an increase in children's attendance in school and at clinics, and have helped poor households to mitigate the effects of chronic poverty. Yet there is little research on how these programmes affect the mothers who are responsible for meeting the programme's objectives. In applying a gender analysis to poverty reduction programmes it addresses two critical policy issues set by the MDG targets – how best to tackle poverty and eradicate it – and how to secure gender equality and women's empowerment. As we shall see, the evidence suggests that these goals could be far more closely connected in current approaches to poverty alleviation.

This research investigated three programmes in the Andean region of Latin America: 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.

Research Findings

Drawing on earlier studies and on CARE International's Women's Empowerment Framework the report identified a set of strategic areas for investigating the gender impacts of the three programmes. The principle findings are as follows:

- Our investigation confirmed that there were a number of practical gains for women from these programmes, which they value in a context where they receive few concrete benefits from the State or other actors. As mothers, some benefited from the family planning services, others from health checks and talks on nutrition and child health issues. Their receipt of the transfers meant that they were less dependent on husbands for money to meet the basic costs of children's daily needs. The women appreciated their increased mobility in public spaces, their participation in workshops, and increased decision-making powers in the home, which gave them greater self-confidence overall.
- Despite the existence in all three countries of government policies and mechanisms to mainstream gender equality, these have not been applied to the conditional cash transfer programmes, which lack explicit objectives or strategies to promote gender equality or women's empowerment. In addition, the government bodies responsible for managing the CCTs operate with insufficient connections to existing women's equality mechanisms or units within the government that might lead to the adoption of measures to strengthen women's rights and resilience to poverty.

- The design of the three programmes investigated is focused on strengthening women's maternal responsibilities. Fathers are marginal to programme activities, reflecting existing gender asymmetries and power relations. In emphasising motherhood and in giving little or no recognition to the fact that women also work in the fields and in the labour market, as well as having a role in the community, these programmes are missing an opportunity to advance government gender equality objectives. A step towards changing this would be to recognise and encourage a positive role for fathers, including promoting caring for their children as a shared responsibility, and addressing negative behaviours, such as domestic violence, as an integral part of responsible parenthood.
- The design of these programmes contained few elements that aimed to advance equality and empowerment goals for women. If gender equality and women's empowerment were to be mainstreamed into social protection programmes certain elements would need to be incorporated that would enhance women's skills and capabilities to give them increased access to the labour market, support with child care, and knowledge of their rights. In this way, they would treat poor women as citizens and not solely as tools of their children's development. By neglecting these issues and by tying women's security and life chances so closely to motherhood and the cash transfers associated with it, little account is taken of their mid to long term futures which remain precarious and uncertain.
- The research findings indicated that poor indigenous and Afro-Latino women in particular face a large number of unmet needs and a range of vulnerabilities which are not being addressed in programme delivery. Among these are precarious employment and income generating opportunities, domestic violence, reproductive health-related risks, lack of education, lack of voice and racist and discriminatory treatment from service providers, particularly in the health sector, with whom they now have increased contact as part of the fulfilment of their co-responsibilities.
- Other gaps in programme provision concerned the quality and content of health delivery services. Respondents indicated that they suffered in a number of ways from their limited exercise of sexual and reproductive rights. This is evidenced in high adolescent pregnancy rates, high fertility, unwanted pregnancies, and a lack of information on contraception and of preventive health measures. Even in cases where these services were being introduced this was often done without adequate information being given to the women concerned so that they could make informed decisions and often without taking account or respecting indigenous cultural practices and beliefs. As mentioned above, there are particular problems of discrimination in the relations between health providers and the women recipients of the cash transfers, which need to be proactively addressed.

- The degree to which the receipt of the stipend can be said to empower women, is however limited. While the women appreciated the economic benefits that the transfer brought to their family, it also comes with added responsibilities and time burden, as well as the additional costs that meeting the conditionalities and collecting the transfer can involve. Greater economic empowerment for women beneficiaries could be achieved with skills training, developing women's capacity to improve their income generating opportunities, and supporting them to find jobs or set up micro-enterprises, but such complementary programmes are currently non-existent or very limited. Although in some cases women had access to micro credit and skills training, this element of the programmes needs strengthening through training in financial management, and through proactive linkages with other programmes of government and NGOs that can fill these gaps.
- All three programmes helped to enhance women's rights as citizens through the requirement that participants must have identity documents and children's birth certificates in order to qualify. Assisting the women to obtain these documents is an important part of promoting the social inclusion of marginalised groups. However, more could be done to build on this to support women's citizenship through raising awareness of their rights, and introducing mechanisms to ensure non-discrimination on the grounds of race, gender and age.
- However, in general these programmes do not take sufficiently into account equitable notions of citizenship, for example by promoting the participation of beneficiaries in programme management, by establishing accountability mechanisms and by providing information on gender rights through training programmes
- Despite the official acknowledgement of welfare rights as entitlements, this message has not been transmitted to programme participants. The general perception of the cash transfer was that it was a gift from the government, or from the President. Attitudes of officials were also often dismissive or authoritarian. A common problem identified by respondents was the lack of respect shown to beneficiaries by programme officials because they were poor and vulnerable and were from indigenous communities. All three governments have recognised cultural rights and the need to tackle racism, therefore programme officials need to ensure that indigenous communities are treated with due respect. Programmes would be improved by a root and branch transformation of the attitudes of those who run them and by establishing mechanisms to ensure accountability and redress in cases of abuse or discrimination.
- Other problems of implementation follow from inefficiencies in service delivery and underinvestment in the services to low income communities. These included a lack of co-ordination among service providers, lack of understanding of the rules governing inclusion in the programme, and minimal contact with other organisations, from government or civil society that could support improved outcomes in addressing women's needs and rights.

Recommendations

We propose that a multi-pronged approach is needed to ensure that women's gender interests are addressed at different levels of CCT programmes. The research findings have enabled us to make a number of recommendations for government policy makers, NGOs and CCT programme staff, on how to improve CCT programmes in order that they can be more responsive and accountable to women; to influence policy and advocacy in the three countries and in the UK; and on the role of INGO and civil society organizations in promoting gender equity and women's empowerment in CCT programmes. We have grouped these under the following headings and objectives.

- **CCT Programme Policy and Design**

Objective: to ensure equality principles are built into the policy and design of CCT programmes

- **CCT Programme Implementation, Monitoring and Evaluation**

Objective: To ensure gender equality policies are put into practice at different levels of activities of the programmes

- **Communication and Information**

Objective: To ensure fairness and non-discrimination are integral to and promoted in all programme output

- **Education and Training**

Objective: To introduce women's equality, non-discrimination and empowerment elements into programme outputs.

- **Sustainability of CCT Programmes and Poverty Reduction**

Objective: to ensure that CCT Programmes incorporate exit strategies so that beneficiaries can achieve sustainable livelihoods

- **Participation and Accountability**

Objective: To establish participatory and consultative mechanisms to enable greater responsiveness.

- **Rights and Citizenship**

Objective: To bring CCT programmes into alignment with the fundamental principles of citizenship.

- **Transforming Gender relations**

Objective: To work towards more gender equitable relations in the household.

- **Sexual and Reproductive Rights:**

Objective: To improve health services

Part I – Gender and CCT Programmes

1. Introduction and Background

As a result of international priorities, policy experience and debate, the causes and effects of poverty are better understood within development policy arenas than ever before. Among the many lessons learned is that gender matters in poverty alleviation, and that gender sensitive programmes are more effective in tackling poverty than those that are gender blind. Gender relations that favour men's earning opportunities and consumption patterns to the detriment of other family members can, for example, lead to invisible 'secondary' poverty within the household¹.

Social protection policies and programmes aim to reduce poverty and vulnerability through measures such as social assistance and welfare programmes, social insurance, child protection and labour market initiatives. However, despite better understanding of pro-poor programmes and the proliferation of innovative anti-poverty programmes across the world, many social protection initiatives remain obstinately gender blind².

International development agencies, donor communities and governments have generally endorsed the principles of gender equality and women's empowerment and have developed a range of policies designed to further these goals. Latin American governments, often under pressure from active women's movements, signed up to CEDAW and to the Beijing Platform of Action, and over recent decades have adopted measures aimed at ensuring female empowerment in various spheres of social action: quotas to enhance parliamentary representation; equality legislation to reform anachronistic family codes, and programmes and laws designed to tackle violence against women are among the many measures taken to tackle gender inequalities. At the same time, progress has been made in the area of indigenous rights, and the Andean region is notable for the considerable activism on these issues both by indigenous communities and by governments in recent years, particularly in Bolivia and Ecuador³.

¹ Sylvia Chant ed. *The International Handbook of Gender and Poverty: Concepts, Research, Policy* is a comprehensive and up-to-date source on gender, development policy and practice. On secondary poverty in the household see, in addition, Sarah Bradshaw and A. Quirós Viquez, (2008) 'Women Beneficiaries or Women Bearing the Cost: A gendered analysis of the Red de Protección Social in Nicaragua'. *Development and Change*, 39.5:823-44. For further reading on Latin American CCTs including evaluations 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/maxine.html>

² See Holmes, Rebecca and Nicola Jones (2010), *Rethinking Social Protection using a Gender Lens* ODI Working Paper 320, www.odi.org.uk.

³ Both countries have enacted new Constitutions which reflect the influence of indigenous movements enshrining respect for their cultural rights and political representation.

While policies are increasingly concerned to move beyond poverty alleviation to tackling the sources of risk and vulnerability, they do so, generally, in ways that fail to address or only partially address the needs and risks of vulnerable women. Yet, if the targets set by the Millennium Development Goals (MDGs) concerning gender equity are to be met, then developing countries, donors and development agencies need to improve the design of anti-poverty programmes to make them more gender aware⁴.

1.1. Conditional Cash Transfers

Among the many instruments that have been developed in recent decades to tackle extreme poverty, conditional cash transfers (CCTs) are promoted by international organisations such as the World Bank, as being an innovative, cost effective and efficient means by which to target the most vulnerable groups. CCTs are non-contributory schemes that combine human development goals with income support for the poorest households, generally those without insurance. They are designed to build human capital and avoid the inter-generational transmission of poverty through measures to improve children's education, nutrition and infant-maternal health. Receipt of the cash transfers is made conditional on children's regular attendance at school and health clinics, and their mothers attending workshops and having check-ups at health clinics.

In Latin America, a region of low average growth until the present decade, tackling poverty became a priority in the 1990s, and governments experimented with more co-ordinated interventions to reduce the high rates of poverty and vulnerability. Social expenditure was increased and efforts were made to address the problems of inefficiency and clientelism that characterised the region's social assistance programmes. However, in 2002 some 40 per cent of Latin America's population remained in poverty at levels that were scarcely different to those in 1980 at the outset of the 'the lost decade'. It was only with the economic upturn of 2003-8 that some countries were able to achieve a marked decline in poverty levels. The Latin American Economic Commission (CEPAL) reported in 2010 that poverty had fallen in twelve Latin American countries, a fall it attributed in large measure to the adoption of anti-poverty initiatives such as CCTs⁵.

The first cash transfer programmes were launched in the late 1990s in Brazil and Mexico. Brazil's Bolsa Escola began under Fernando Henrique Cardoso's administration as a local initiative in the municipality of Campinas in 1994⁶. From 2001 it was gradually extended as a federal programme to the rest of the country reaching an estimated 11 million beneficiaries. Mexico's Progres

⁴ See: CEPAL (2005) The Millennium Development Goals: Latin American and Caribbean Perspective; access from: <http://www.eclac.org>

⁵ PNUD (2010), *Actuar sobre el futuro: romper la transmisión intergeneracional de la desigualdad*, Informe Regional Sobre Desarrollo Humano para América Latina y el Caribe, UN, New York.

⁶ Pochmann, M. (2006), *Proteção do rendimento e Inclusão social: uma abordagem integrada em São Paulo (2001-2004)*. São Paulo, Universidade de São Paulo.

followed in 1997, providing income transfers to the poorest households in rural Mexico conditional on children's school attendance and use of primary health care (Coady 2003). Today, Brazil's Bolsa Familia (which replaced Bolsa Escola in 2005) and Mexico's Oportunidades (which replaced Progresa in 2003) together reach around 17 million households. Other countries have followed a similar model, for example, Colombia's Familias en Acción, Ecuador's Bono de Desarrollo Humano, Nicaragua's Red de Protección Social, Jamaica's PATH programme, Honduras' PRAF. Argentina, Paraguay, Peru, the Dominican Republic and Panama followed by introducing programmes with similar characteristics. Cash transfers have spread across the world and now exist in most developing regions. While there are local variations in the design of the programme, (for example whether they are universal or targeted, and whether they have conditionalities or not) the model developed by Brazil and Mexico, which makes the transfers conditional on children reaching health and education targets, is the one most commonly favoured in the Latin American region⁷.

The current policy emphasis on CCTs is widely debated. Few could fail to welcome the focus of social policy on poverty, but there are concerns over the design, sustainability, and potential political instrumentality of the new programmes⁸. Whether the new forms of social assistance remain locked into, or revert back to some previous negative tendencies – clientelism, paternalism, short-termism, and being ineffective – or instead evolve into non-discretionary, rights-based, integrated, poverty eradication programmes, remains a key question.

Evaluations of these programmes in Latin America have shown them to be successful in meeting their core objectives. Children's school attendance has risen along with their nutritional levels, and households appear more capable of managing shocks and risks such as variations in food prices and employment opportunities⁹. Along with microcredit and other instruments designed to alleviate poverty, CCTs are seen as essential components of countries' efforts to establish more effective social protection systems. Current policy debate centres on how to move beyond project level initiatives to develop state co-ordinated and funded 'Social Safety Nets' which over time will provide a more integrated policy response to poverty, exclusion and vulnerability.

⁷ Senior staff from both *Oportunidades* and *Bolsa Escola* are frequently invited to assist Latin American governments to set up their own programmes, as occurred in Peru in 2005. In early 2009 Egypt hosted an event at which *representatives* from both of these programmes were invited along with other experts, to give presentations summing up the main features and lessons drawn. Egypt was in the process of piloting its own CCT programme and has since gradually extended its reach. See Pathways of Women's Empowerment, case study : IDS Bulletin, Special Issue: Negotiating Empowerment, March 2010, Volume 41, Issue 2

⁸ See Molyneux and Tabbush *op cit* for examples of the range of positions in this debate.

⁹ Examples of these positive findings can be found in the classic study of Mexico's CCT programme by Adato M., de la Brière B., Mindek D. and Quisumbing A. (2000), *The impact of PROGRESA on women's status and intra-household relations*, International Food Policy Research Institute, Washington D.C. Important qualitative research showing benefits to women has been carried out by Escobar Latapí, A. and González de la Rocha – see for example their 2009 article 'Girls, Mothers and Poverty Reduction in Mexico: Evaluating Progresa-Oportunidades' in Shahra Razavi, *The Gendered Impacts of Liberalisation*, New York and Abingdon: Routledge/UNRISD.

The design of CCTs is innovative in several respects – in their use of computer technology to centrally register beneficiaries and in delivering the cash transfers to banks or via debit cards. They also claim to break with paternalist forms of assistance by encouraging beneficiaries to take ‘active responsibility’ for their own development and risk management by making choices over the use of the transfers. In this way cash transfer programmes aim to change attitudes as well as behaviour and have been seen, by their supporters, as exemplifying a move from welfare dependency towards greater resilience on the part of low income populations. While some of these claims have been contested, or remain aims to be achieved at some future point, some countries have promoted cash transfers as a right rather than as a charitable hand-out by the authorities¹⁰.

Cash transfers are also innovative in the developing country context in giving the transfer to mothers along with the responsibilities for carrying out the associated conditionalities. In addition to ensuring children’s regular attendance at school and at health clinics, these conditions require pregnant women to have ante natal and post natal check-ups and to attend workshops and talks on healthcare and nutrition. Making mothers central to the programme is understood by most commentators to be key to its success, as women can generally be relied upon to fulfil their responsibilities to their children and to manage the spending of the stipend in accordance with children’s needs. It is also argued by a variety of commentators that female beneficiaries themselves benefit from this arrangement, enjoying an increase in family and neighbourhood status as a result of receiving and managing the expenditures of the transfer. It is claimed that having their own funds gives women more financial autonomy which helps to increase their self-esteem and their negotiating power with their spouse on how the funds are spent¹¹. 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. These social and economic objectives are argued to have the effect of ‘empowering’ the female beneficiaries of these CCT programmes.

Such claims of female empowerment, are, however, seldom examined in any depth or detail. Nor are the numerous ways in which programme design impacts upon gender relations within the household given much consideration in most evaluations¹². Women’s needs, too are seldom investigated, yet as present or future carers of infants and children, improvements to women’s income, health and education have multiplier effects on the family as a whole. Children’s life chances are greatly improved when their mothers are educated and healthy. Policies aimed at empowering women, while ethically justified, are generally also agreed by donors and

¹⁰ This message was particularly evident in the Mexican Programme *Oportunidades* in the early years of the first PAN administration, i.e. after 2000.

¹¹ Escobar Latapí, A. and González de la Rocha (2009) *op.cit.*

¹² Bradshaw *op.cit.* and Gonzalez de la Rocha *op.cit.* are among the exceptions to this widespread tendency. Also see Handa, Sudhanshu and Benjamin Davis 2006 ‘The Experience of Conditional Cash transfers in Latin America and the Caribbean, *Development Policy Review*, 24 (5): 513-536

governments to serve wider social goals including assisting development efforts. It would seem, therefore, that both human rights and utilitarian perspectives converge in indicating that social protection policies need to be gender sensitive and take account of women's needs and risks if they are to be effective in reaching the most vulnerable groups, and tackling some of the root causes of poverty¹³. Despite this long established view, gender equity and empowerment objectives are often treated as secondary, and if they are included at all they are weakly represented and have little or no rights- based or equality content.

CCTs are child centred programmes and therefore evaluations have naturally focused on their impact on children. The result, however, is that we know little about the ways in which relationships within the household - between mothers and children, and between spouses - as well as between households and the authorities who manage the programme, have been affected by their participation in it. We also know little about how programmes affect the mothers themselves as individuals, rather than as vehicles for improving their children's welfare.

The research on which this report is based was therefore carried out with the aim of casting light on these questions by investigating three programmes in the Andean region of Latin America: Peru, Bolivia and Ecuador. Three basic assumptions of the research were: first that gender matters in poverty alleviation and gender sensitive programmes will work better in tackling poverty than those which are gender blind. Second, given that households are institutions based on complex forms of interdependency and reciprocity among members, understanding the impact of poverty or of interventions designed to alleviate it, requires an appreciation of the social relations of the household as a whole. Finally, the welfare of socially disadvantaged communities is closely linked to the availability and quality of care. Women's monopoly of caring within poor households therefore needs to be analysed rather than taken for granted as it opens up crucial questions of policy and principle. Let us consider these arguments:

1.2. Why gender matters for social protection

Despite notable improvements 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 female income and life chances are typically less than men's of comparable socio-economic status. These differentials are far greater among the rural poor and marginalised indigenous and Afro-Latino communities that are the focus of the social protection schemes that

¹³ The consensus of development organisations such as the World Bank, OECD, and UN agencies is that women's equality and empowerment are both an effect of development and contribute to it. Empowering women through education and increasing their access to assets and public goods therefore has positive efficiency effects in the family and wider society, and contributes to economic growth. See for example: UN Women Progress of the World's Women reports: 2008/2009 Gender and Accountability and forthcoming (2011) Women's Access to Justice, 2010/11, access from: <http://www.unifem.org/progress/progress.html>

we analysed¹⁴. In addition to long term insecurity caused by low income and low asset accumulation, girls and women are also vulnerable to the effects of early and multiple pregnancies and often high levels of domestic violence¹⁵. The following table, giving some basic data in relation to the MDG targets, shows both the extent of poverty and its impact on women and children in our three country cases.

Millennium Development Goals			
Indicators	Peru	Bolivia	Ecuador
Goal 1: Population living below the national poverty line.	51.6% ¹⁶ (2004)	37.7% (2007)	38.3% (2006)
Goal 4: Children under 5 years mortality rate (per 1,000 live births)	21.3 (2009)	51.2 (2009)	24.2% (2009)
Goal 5: Maternal mortality ratio (per 100,000 live births)	98 (2008)	180 ¹⁷ (2008)	140 (2008)
Goal 5b: Adolescent pregnancy ratio (per 1,000 women)	59 (2004)	89 (2006)	100 (2002)

Source: <http://mdgs.un.org/unsd/mdg/Data.aspx>

¹⁴ The latest Human Development Report on the LAC region 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. PNUD (2010) op cit. On Ecuador see Larrea, Carlos and Fernando Montenegro (2005) in *Indigenous People, Poverty and Human Development in Latin America: 1994-2004*, ed. Gillette Hall and Harry Patrinos, 67-105, New York: Palgrave Macmillan. On the ways in which class, gender and ethnicity interact to deepen social inequality see Kabeer, Naila (2011) *MDGs, Social Justice and the Challenge of Intersecting Inequalities* CDPR (Centre for Development Policy and Research) Policy Brief No 3, March.

¹⁵ See data from Instituto Nacional de Estadísticas e Informática – INEI (2006). ‘Consecuencias socioeconómicas de la maternidad adolescente: ¿Constituye un obstáculo para la formación de capital humano y el acceso a mejores empleos?’ *Documento de Trabajo 17*, Lima.

¹⁶ According to other sources the poverty rate in Peru dropped to 34.8% in 2009 (INEI, 2010)

¹⁷ Data from other sources put this figure at 310 pregnancy- related maternal deaths for every 1,000 live-births. Encuesta Nacional de Demografía y Salud (ENDSA) 2008.

The ascription of responsibilities along gender lines means that women have the principal, often exclusive, role of child carer, along with caring for other family members who are in need. This female care work is generally understood as a natural outcome of biology rather than as a social construct and is deemed a labour of love or duty or both. Analysts have examined the social relations of care and theorised the 'care economy' revealing its curious status as both invisible and at the same time critically important to household survival.

Poverty relief programmes, despite decades of discussion around these questions, continue to work with norms and assumptions that may carry increased risks for women in poor communities. CCT programmes depend upon consolidating women's caring role in the family and thereby deepening existing gender divisions. They are directed at improving the care delivered to children by their mothers whether directly through the conditionalities, or indirectly through training on nutrition and child health. There are clear benefits to children of improved care but there is no consideration given to what impact increasing women's responsibilities in this domain might have, and nor do women's needs and rights enter into programme design. Neither does the idea that care might be shared with other family members, including boys and men. However satisfying caring may be it is not cost-free for the carer. As women's roles in the economy have diversified, and as household survival has come to depend increasingly on the incomes women generate, there may be adverse consequences of reinforcing women's role in the care economy if it affects their participation in economic activity, and limits their ability to develop their own resilience to poverty. This means that programmes should ensure that their conditionalities do not conflict with or make greatly increased demands on women's time.

As a result of greater attention to equality issues and women's rights some social protection programmes have begun to incorporate gender equality enhancing features¹⁸. Mexico's Oportunidades programme, for example, provides beneficiary households with a slightly higher transfer for girls to attend school in order to incentivise parents to release their daughters from household duties. As a result the gender gap in schooling has almost been eliminated. Some training and literacy has been offered to women in this programme where resources permit. However, as noted, it is the giving of the transfer to mothers which is seen as the principle empowering measure. Yet while the beneficiaries of these programmes value the economic support provided by the transfers the empowerment claim is challenged by some feminist analysts who have argued that any gains due to women's control over the transfer may be offset by increasing their responsibilities in the home or as Sylvia Chant puts it 'for managing poverty'¹⁹. In this report we explore the issue of women's empowerment through the findings of our field research.

¹⁸ The most far reaching attempt to do this is Ethiopia's Productive Safety Net Programme which includes childcare, work, and skill training for women (Holmes, Rebecca and Nicola Jones (2010) op cit).

¹⁹ Sylvia Chant argues that this amounts to 'the feminisation of responsibility'. See S.Chant (2007) *Gender, Generation and Poverty: Exploring the Feminisation of Poverty in Africa, Asia and Latin America*, Cheltenham: Edward Elgar.

2. Research Methodology

The research was carried out by local teams in each of the three countries in a variety of settings in rural areas and in low income urban settlements. Although official data is not disaggregated by ethnicity, it is estimated that the majority of the recipients of the *bonos* (the Spanish term used for the transfer) in Peru, Bolivia and Ecuador are indigenous people or ethnic minorities living in isolated rural communities or recent migrants to the cities, as they are the most marginalised and poorest groups in these countries and the target group for the programmes. See Appendix II for information on the locations of the field work.

The research focused, in the first instance, on the design of the programme. Programme objectives and practices were examined through secondary sources - official documents, evaluations and academic research. In the field work key informants were interviewed about the administration and functioning of each of the programmes. The investigation into gender impacts and empowerment focused on the experiences of the women beneficiaries of the programmes and was conducted using participatory approaches.

Guidelines were prepared for the field work and the methods and tools used consisted of focus group discussions, a survey and in depth interviews with women beneficiaries and interviews with a variety of key informants (teachers, workers in health clinics, programme staff, community promoters, women's organisations, local authorities, government ministers and husbands of beneficiaries). At the end of the field research we held a workshop in Lima, Peru, bringing together the researchers and CARE staff to compare notes and present and discuss the initial findings.

2.1. Locations for the Field Work

The findings we present in this report apply to the communities where the field work was conducted and there may be variations of these results in other parts of the three countries. In the field work 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 interviews were carried out with key informants (56 Bolivia, 14 Ecuador and 12 Peru) these were decision makers, community leaders, health promoters, and men in the community. Interviewing and focus groups took place from 14 September to 8 October 2010. The samples in each country are quite small but the findings provide us with a snapshot of the impact on beneficiaries in a variety of different communities, and their views help us to analyse the impact of these programmes on the lives of poor women.

The women who took part in the study were mainly young mothers (21-40 years old) but younger women (in the 15-21 age group) also participated. A significant number of women were indigenous and migrants from rural areas and approximately half the participants were married,

others were co-habiting, widows or single mothers. In some of the study locations migration is a significant feature in the community. In some cases men migrate for large parts of the year, leaving women with all the responsibilities of the home. In other areas it is the women who migrate and they often leave their children to be cared for by grandparents. For further details on the profile of the respondents see the Appendix II.

In Peru the field research was conducted in Espinar and Acomayo; which are respectively a three and five hours drive from Cusco, the capital of the region. These areas were chosen because they are part of a recently-launched pilot scheme which is promoting savings among beneficiaries of the Juntos programme and we wanted to investigate whether there was initial evidence of this having any bearing on women's empowerment. The Juntos programme had been operational in these communities since 2007 and to date 540 households in Acomayo and 2,013 households in Coporaque are recipients of the bono (out of a total of 843 and 3,869 homes respectively).

In Bolivia field research was carried out in both rural and urban areas in the departments of La Paz and Potosi. In depth interviews were mainly carried out in the cities of El Alto and La Paz and in the rural community of Batallas. The women interviewed were closely linked to Aymara culture, in their majority migrants from rural areas or descendants of migrants from the Department of La Paz and many speak the Aymara language. In depth interviews were also carried out in the city of Potosi and rural areas of the municipality of Betanzos, to ensure both an Aymara and Quechua perspective of the Bono was included.

While in Ecuador the field work was conducted in three locations: Esmeraldas, capital of the province with the same name, on the Northern Coast where the population is predominantly Afro-Ecuadorian; Lago Agrio the capital of the province of Sucumbíos, north of the Amazonia region, with a strong presence of people displaced by the conflict in Colombia; and in Cangahua, a rural parish in Cayambe canton, Pichincha province, where 79 per cent of the population is indigenous and approximately 15 per cent are illiterate. An initial pilot workshop to test the tools was held in Quito with migrant women from the Sierra who were living in a poor neighbourhood of the capital city. For further details on the field work and methodology see Appendix I.

2.2. Research questions and definitions

The study aimed to analyse the relationship between CCT programmes and women's empowerment through qualitative and participatory research in the aforementioned communities in Peru, Bolivia and Ecuador. We examined the extent to which CCT programmes promote gender equity, how far they are in alignment with official policies concerning women's rights, whether they incorporate good practices with regard to gender in their design, whether access to government subsidies leads to greater financial autonomy for women, if the programmes ensure effective control over this income, and whether the transfer impacts favourably on women's empowerment. We also wanted to identify the possible negative impacts of CCT programmes, for example: whether they

lead to an additional time burden for women, reinforce traditional roles, marginalise men from care work, create conflicts between couples over money, and encourage men to work less and/or contribute less to the household as a result of women receiving the transfer.

2.3. Concepts and framework for analysis

As noted above, it is widely held that one of the effects of CCT programmes is the empowerment of women beneficiaries. As there are many definitions of “empowerment”, and varying views on how it can be achieved, we considered it important for our research to agree a common definition of the term which, for the purposes of this study we defined as:

“the acquisition of capabilities that have the potential to assist women in achieving autonomy (legal and material), equality (social and personal, i.e. status and self-esteem) and voice and influence (over decisions that affect their lives).”²⁰

This definition requires us to go some way further than simply recognising that enhanced status within the family or the community, or increased self-esteem, are sufficient indicators of empowerment. If programmes are to empower women, there would need to be some evidence of capability acquisition i.e. in the form of skills, assets, and rights, - along the lines indicated above.

With regard to programme design, an a priori assumption of the research was that gender sensitive policies are necessary if women’s needs are to be taken into account, both to enhance the efficiency of the project and to ensure that they do no harm by undermining women’s fragile livelihoods. If policies are also designed to empower women, they need to be based on an understanding of prevailing gender relations, and identify the most effective ways of advancing women’s interests within the context concerned. We considered gender sensitive policies and programmes to be those that have incorporated into them the following features²¹:

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

²⁰ Molyneux M. 2008 *Pathways of Women’s Empowerment?*, Pathways Working Paper 5, September 2008, IDS, Sussex p45

²¹ Ibid.p46

The evidence so far suggests that few social protection programmes conform to this model and most are based on assumptions that are out of alignment with declared government objectives regarding gender equity. This tends to be the case, despite the considerable variation in design among social protection programmes and despite the influence of women's movements and NGOs in some of our cases. We were interested to know how far official policy commitments of our three countries to women's rights and equality were put into practice in the conception, implementation and evaluation of the social protection programmes analysed.

The analytic tools guiding the research into these questions were drawn from several sources²². In terms of looking at project implementation and impact CARE International has identified a set of strategic areas which we adapted for use in this study. CARE's women's empowerment framework identifies three significant elements for the advancement of the goals of women's empowerment, autonomy and gender equality. The first is what CARE calls 'women's agency' referring here to the self-image and self-esteem of women: their belief in their own capacities; their awareness of legal rights; whether they have the freedom and security to move in public spaces; what influence they may have on key decisions such as family expenses and child rearing in the family environment; and access to health services. The second is the 'structural dimension', which comprises: the extent to which programme design reinforces women's traditional roles centred on maternity and caring responsibilities and unpaid reproductive work; whether there is an equitable notion of citizenship; access to new economic opportunities; and access to information. These categories are similar to the six characteristics we identified in our model above. The third element, the 'relational dimension' refers to the quality of women's participation in the public sphere, within networks, and relations of solidarity and mutual support between women, intra-family relations, and an ability to engage with service providers and authorities. We used these dimensions to help us to analyse our findings on women's empowerment.

The research findings have enabled us to make a number of recommendations on how to improve CCT programmes in order that they can be more responsive and accountable to women; to influence policy and advocacy in the three countries and in the UK; and on the role of I-NGO and civil society organizations in promoting gender equity and women's empowerment in CCT programmes.

²² In addition to the CARE Women's Empowerment Framework we drew on the analytic approach in Molyneux, M. (2008) op cit.

Part II – Programme Design

3. Research Methodology

In this part of the report we present the main findings of the research on the design and implementation of the CCT programmes and on policies addressing women's rights in each of the three countries. The three programmes analysed focus on mothers as key to programme delivery and goal achievement. The Peru and Ecuador programmes provide cash transfers to promote children's education, health and nutrition and maternal health, while Bolivia's is solely a health delivery programme as education is covered by another programme.

3.1. Programme *Juntos* in Peru

The *Juntos* programme began operating in 2005 and by August 2010 it was implemented in 638 districts in 14 regions reaching 460,597 homes²³ in poor rural areas. Inspired by the Mexican and Brazilian programmes, *Juntos* combines poverty reduction with human development objectives. It is targeted at families with children up to the age of 14, prioritising infants between 0-36 months and it promotes access to health services by pregnant women²⁴. Beneficiary families receive approximately US\$ 70 every two months, irrespective of the number of children, conditional on their participation in health, nutrition, education and identity programmes. If these conditionalities are not met then sanctions are applied. These cash transfers are provided for an initial period of four years, and can be extended for a further four following a process of re-certification.

A few proposals have been developed to make visible the gendered impact of the *Juntos* programme by developing indicators that could be included in the priority programme Budget by Results [Presupuesto por Resultados (PpR)]. However, there are no official proposals for advocacy mechanism or follow up to ensure these are incorporated into the programme. In this context the women's organisation *Movimiento Manuela Ramos*²⁵ developed gender indicators in two critical aspects of inequality: sexual and reproductive health and women's autonomy and control over

²³ www.Juntos.gob.pe

²⁴ In 2009 the following priorities were identified for support in *Juntos*: households with children under 3 years who have been going to the health service; households with children between the ages of 3-14 year who are attending school and have reached the corresponding grade in primary education for their age; households who have received information, educational publications or training sessions and can demonstrate the adoption of "key family practices" such as having identity documents, health-nutrition and education.

²⁵ Bravo, Rosa (2007) *Presupuesto por resultados indicadores de género: educación, salud y programa Juntos*, Manuela Ramos: Peru.

reproduction²⁶. An indicator for teenage pregnancy was also proposed that would allow the monitoring of the State's obligation to develop an integrated sex education policy. Their report on these indicators includes a chapter on the *Juntos* programme with a gender analysis of the programme looking specifically at the indicators for the Millennium Development Goals.

3.2. Bono Juana Azurduy in Bolivia (BJA)

The *Bono Juana Azurduy* has only been operating since April 2009 and during this time it was suspended for six months, so it is still very new. It is part of the government's national development plan and its effort to meet the Millennium Development Goals, specifically to reduce maternal mortality, neonatal mortality and extreme poverty. It is one of several social protection schemes that run concurrently, such as the *Bono Juancito Pinto* (BJP) which was created in 2006 with the objective of integrating and retaining boys and girls in primary school; and the *Renta Dignidad Bono* to support the elderly. The government claims that together these three programmes serve three out of ten Bolivians, and that between 2008 and 2009 there were 2.8 million people in receipt of one or more of these *bonos* (out of a national population of approximately 9 million)²⁷. A Social Protection network²⁸ has been set up to coordinate all state policies and programmes on these issues.

The BJA is a cash incentive worth up to US\$250, paid in instalments over a period of 33 months. It aims to contribute to lowering maternal and child mortality and chronic malnutrition in children less than two years of age. It offers health care for pregnant women and young children, encouraging their attendance for health check-ups²⁹ and complements other government programmes such as the SUMI maternal and child health programme³⁰. The aim of the BJA is to reach isolated communities and safeguard families' rights to health. In addition to supporting maternal health, the programmes include services such as family planning, smear tests for cervical cancer and support services for adolescents.

The programme was initially introduced in 52 municipalities that were prioritised because of their extreme poverty, but President Morales made it a 'universal' benefit for all mothers in the country. In spite of its universality it is temporary, as it is programmed for only five years. Currently the *bono* is paid out to mothers (and in some cases to fathers) by authorised financial bodies in each municipality. In order to claim it beneficiaries present their identity cards and a form they are

²⁶ It is also proposed to monitor aspects such as the number of women heads of household and the percentage of pregnant women beneficiaries who are victims of domestic violence.

²⁷ Ministerio de Economía y Finanzas Públicas cited in: Periódico Digital Educación Radiofónica de Bolivia (ERBOL). http://www.erbol.com.bo/noticia.php_13/2/10.

²⁸ Red de Programas de Protección Social y Desarrollo Integral Comunitario-RPPS-DIC

²⁹ Ministerio de Salud y Deportes (2009) *Fortalecimiento del Bono Juana Azurduy Mediante la Contratación de Médicos Destinados al Primer Nivel de Atención*. La Paz: Bolivia

³⁰ SUMI (Seguro Universal Materno Infantil); CONAN (Consejo Nacional de Alimentación y Nutrición) and SAFCI (Sistema de Atención Familiar Comunitaria e Intercultural).

given in the health centres which is stamped with the date of their latest check-up³¹. According to official data in May 2010, at the end of the first year of the implementation of the BJA, there were 374,080 beneficiaries, the highest number in the departments of La Paz (148,481), Cochabamba (54,395) and Santa Cruz (48,902)³².

3.3. Bono de Desarrollo Humano in Ecuador (BDH)

The BDH has been running since 1998 and is implemented at a national level. It includes cash transfers for the poorest families and is aimed at mothers, especially women-heads of household, the disabled and the elderly. It has a wide coverage: 1,180,779 mothers were supported by the programme in 2010³³.

The current BDH programme provides beneficiaries with \$35 per month and aims to ensure that boys and girls go to school and have access to health checks in the first five years of life. Beneficiaries access the funds through cash machines and are also given access to credit and bank services. The technical design of the programme has not changed substantially since 2003 when it was proposed that the economic empowerment of women would improve the living conditions of poor families. Measures were also put in place to improve human capital through: lowering levels of chronic malnutrition and preventable illnesses in children under 5 years old; the promotion of education and ensuring children aged 5 to 18 years attend school; and social protection of the elderly and disabled people. Currently the conditionalities require families with children under 6 years old in receipt of the BDH to attend clinics for regular health checks; that the children go to school at least 90 per cent of school days; and that mothers attend health clinics for smear tests and mammograms³⁴.

The objective of the Ministry of Social and Economic Inclusion is to move progressively to establish social security for the poorest households who currently do not contribute to insurance schemes but there do not appear to be targets regarding the specific rights of women³⁵. Evaluations of the programme carried out in 2003, 2005 y 2007 jointly with the World Bank showed achievements with regard to health, education and child labour³⁶. The main findings showed increased registration in secondary school of girls and boys between 11 and 19 years old,

³¹ Mesa por una Maternidad y Nacimiento Seguros (n/d) *Bono Juana Azurduy. Una oportunidad para la vida*. La Paz: FCI Bolivia/UNFPA-Bolivia.

³² Ibid.

³³ See Martínez D., José y Rosero M., José, 'Impacto del Bono de Desarrollo Humano en el Trabajo Infantil' (n/d), Quito.; and Armas, Amparo. 2005. "Redes e institucionalización en Ecuador. Bono de desarrollo humano." *Serie Mujer y desarrollo N° 76*. Comisión Económica para América Latina y el Caribe (CEPAL), Santiago de Chile.

³⁴ Interview with Mauricio León, Vice-minister Coordinación de Desarrollo Social, Quito, September 2010.

³⁵ Ministerio de Inclusión Económica y Social (MIES) 'Políticas de Inclusión Económica y Social en el Sector Rural', June 2009 p.10, pdf.

³⁶ Martínez Dobronsky, J. & Rosero Moncayo, J. (n/d) Impacto del Bono de Desarrollo Humano en el Trabajo Infantil, Quito

3.5 per cent more than in families that do not receive the *bono*. In the first evaluation of the programme there is a reference to mothers self-imposing conditions and using the funds to improve the health and education of their children even though these were not initially conditionalities in the programme³⁷.

The BDH programme in Ecuador has been running the longest but it was not designed with a gender focus. The Bolivian BJA is only recently established so it was not always possible to find evidence of impact. So, although there are some similarities in these different programmes, the *Juntos* Programme in Peru has incorporated in its design more of the elements on women's empowerment that our study aimed to examine, and in our findings there are therefore a greater number of examples coming from this programme.

Main Characteristics of the CCT Programmes		
Juntos - Peru	BJA - Bolivia	BDH - Ecuador
<p>Transfer is US\$70 every 2 months (i.e. US\$1.23 a day)</p> <p>Requirement to have identity documents</p> <p>Priorities: Poor households with children under 14 years; poor households where children are not regularly going to school.</p> <p>Conditionalities: children taken for regular health and nutrition check-ups; children's regular attendance at school; women having pre & post natal check-ups. If these conditions are not met sanctions apply.</p> <p>Coverage: 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 4 years, can be extended for a further 4 after review and certification.</p>	<p>Transfer is US\$250 in instalments spread over 33 months (i.e. US \$0.20 a day)</p> <p>Requirement to have identity documents and a form with date of latest check-up from the health centre</p> <p>Priorities: lower maternal and child mortality and chronic malnutrition in boys and girls under two-years.</p> <p>Conditionalities: pregnant women attend clinics for pre and post natal check-ups and birth; health checks for babies and infants.</p> <p>Coverage: Started in April 2009 Initially introduced in 52 municipalities, at the end of the first year there were 374,080 beneficiaries (May 2010).</p> <p>Initially a 5-year programme.</p>	<p>Transfer is US\$ 35 monthly (i.e. US\$1.15 a day).</p> <p>Requirement to have identity documents to access health services.</p> <p>Priorities: lowering levels of chronic malnutrition and preventable illnesses in children under 5 years; ensuring children go to school; protecting the elderly and disabled</p> <p>Conditionalities: children under 6 years old attend clinics for regular health checks; children go to school 90% of school days; mothers have smear tests and mammograms</p> <p>Coverage: Started in 1998. 1,180,779 mothers were supported in 2010 (on-going programme).</p>

³⁷ Ibid.

4. Social Protection and Gender Mainstreaming

In this section we present the main findings on the policy environment and the design and implementation of the CCT programmes. In all three countries governments have policies and mechanisms to mainstream gender equality across governments departments. However, as we will see below, these have not been applied to social protection programmes which, on the contrary, reinforce women's traditional mothering and caring role. Furthermore they do not address wider strategic gender concerns relating to strengthening and building women's skills or fostering their participation in the programme design and in the community. In general, we found that the Social Protection Departments in all three countries operate with insufficient connections to existing women's equality mechanisms or units within the government that might enhance women's social position. However, in some instances there were attempts to work with women's organisations and community leaders in the implementation of the programmes, which we discuss further in Section III of the report.

4.1. The Gender Policy Environment and Women's Rights

Although the governments of all three countries have made strong commitments to gender equality and have signed up to international protocols, there are still significant gender gaps in income, education and health among the poorest and most marginalised communities, notably among indigenous populations³⁸. This is especially the case where low female status is ascribed at birth and girl children typically grow up with lower educational levels, poorer nutritional state, and are given less valued roles and responsibilities in the family, generally assisting mothers with household tasks and care. Maternal mortality and morbidity rates are also highest among low income and indigenous groups, and female income and life chances are typically less than men's of comparable socio-economic status³⁹.

In recent years the government of Peru introduced a number of policy measures and laws⁴⁰ aimed at guaranteeing women's equality with men and non-discrimination with regard to family and sexual violence, access to education, unwanted pregnancies, economic opportunities, access to credit and to land deeds. The Equal Opportunities Plan (2006-2010) promotes gender mainstreaming at both national and local levels and gives special priority to supporting women in rural areas. However, funding is limited and this has made it difficult to effectively implement the plan. Other measures being developed are to include a gender perspective in public sector spending⁴¹. Women's organisations and non-government organisations (NGOs) have also developed

³⁸ PNUD (2010), op.cit.

³⁹ PNUD, 2010 op cit.; Kabeer, 2011

⁴⁰ Plan Nacional contra la Violencia hacia la Mujer (PNVM); Ley de Igualdad de Oportunidades (2007); Plan de Igualdad de Oportunidades (PIO) 2006-2010.

⁴¹ Ley de Presupuesto del Sector Público 2007

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, their impact is limited by restricted financial and human resources. The *Juntos* CCT programme has contact with different state programmes and the Minister for Women and Social Development is on the board of *Juntos*. An inter-institutional agreement was signed between *Juntos* and the Ministerio de la Mujer y el Desarrollo Social (MIMDES), the women's ministry; however, this was limited to food distribution, nutrition and access to identity documents rather than mainstreaming the equal opportunities policy or integrating women's rights into the *Juntos* programme⁴².

In Bolivia, under the presidency of Evo Morales a new National Development Plan⁴³ was introduced which stated that everyone should be given equality of opportunity regardless of gender and ethnicity and gender was mainstreamed in the new Constitution that was enacted on February 2009⁴⁴. A Vice-Ministry for Equal Opportunities was created in the Ministry of Justice to promote women's advancement and rights. It enjoyed more power and resources than previous state bodies with this brief, and developed a national plan for public policies on women's rights, and strategies to incorporate the demands of indigenous, rural, and historically excluded groups of women into government policies and laws⁴⁵. The current 2008-2020 national plan for equal opportunities⁴⁶ includes specific provisions on gender equity and recognises women's contribution to the development of the country. It states that women have equal opportunities to access services, to full participation in decision-making, and for a life free from violence. The State and public policy are effectively mandated to promote changes in gender relations. However, in developing the multi-sector strategy, neither the government's Gender Unit nor other women's agencies were consulted and, according to our informants, this was the reason why women's rights issues were side-lined and a technical, administrative, health focus prevailed in the design and implementation of the BJA programme.

The new Constitution of the republic of Ecuador, which came into effect in 2008, declares that the state will formulate and implement policies leading to equality between women and men⁴⁷. The National Women's Commission (CONAMU) was the main state body responsible for developing and promoting public policies with a gender focus (1999-2009) and was closely linked to the president's office. Its objectives were to formulate policies which promote women's human, sexual

⁴² See <http://www.juntos.gob.pe>

⁴³ 2006, Plan Nacional de Desarrollo (PND) "Bolivia Digna, Soberana, Productiva y Democrática para Vivir Bien"; Ministerio de Planificación del Desarrollo; La Paz http://www.constituyentesoberana.org/3/propuestas/gobierno/11_Min_Planificacion_Plan_Nal_Development_Plan.pdf

⁴⁴ The correct title is *The Constitution of the Plurinational State of Bolivia*.

⁴⁵ Plan Nacional de Políticas Públicas para el Ejercicio Pleno de los Derechos de las Mujeres 2004-2007.

⁴⁶ El Plan Nacional para la Igualdad de Oportunidades: "Mujeres Construyendo la Nueva Bolivia para Vivir Bien"

⁴⁷ Article 70 Constitución de la República del Ecuador 2008.

and reproductive rights, and their access to justice. They developed the country's second Equal Opportunities Plan which includes developing gender sensitive budgets, providing technical support on gender, and promoting citizens' participation. However, the CONAMU was dissolved in 2009, its staff dismissed, and a Transitional Commission (*Comisión de Transición*) was put in its place to work toward the establishment of an Equality Council. This Transitional Commission has a small administrative office and 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) has not been taken forward and it does not appear to be a priority for the current government and therefore there has been little progress in working toward women's equal rights⁴⁸.

When the Bono de Desarrollo Humano (BDH) was established in Ecuador, agreements were made to mainstream gender into social policy between CONAMU and the government ministry responsible for the monitoring and evaluation of the BDH programme with the World Bank (the Secretaría Técnica del Frente Social). Despite these agreements gender was not a significant feature in the design of the BDH programmes⁴⁹. Following the election of Rafael Correa as president, a new focus was given to the BDH, which was 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 President⁵⁰. 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, reinforcing the gender division of labour within the home. The focus of the BDH as a financial acknowledgement of women's work began to lose emphasis and since 2009 there have been no new public announcements in this respect. Official presentations about the programme now refer to the original human development content⁵¹.

4.2. Design and Implementation of the CCT programmes

In this section we present our analysis regarding the extent to which official policy commitments to women's rights and equality were put into practice in the conception and implementation of the three social protection programmes analysed. We considered gender sensitive policies and programmes to be those that have incorporated equality principles into the design of the programmes. This would imply that the six characteristics we identified in the research framework (see 2.3. above) were present in the design and implementation. However, as our analysis of the

⁴⁸ Source: UNDP Mecanismos de Igualdad: <http://www.americalatinalgenera.org>

⁴⁹ Armas, 2005: op.cit p. 75-76

⁵⁰ Taken from the news clip "Rafael Correa afirma que en Ecuador se construye una revolución", 12 November, 2007. http://malagabolivariana.blogspot.com/2007_11_01_archive.html, Armas (2007)

⁵¹ León, Mauricio, 'Las Crisis y el Bono de Desarrollo Humano en el Ecuador', presentation IV Seminario Internacional de Programas de Transferencia Condicionado de Ingreso, Santiago de Chile, 5-6 November 2009

programmes below shows, the extent of gender equality and empowerment principles being mainstreamed was very limited or non-existent in some categories.

- **Equality principles are built into the design of the programmes**

In the design of the *Juntos* programme in Peru there are no objectives regarding women's empowerment nor are there outcomes linked to women's equality and equity, and the programme does not propose to transform gender relations.

In the BJA programme in Bolivia equality or equity principles are not explicit but the programme does focus on principles related to the right to health. Unlike in the other countries, where CCT are targeted at specific areas or social groups, this programme is universal – it is aimed at all Bolivian mothers regardless of their social, ethnic, regional or racial identity thus, in theory, it is equal and fair since it guarantees support to all women: “*the right to safe maternity and the rights of all children to survival and development by meeting their needs and interests*” (Art. 45 of the Constitution DS 0066 2/04/09)

However, it can be argued that it would be more effective to target the *bono* only at the most disadvantaged groups of women: the poorest and those living in rural areas, in order to have a more significant impact on both maternal and infant mortality⁵².

When the BDH programme started in Ecuador there were agreements to mainstream gender in social policies but these were not implemented and gender equality is not a significant feature in the policy of the programme⁵³. Even though the BDH contains elements that favour some women's rights, it does not explicitly propose to empower women or to act on gender inequality. These objectives are only implicit in that the transfer is given to women. The health and education conditionalities apply equally to boys and girls with no gender difference and in recent years according to official data there are no gender gaps in matriculation at primary schools in Ecuador. How reliable these figures are is open to question as significant numbers of poor families not in receipt of the *bono* do not enrol their children in school, and also enrolment is not the same as retention. Other reports suggest that, in general, girls in poor families are more likely to be kept at home to help with domestic tasks and even when they complete primary education they do not continue into secondary school⁵⁴.

⁵² Correspondence with TA,CARE Bolivia March 2010

⁵³ Armas, 2005:op.cit.

⁵⁴ For a discussion on obstacles to girls education see, for example: UNESCO 2010 Education for All Global Monitoring Report: Reaching the Marginalized, Oxford University Press, p.54.

- **Training and resources are allocated to strengthen women's capabilities**

In the areas we carried out the field work the *Juntos* Programme had no training element except for the messages given out by local programme staff about child care and women's domestic responsibilities. Local officials have a great potential to provide information but are limited by factors such as the inadequate induction process and the high number of homes they are in charge of in the programme areas. These messages are given out on payment days, covering issues such as hygiene and preventing illnesses in children, the importance of good treatment and family harmony: "*we focus on what gender is and that women should no longer allow men to treat them badly*" (local manager). But they do not give much emphasis to increasing the participation of men in the caring sphere and little content on the gender division of labour.

The conditionalities of the *Juntos* programme specify that mothers should attend the talks laid on for them in the health centres on topics such as nutrition and family planning⁵⁵. The key informants we interviewed in *Juntos* and in the health centres highlighted that these talks have a limited impact because they are often oversubscribed: with 50-60 women regularly attending and with many children present, conditions are not optimal for learning. However, the recently re-designed programme *Juntos 2* includes a more structured component of information and education through talks and other communications aimed at changing behaviour in key family practices such as child care, promoting a savings culture, as well as making improvements to the home⁵⁶. This design considers new dimensions that could potentially have positive impacts on women's financial skills, such as training in production. There is a pilot programme on access to savings and financial services, which is being developed in 24 districts in a partnership between a number of actors (*Juntos*, Ministry of Agriculture, the President's Office, National Bank, IEP, and CARE Peru, and which expects to reach 450,000 women over the next 2 years)⁵⁷.

In Bolivia the design of the BJA includes an information, communications and education strategy, which aims to improve public information about the programme through public health, nutrition and sexual and reproductive health messages⁵⁸. It also includes workshops directed exclusively at mothers on maternal and child health, and training and technical support for health staff working on the programme. Involving men in training is not being considered and services such as family planning or HIV/AIDS prevention are not included. The conditions for the beneficiaries include attending routine educational sessions and activities promoted by the health centres on topics such as maternal and child health and family planning. In general these

⁵⁵ Instituto de Estudios Peruanos IEP (2009). Estudio de percepción sobre cambios de comportamiento de los beneficiarios y accesibilidad al programa juntos en el distrito de San Jerónimo (Andahuaylas – Apurímac).

⁵⁶ Programa *Juntos*, Manual de Operaciones, Junio 2010.

⁵⁷ see <http://www.agrorural.gob.pe/index.php/difusion/noticias/1217-en-dos-anos-objetivo-del-gobierno-es-lograr-450-mil-mujeres-ahorristas-en-zonas-rurales-del-peru.html>

⁵⁸ Ministerio de Salud y Deportes – Unidad de Análisis de Política Económica (2008) *Manual operativo. Programa de protección social a la madre y al niño*. La Paz: MSD-UDAPE.

sessions are aimed only at women, although some of the women interviewed mentioned that men had gone to meetings on reducing conflicts in the family. As the BJA is still a relatively new programme there is an opportunity for different information, education and communication strategies to be integrated into the structure for the programme in the future.

Unlike the other two CCT programmes the BDH programme in Ecuador does not include any training components. However, it does link up with other social programmes that include training, such as the Human Development Credit (Crédito de Desarrollo Humano). Only the women interviewed in Quito had participated in these training courses that aimed to help them to get jobs with skills such as sewing and bread-making but the 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 14.9.2010)

- **Social and economic empowerment of women as an explicit goal of the programmes**

In Part III of this report we examine in detail the impact of the programmes on women's empowerment. Here we give some examples of how the absence of an explicit goal on women's empowerment is leading to violations in women's rights in the way the programme is being implemented in these localities.

The *Juntos* programme has the potential to change relations between the state and women in rural areas, in particular indigenous women, who are often seen as inferior and subjected to mistreatment by service providers. However, our study findings indicate that the relations of local *Juntos* staff with beneficiaries in the programme did not increase awareness of rights or lead to greater empowerment of women. We heard reports of bullying and of informal conditionalities imposed on beneficiaries. Sanctions and control predominated in these relationships rather than responsibilities and rights, with women being threatened with having their funds cut if they did not meet certain requirements (such as improving their cooking facilities, latrines and participating in literacy training).

"We force them to go to literacy classes, we frighten them by saying we will cut their money, so at least they go, even if it's because they are scared" (Interview with a key informant in the local authority).

Some of the key informants we interviewed in Bolivia considered that the BJA programme violates women's sexual and reproductive rights because the conditionalities of the *bono* are seen as controlling women's maternity and women's access to services. For example, women do not have the right to another transfer if they become pregnant again before the previous child is two years old; and if they have an abortion or miscarriage they are not allowed to apply for another three years, which some see as penalising women for the reproductive choices they make. It is not

made clear what criteria are used to determine whether a woman has had an abortion or a miscarriage. Although these requirements are based on a medical rationale relating to birth spacing, many mothers are not made aware of this and often do not wait the required time before getting pregnant again. Furthermore, women are not provided with information on how to avoid pregnancy and family planning, and contraception is not available in many health services.

In Ecuador, as elsewhere in the region, mothers are seen as being more likely to invest resources in their families and can therefore be relied on to deliver the targets of the programmes. Giving the transfer to mothers:

“...is the recognition that the mother is the most capable person to administer the income. It is expected that mothers will invest these additional resources in their children and in this way increase the quality of life of the family.” (BDH Programme Manual, Acuerdo Ministerial 512, R0/ 142, 7 August, 2003).

The main focus of the BDH is equity of income but there are problems with putting this into practice. There is a general lack of information about the selection process of beneficiaries and some key informants interviewed in our study said there are cases of needy families who do not apply for a *bono* because they are not clear about the criteria. Some see it as a charity hand-out and they do not want to be seen as beggars by applying for it. Several key informants questioned whether the programme is in fact leading to increased equity as there is favouritism operating in the programme, and some families who are benefiting are not among the poorest. These types of errors are not being addressed but they could be identified through community participation mechanisms.

- **Family friendly policies that acknowledge care giving, childcare arrangements, time management are promoted**

The Juntos programme aims to change attitudes and practices that impact negatively on the children's conditions; it considers women as having the main role in children's welfare, and promotes women's role as the care-giver in the family. The key informants interviewed confirmed that the programme takes affirmative action to support women but this is not aimed at achieving gender equity. Although it aims to address extreme poverty by meeting some needs of poor families, interviewees stated that the programme reinforces the traditional role of women as mothers and risks adding to their burden by increasing their daily chores⁵⁹. The programme increases women's time burden and women are unable to distinguish between their obligations under the programme and unofficial conditionalities imposed by local managers, believing they

⁵⁹ According to the IEP (2009) the conditionalities aim to improve living conditions in the home but they put pressure on the beneficiaries

have to obey both equally⁶⁰. In the field work we were given examples of local staff abusing power relations with the beneficiaries by applying unofficial sanctions instead of promoting their rights to good quality health and education services.

The focus of the BJA on maternity and child health does not include women's empowerment as a goal, although maternal mortality is an indicator of women's most basic human rights. However, these indicators are insufficient and connections are not made with other policies and programmes that are promoting women's agency on maternity, such as access to integrated SRH services. Maternity has been given increased significance with the introduction of the *bono*, which was launched by President Morales to mark the celebration of Mother's Day with messages that strongly endorsed women's maternal and reproductive role.

In the current phase of the BDH programme in Ecuador the emphasis is on the economic inclusion of poor families. Beneficiaries of the transfer can also apply to a credit programme, which aims to raise the income of people living in extreme poverty by incorporating them into productive and sustainable processes that generate self-employment⁶¹. However, the programme has no official links with women's organisations (apart from possible participation of representatives in the CTS). This is a missed opportunity as they could potentially contribute to supporting women's agency in holding officials to account.

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

Changing gender relations is not part of the design of the CCT programmes in any of the programmes we examined. However, in the implementation of the programmes we were able to detect some outcomes that are leading towards changing gender relations, as well as activities that are targeting men to a limited extent. These tend to be the result of local initiatives and are not part of the overall programme strategy.

For example, in the *Juntos* programme links have been made with public services for the protection against violence and abuse which are a result of the initiatives of local programme managers rather than being a programme mandate. Health services and *Juntos* refer cases of domestic violence to bodies such as the *Defensoría Municipal del Niño y el Adolescente* (DEMUNA), the child and adolescent ombudsman. In Acomayo, they carry out awareness raising actions in communities, where one critical element stands out: they use the threat to cut the *bono* if men continue their violent behaviour. According to our interviews, this measure, together with the systematic effort of the Public Prosecutor (*Fiscalía*) to stop the illegal sales of a local alcoholic

⁶⁰ Aramburú, C. E. (2009), *Informe Compilatorio: El Programa Juntos, Resultados y Retos*. Lima: Programa Juntos

⁶¹ Interview with Mauricio León, Vice-minister for Social Development Coordination- Coordinación de Desarrollo Social- Quito, September 2010.

drink, based on methanol, have had some impact in reducing the level of family violence in this area where it is a particularly serious problem.

In Bolivia only a few respondents mentioned that men had been involved in training activities. They had gone to meetings aimed at reducing conflicts in the family that had come about as a result of tensions caused by the increasing demands on women's time and the conditions imposed by the programme.

"We have seen cases of verbal abuse by husbands. Once, when there was a problem in making the payment the men were aggressive with women for not getting the money; so that's why we decided to have a meeting with the fathers so that we could tell them about how the bono is handled and to clear up any queries" (Interview AR, 09/10/10)

Training men and women in different gender and violence themes is part of the remit of gender units in government departments. However, these units do not coordinate with the BJA and the beneficiaries are not included in their trainings. There was only one example given of mothers attending the clinics who were given information on the protocols and services relating to gender based violence. According to one interviewee:

"They talk to women about vitamins and iron. They don't talk to them about their rights. They should have a module on violence and pregnancy." (Interview ID & MT 29/09/10)

In Ecuador, an Afro-Ecuadorian key informant interviewed said that as the husband of a beneficiary he would have liked to go to trainings but none were available. He considered that women in his community have always been independent and made their own decisions. He had not seen any change in his wife as a result of the *bono* and she combined looking after her children with work. However, the fact that women are the recipients of the funds has to some extent changed gender dynamics within the home which we examine below in Part III of this report.

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

Juntos does involve civil society in the management structure of the programme and in the Supervision and Transparency Committee (CTS) which monitors the implementation of the programme⁶². However, the programme has no official links with women's organisations (apart from possible participation of representatives in the CTS). This is a missed opportunity as they could potentially contribute to supporting women's agency in holding officials to account.

⁶² The Executive Committee for the Programme includes four representatives of civil society who have a say in the election of the Executive Director of the *Juntos* Programme and in approving strategic and operational plans, and the Budget. The CTS functions at a regional, national and local level with the participation of civil society and the church.

There is a mechanism for representing the views of the beneficiaries through the *Madres Comunitarias*, (women community leaders), who are presidents of the programme committees (687 women at a national level), who are elected by the beneficiaries and have the role of intermediaries with programme staff. Their function is to “provide guidance to the other mothers about their rights and duties, with a supporting role as social watchdogs in coordination with local managers”⁶³. They have an active role in the programme and help with its implementation: calling the women together and providing information. They are also charged with following up with women who are not meeting the conditionalities and they have a role in channelling complaints and demands from the women in their communities to authorities. However, their role gives them power over other women in the community and, in some cases, there are complaints of their behaving in an authoritarian manner. Other studies have indicated that in carrying out their role the Community mothers support the unofficial sanctions imposed by local programme staff by giving them voluntary work, such as cleaning up the community⁶⁴.

Apart from the *Madres Comunitarias* the programme does not include beneficiaries in the design, implementation or evaluation of the programme. According to one study⁶⁵ the capacity of women in the programme to exercise their rights effectively and consciously and increase their agency in public life, applies only to the women presidents of the *Juntos* Committees. These women community leaders have access to privileged information about the programme and greater opportunities for training and mobility. According to our informants 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 rights and capacity to speak out and defend women’s rights. In our research areas only the *Madres Comunitarias* considered that their opinions were listened to and taken into account in meetings. Other women indicated that “no one had asked them their opinion yet” or consulted them about any aspect of the programme and they considered that there are limited or no options if they want to make a complaint.

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*, which is closely associated with the government. In fact, as one informant explained, “the President (Evo Morales) delegated to the *Bartolinas* the social control of the Bono” (interview with key informant FC 29/09/10), but no other women’s groups or bodies were involved to ensure a wide focus on gender and rights. The government Gender Unit and women’s mechanism were not consulted in developing the multi-sector strategy, and a technical, administrative, health focus prevailed in its design and implementation, rather than a focus on women’s rights.

⁶³ Programa *Juntos*, op. cit

⁶⁴ IEP (2009) op.cit.

⁶⁵ Ibid.

The agreement was signed with the *Bartolina Sisa* women's organisation and 300 of its local leaders were trained to be able to inform, educate and carry out "social control" this strategy was insufficient and there was no visible impact. The *Bartolinas* saw this as an important opportunity to work on women's empowerment, but their organisation did not have the capacity to respond in some districts of the country. Some of the organisation's representatives who were interviewed considered that the BJA programme could be more effective in its awareness-raising activities and that the health service ought to respond to their demands to improve the services offered to mothers. The local promoters need more training in family planning and other kinds of support in order to carry out activities for the programme. They have to get up very early in the morning to travel to distant communities, sometimes leaving their own families for days on end to reach women living in isolated areas. (Interview GC 11/10/10).

A guide on social organisation was prepared for the leaders of *Bartolina Sisa* 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 organisation put out a statement in the media announcing they would withdraw from the role, "possibly because they could not exercise any real social control to benefit women" (interview FC 29/09/10). In the research areas local promoters of the *Bartolinas* interviewed said they had tried to support the beneficiaries with advice but were unclear about their role in BJA the programme.

In Ecuador the BDH does not involve the participation of the community. All the key informants interviewed indicated that the beneficiaries had not been consulted about the design or other aspects of the programme. The programme has tried to improve the information given to beneficiaries by offering free phone calls, but these consultations are limited to providing information about access to the programme. The participation of women continues to focus on risk management, such as their responsibility in meeting conditionalities, but there is no mechanism for the beneficiaries to participate in consultations or to be part of decision-making in the programme. None of the women interviewed were consulted about the functioning of the programme, indeed several women who participated in the focus groups for this study said it was the first time anyone had asked them their views on the programme.

In summary, our analysis on the design and implementation of the programmes using CARE's 'structural dimension' of empowerment framework (see 2.3 above) shows that these programmes reinforce women's traditional gender roles centred on maternity and caring responsibilities and unpaid reproductive work. With the possible exception of the recently re-designed *Juntos 2* pilot programme, these CCT programmes do not take sufficiently into account equitable notions of citizenship, for example by promoting the participation of beneficiaries in the programme management or by providing information on gender rights through training programmes. This has had an impact on women's agency as we shall see in the following section which examines in detail issues relating to women's empowerment.

Part III – Findings on Women’s Empowerment

In this section we present the main findings from our participatory research on the impact of CCT programmes on women. We analyse whether the changes that have come about for women in the poorest and most excluded sectors are significant and can claim to be empowering. These findings present the views of women who participated in focus group discussions and interviews and the analysis of our local researchers in each country. The information collected on women’s empowerment is organised according to the relevant sub-dimensions of CARE’s Empowerment Framework (see Section 2.3 above). During our final workshop to discuss the research findings, we identified seven relevant categories in the sub-dimensions of “women’s agency” and a few examples in the category of women’s relations with state services in the “structural dimension”, which are recorded in the boxes below.

5. Women’s perceptions of empowerment and equality

As noted earlier, no significant elements were built into the CCT programmes design with the aim of supporting women’s empowerment or gender equality in any of the countries, 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.

We began our focus group discussions by asking the women beneficiaries for their understanding of the concept of “empowerment” in relation to the issues that matter to them, in their own lives. None of the women who participated in the focus groups or interviews in any of the countries were familiar with the concept of “empowerment”. This is perhaps not surprising given the lack of gender awareness training in these programmes. 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 was summarised by a focus group in Quito 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. 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. Moreover, within Andean cosmology the idea of complementarity of family roles based on sex retains significance in some regions and communities⁶⁶.

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.

⁶⁶ Prieto, Mercedes, Andrea Pequeño, Clorinda Cominao, Alejandra Flores, and Gina Maldonado, (2010) ‘Respect, Discrimination, and Violence: Indigenous Women in Ecuador; 1990-2007’ p. 205, in E. Maier and N. Lebon eds. *Women’s Activism in Latin America and the Caribbean*, Rutgers University Press, New Brunswick.

5.1. Women influencing decision-making in the home

Positive Impact:

- The resources are spent mainly on children's needs leading to improved health and education
- Reduction of women's dependency on their husband's income
- The *bono* has helped to give women greater influence in day-to-day decisions (buying food, medicine, shopping for the children etc...)
- Women have increased decision-making powers in the home (women's role has always been that of home administrator)
- Women have increased control of spending on 'socially acceptable' goods

Limitations:

- Some cases of lack of control of the money where husbands take it off them, sometimes with violence or threats
- Some men are contributing less money to the family, they consider the *bono* as the women's wage so they don't need to pay up
- Reinforcement of women's maternal role and gender divisions in the home.

The findings from Peru indicate that it is women who decide the priorities for spending the *bono* – in some cases discussing it with their husbands – which was also substantiated in the interviews with men. Receiving the transfer gives women greater negotiating power in the home, the sphere that has traditionally been their responsibility. As the interviews clearly indicated, the women appreciated this gain in autonomy resulting from their reduced dependence on men's income:

"That money does not get turned over to their husbands, it's prohibited, it is just for women. Now I don't need to ask my husband for any" (Interview with Community Mother Leader, Huáscar).

"Now I support the home. I used to be badly treated by my husband he would ask me how the money had been spent... as if I had done wrong. Now he doesn't have the nerve to ask" (GF Huáscar).

This does not necessarily give women greater power of negotiation or decision-making in other spheres. Several women interviewed indicated that men still make the important decisions in the family (on major investments, buying expensive goods etc.), which highlights that women are still submissive to men as head of the family and the voice of authority. Nevertheless, some positive references were made, such as women and men "dialoguing and coming to agreements", making decisions together on some matters, such as options for generating additional income or

the use of contraception. However, the frequent opposition of men to the use of contraception was also shown to be problematic. As one woman explained:

“I didn’t want to have children but my husband didn’t understand, I don’t know why that should be, some are like that... he didn’t want me to go to the health post, he said that would be bad for me... and I too am scared (to go there)” (J., woman, Machupunte).

The programme does not seem to have had any impact in questioning gender patterns that give greater power and decision-making capacity to men:

“It’s always the same; the man always decides what to do: in the field, in the home, even little things, and when he goes to work I stay with the children” (H. woman, Acomayo).

In Bolivia there were different views on whether there was an impact on decision-making in the family. In La Paz, for example women interviewed stressed that they are able to decide how to use the *bono* without asking their husbands and in this way lessened economic inequality in the family.

“With the bono I can get little things for the baby and my husband says: you see to it. Before I worked and had my own money but now I don’t, so the bono is an income for me and I decide myself what I buy for my boy” (Interview GF, La Paz, 13/10/10).

While in Santa Cruz, the women interviewed said the BJA had done nothing to change their lives, this may be due to the very low amount of the transfer, but also one key informant in the local government gender unit stressed: *“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”*. Some said that the programme has reinforced women’s maternity role and has not acknowledged men’s paternity role. One man interviewed said that although it was women’s role to look after the baby and the kitchen, both have responsibilities:

“We talk about who is going to do what and we share the tasks: we collaborate that’s why we are father and mother” (Interview. L, 07/10/10).

The women interviewed in Ecuador had different views on the impact on gender relations within the family. The majority considered that communication with their husband had improved as a result of receiving the *bono* and some felt this was because the transfer enables women to contribute to the family’s expenses. In some cases the women said that there hadn’t been many changes in communication with their husbands. But others said they were able to make their own decisions now, as one beneficiary explained:

“I was completely dependent on what he wanted to give me before, but since I’ve been getting the bono I take the decisions about what we buy and that’s the end of the story”.
(Focus group)

Similarly, another said that the *bono* gives women greater freedom, because:

“now we don’t feel humiliated having to ask our husbands for money all the time and have them question us on what we want it for; now I have my own money and if we need bread I can pay for it out of my own pocket without asking”.

Among the Afro-Ecuadorian women interviewed there were a high proportion of single mothers. They commented that the *bono* is a help but does not have much impact because they still have to meet all their children’s needs. Other women felt that having the transfer only allows decision-making on some things, such as what to spend on food or the children. One woman pointed out that it was a negative change because now her husband tells her to go and cash her ‘wages’ and has stopped giving her the money he used to give her for the housekeeping: *“men think it is very positive that women get this money because it means they can contribute less.”*

Most of the men interviewed in Ecuador agreed that it is the women who decide how to spend the money they receive according to the needs of the household. Among the Afro-Ecuadorian men some recognised it was a benefit to receive the transfer because their income is not fixed and fluctuates when they have a poor harvest or there are extreme changes in the weather. One said that the *bono* helps pay their water and electricity bills, so now they can afford to take their children to the doctor when they are ill. There is less stigma now about receiving the transfer and some men said that they go with their wives to cash it, whereas before they felt ashamed if their neighbours saw them cashing the *bono*.

An Afro-Ecuadorian woman indicated that women have the right to decide:

“I have always made my own decisions, my mother was the same she always worked, she did not want to be kept and her husband didn’t earn enough so she had to work.”

Another beneficiary said that rights have to do with women being:

“...in charge of themselves, of our own bodies. We shouldn’t have to ask our husbands for everything, they didn’t buy us and we should not be dependent on them.”

A few of the women interviewed said that there were some situations where women had experienced domestic violence and husbands took the money off them to spend on themselves. In the focus group in Esmeraldas the women said that a popular song had been composed called *El quita bono* – the *bono*-taker, which has become a cultural stereotype.

5.2. Impact on women's self-esteem

Positive Impact:

- Success in managing a process and sense of achievement in obtaining the *bono*
- Perception of own value because they are contributing money to the home
- Increasing demands on women's time
- Vindication of the status of the poor
- To be able to go to the bank, have access to financial services, and leave the home.

Limitations:

- Mistreatment affects women's self-image (accused of being lazy, having children to get the benefits etc...)
- New social stigmas and stereotypes are being generated because of the *bono* homes are checked, women are threatened with having the *bono* taken away; people scrutinizing how they are dressed
- No positive messages generated by the programme about the beneficiaries
- They are treated badly in the banks (told to wash their feet before they can enter; that they smell bad; that they cannot sign; or that they are not in the system)

In Peru, the testimonies show how the transfer has led to a greater sense of security and self-confidence in women because they can contribute and satisfy their children's needs and that it can also reduce tensions – and even mistreatment – which women were exposed to when they had to account for their spending.

"I'm not as scared of my husband as I used to be... he helps out more now because he is afraid Juntos will be stopped" (M., woman, Huáscar).

However, the programme is leading to new challenges for women beneficiaries with regard to the way they are perceived by the community, which can have a negative impact on their self-esteem. Women interviewed complained about constantly being insulted and of mistreatment and some even said they hope the programme is stopped so that the bad treatment comes to an end. In the case of Acomayo, there was a smear campaign against women beneficiaries⁶⁷. One of the local authorities interviewed there said the women beneficiaries are attacked psychologically and are rejected by members of the community who are not recipients; and that local institutions have nicknamed them "Alan Garcia's (the President) women".

⁶⁷ The Church was reported as having played a negative role by broadcasting radio messages to the parish that accuse the programme of making women lazy and not doing anything because they get the *bono*. Incorrect figures are given over the radio to show that there have been a disproportionate increase in the number of pregnancies in the zone.

“Because we are with Juntos we get badly treated in the street. They say that it is our fault that all the prices and taxes are going up... can it be true that taxes are going up? They say that we are already getting into line at the bank to cash in, that’s what they say to us ... sometimes we say that it would be better not to receive it because we get all this criticism they say we are lazy and are getting pregnant because of Juntos, we are demoralised by all this” (GF, Acomayo).

“You are all lazy just standing at the bank... they say all sorts of things. They ask us if we bought our clothes with the programme money” (L., woman, Huáscar).

In Bolivia the short life of the programme does not enable an assessment of its impact or changes in behaviour, but some women interviewed in urban areas said that they had felt increased self-confidence because they had more control of spending and were able to take decisions that are respected by their husbands, even if these are only in relation to child care: *“I know what I am going to buy for the baby; he doesn’t interfere in that” (GF La Paz, 13/10/10).*

In Ecuador many of the beneficiaries taking part in the research also felt that their self-confidence had increased because they had greater decision-making power and were bringing some money into the home.

As we will see in more detail below (section 5.8.) in all three programmes we found examples of negative impacts on women in the way they are treated in the health centres and banks where they sometimes have to wait for hours and they also receive threats from staff, all of which have a negative impact on their confidence. In addition, the programmes generate resentments in the community and new stereotypes that portray beneficiaries in a negative light and no measures have been introduced to improve communications or messages to address this unintended consequence.

5.3. Women’s awareness of and access to rights

Positive Impact:

- Gaining access to an identity document
- Increased awareness of the right to education (see section 5.5)
- Birth certificates being obtained for children
- Visibility of children’s rights

Limitations:

- Intentional lack of information leading to arbitrary interpretations of the rules, abuses and violations (e.g.: charges being levied for services that should be free)
- Paternalism/Tutelage – the *bono* being seen as a favour not a right
- Extra-official and official conditions that violate rights (e.g.: birth-spacing)
- Sanctions

There are some elements of the *Juntos* programme in Peru that address the specific vulnerabilities of rural women and therefore have a significant impact on women's rights. For example, in order to join the programme women are required to have a National Identity Document (DNI). Rural women make up the majority of the population without documents⁶⁸ and the DNI enables them to exercise other rights such as taking part in elections, representation and access to state services (land deeds, credit and others)⁶⁹. By enabling their access to identity cards the programme contributes to social inclusion and to enhancing women's citizenship.

This process is also true of the Bolivian programme which requires women to register and provides children with birth certificates. However, the majority of the interviewees saw the BJA as a "gift" from the government and not as their right. In urban areas women were more questioning and said that, if it is coming out of their taxes then it is a right, but they were not clear where the money comes from. Some of the key informants saw the BJA as responding to the gender policies of the government to support women's rights. But they could not identify which policies. Others said that it contradicts women's rights as it is more of a population control policy, rather than an issue of women's right to health.

"Women do not see it as a right... here in the network women can no longer decide where to have their children. Some who want to go to the maternity hospital are told by the doctors that if they do so they will lose their bono, as they should only go to the nearest health centre to where they live." (Interview ID y MT 29/09/10).

In rural areas in Bolivia we did not obtain any data indicating that women felt respected in their own right, especially with regard to claiming their payments or making complaints. On the contrary, some of the rural women recognised that they need to be better organised: *"it's possible to get it but not one-by-one, if there is no strength we won't get what we want"* (interview GF Kkonapaya, 07/10/10). However, our research found that younger women in rural areas (who had finished primary school and were aged between 24 and 28 years) were able to discuss their rights more easily, as one of them said:

"I always heard on the radio that now women have more rights that there is no violence against women. They say that if you see your neighbour suffering violence then make a complaint. I hear that all the time on the radio, no more violence against women, women should not be discriminated against...but I see men getting drunk and even when sober, just hitting their wives ... I say that men shouldn't behave like this. Fighting leads to more violence and even the children suffer; there is no longer a good relationship between couples." (Interview NQ, 08/10/10, Batallas).

⁶⁸ IEP 2009 op. cit.

⁶⁹ Ibid. To date the identity document (DNI) has been given to a quarter of all women beneficiaries in the programme (around 110,000), as well as 53% of the child beneficiaries under 14 years.

In Ecuador there is no focus in the programme design on raising awareness of rights and, because of a lack of information about the objectives and selection mechanisms of the programme, any rights that are being promoted are not made explicit. However, the women's movement has brought together some of the beneficiaries, more by chance than design, and this means that some women participating in the research had more information about the programme and had learned about their rights. The women interviewed who participated in a women's organisation in urban areas had heard about women's rights in talks and training sessions but women interviewed in rural areas were not aware of their rights. For some of them 'rights' referred to respect between husband and wife, having a dignified life, to not being treated badly, the right to decide to go out, to work, or to participate. Others said that having rights depends on luck – some have luck and others do not. Only one woman said that in the *bono* programme she was told that she had the right to health and free medicine. A woman leader considered that women have more empowerment in their decision making. She considered that:

"rights are realised when women are aware of what their rights are and ensure that these are fulfilled". (Focus Group discussion)

In general we found a common thread in the three programmes in that the public perceive the *bono* as patronage by the government 'for the president's women' rather than as a right of citizenship. This is a result of the way that the programmes are promoted and because of a lack of information about the criteria for selection. This has led to resentments and divisiveness in smaller communities as some are seen to be favoured over others and there were accusations made that some families which do not deserve to receive the transfer are nonetheless benefiting from it.

5.4. Women's economic empowerment

Positive Impact:

- Capacity for enterprise (through having access to an advance of the *bono*)
- Small investments buying animals and seeds (Peru and Bolivia)
- Managing animals and money

Limitations:

- No strategies for how to stimulate local economy or links to dynamics of market
- Lack of links with other programmes (Ministry of Agriculture), cooperatives etc...
- Lack of analysis on market opportunities (small business enterprises have no real access to the market)
- Lack of recognition of local knowledge in programmes
- Lack of recognition of the value of unpaid domestic labour

The findings from the study in Peru show that the *Juntos* programme had some unintended impacts on women's economic empowerment. The programme gives women a degree of recognition because they receive the benefit directly and they enter into a relationship with the State. The programme also promotes some financial autonomy for women and their sphere of decision-making is widened. As they administer money not previously available to them, their dependency on men diminishes, leading to an increased capacity for negotiation for women who "*can speak up as an equal because they are contributing*"⁷⁰.

The programme also has the potential to link women to other opportunities and programmes, such as access to temporary employment projects or day care. Since its inception the *Juntos* programme has promoted the idea that women should use part of the *bono* for productive activities (such as buying small livestock stock; developing kitchen gardens, weaving). These activities contribute to increasing food security by generating complementary income for women. However, there is as yet no analysis of the impact of these activities or of their contribution to women's economic empowerment. Their effectiveness might be limited by the women's lack of knowledge or links with local markets, which are characteristically small and fragile and require other conditions to be met such as the diversification of products in order to be successful enterprises⁷¹.

This productive dimension along with the new initiatives of the *Juntos 2* programme, such as savings promotion have the potential to improve women's income, and increase their autonomy and capacity for decision-making. However, we were unable to see any evidence of this in the study, although several testimonies pointed to the need for training in order manage the risks involved in taking on economic activities, such as raising livestock, on a large scale.

In Bolivia, even though the programme has a focus on women's health, the women participating in the focus groups saw the economic benefits as being for their children, not for themselves: they spend the money on milk, clothes and medicine for their children; some even save the pre-natal money for the child's future needs. (Interview JT, 11/10/10, La Paz). Some women had invested the money from the *bono* in the home and this had an increased impact on the family. In both rural communities visited, a few women had bought animals which they said belonged to their children. They raise the animals and sell them for a higher price and in this way generate more income. One woman was planning ahead and had opened a savings account for her 2-year-old daughter and said she would also continue to save when her daughter went to school as she would receive the *Bono Juancito Pinto* (BJP) aimed at supporting children's education. The programme in Bolivia is not designed to address women's economic needs or to access new

⁷⁰ Interview with a local authority.

⁷¹ Interview with a representative of IEP.

economic opportunities, thus perpetuating their dependence on the state and making the programmes unsustainable in the longer term.

Most of the women interviewed in Ecuador realised that the *bono* is not permanent or a long term solution and many also work. But they are usually not in well-paid jobs and when the *bono* ceases they find it difficult to meet certain payments such as their rent, as they use the *bono* to cover daily needs and emergencies. After receiving the *bono* for a year many had seen improvements in their financial situation. In Ecuador, the links between the BDH and a credit scheme has supported women's enterprises in some cases and led to increased levels of decision making and economic activities. According to our findings the BDH on its own has not led to an increase in income generating activities but the link between the BDH and the microcredit programme (the *Crédito de Desarrollo Humano*) gives women greater access to credit for productive activities.

Some of the beneficiaries able to meet their basic needs with the *bono* were then able to use the microcredit to start or improve a business. Some had applied for a micro credit for up to 700 dollars, as an advance of the *bono*, which means they cannot receive the *bono* for two years. These are often small scale street vending enterprises, such as preparing and selling food. The women gave examples of how they used these micro credits such as: to buy equipment to make sausages and fry potatoes to sell; buying children's clothes in bulk to re-sell, or buying livestock. Although in practice, access to credit and goods should lead to women's greater economic autonomy, this hypothesis could not be verified in this research due to the short time frame.

As the programme has been running for many years in Ecuador it has a wide coverage and there is a general perception that the *bono* and credit schemes are an economic right for poor women, even though the *bono* is tied to women's reproductive role. More recently the focus of Social Protection Programmes has been on the economic inclusion of poor families and the aims promoted are to incorporate the population living in extreme poverty into sustainable productive processes that generate self-employment and gradually increase family income⁷². As noted above (4.1) in an earlier phase of the programme the public discourse was that the programme was a response to women's most important demands – the recognition of the value of their caring work in the home. Some of the women who participated in the focus groups repeated the slogans of President Correa saying that:

"Women work in the home and this is our wage for doing the work". Another said: 'they think we do nothing at home but we are the first to get up and the last to go to bed at night: we cook, wash and iron clothes, look after the children, so we do work and this is an incentive that the government gives us". (Focus group Quito, September 2010)

⁷² Interview with Mauricio León, September 2010.

5.5. Education

Positive Impact:

- More girls (and boys) have access to and stay in the education system
- Increased awareness of the right to education among women with limited formal education
- Girls and boys are able to read their name on the list of beneficiaries, are able to sign, have a national identity document number and are in the “system”

Limitations:

- No links with other state programmes
- A lack of disaggregated data
- There is no strategy for fulfilling the mothers’ right to education, many of whom had no schooling when they were children. Currently the programme treats these women’s educational empowerment as a lost cause.

A positive effect of Juntos, highlighted by key informants is that participation in the programme strengthens the belief of rural families in education as a means of social mobility. There is also greater concern that both girls and boys attend school, that they go better dressed, cleaner and that they arrive on time. Previously there were frequent absences because children, especially girls, were kept at home to work in the fields and look after animals⁷³. The increased control and stimulation of the school is appreciated by the women and in the interviews they referred frequently to having increased interaction with the teachers and said that they go to the school more often to ask about their children’s progress. This was summed up by one of the authorities interviewed in Acomayo who said: *“they have learned that education is a right and a duty”*.

The women interviewed gave special value to girls’ education because of their own situation of feeling “backward”, being humiliated because they could not speak Spanish well, and feeling they had inadequate knowledge and were unable to defend themselves in situations of mistreatment. In ten out of twelve in-depth interviews the women emphasised that girls and boys have the same right to study. Education was important to avoid being badly treated, to get good paid jobs and to have fewer children; formal education and the possibility of getting organised were seen as requisites for inclusion and voice:

⁷³ The results of an impact assessment of education (Perova y Vakis, 2009) indicated that among the beneficiaries who had been in the programme for longer (1-2 years) there was better retention and attendance rates and that this was greater for girls than boys.

“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 she will not fail” (M., woman, Acomayo).

“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., woman, Coporaque).

It is interesting to note that three (out of twelve) of the respondents interviewed in depth in Peru said that when their adolescent daughters had fallen pregnant they had encouraged them to stay in school or to return to education after giving birth. In general there is no structured sex education policy for schools in Peru. Nor is there specific training on sexual and reproductive health and rights for adolescent girls and boys, which is an issue as there are high levels of teenage pregnancies, particularly in rural areas.

5.6. Women’s mobility in public spaces

Positive Impact:

- Freedom to leave the house unaccompanied, to go to trainings, meetings and to the bank without being controlled
- Moving in public spaces brings new knowledge (depends on the context)

Limitations:

- Confronting a discriminatory and violent environment without the tools to deal with these new situations (when they only speak their indigenous language they cannot interact with bank officials) – this is linked to women’s self-esteem
- The cost of transport to go to (distant) towns to claim their benefits.

In order to take part in the programmes women have to leave their homes and go to banks or to cashiers to receive their money. In some ways this is a measure of freedom for women as they can move around without being controlled by their husbands, and they are also learning how to use the banking system. But it has other consequences. For example, in Ecuador in small communities local markets do a good trade on the day the *bono* is paid out and women are constantly being tempted to use their scarce funds to buy goods they might not *need*.

In Peru, through the *Juntos* programme women also have increased mobility in public spaces by going to talks and meetings. These are valued by the women, as opportunities to socialise, to expand their knowledge, and gain confidence in expressing themselves in public gatherings. By

meeting other women there are also opportunities to develop greater social cohesion and to foster group support.

“We participated in the course and this helped us to be less nervous. Our mothers were marginalised but now with this programme we are no longer like that, now women know how to stand up for ourselves” (Interview GF, Coporaque).

“In the Juntos meetings we talk and laugh with other women because sometimes when we are at home we are denied this” (Interview M., beneficiary, Acomayo).

“We argue with our husbands but with women friends you can talk, they tell us to stop feeling sorry for ourselves” (M.S., beneficiary, Huáscar).

Our findings show that the *Juntos* programme has led to a decrease in men’s resistance to women going to these meetings – especially women who traditionally face strong restrictions against travelling and leaving their daily chores and responsibilities (housework, child care, looking after animals etc.). However, the testimonies show significant social control by the community on the behaviour expected of women. In some cases they are accused of *“being lazy”* or *“wasting their time”* by going to these meeting and there were some views that women are *“spoiled”* when they go to trainings, as they lead women to question mistreatment or the exercise of power which they had previously tolerated. But there are also references to situations where men encourage women to go to training and value the knowledge women gain for themselves and the family.

“Sometimes the husbands get drunk in the bar and they hear comments about the women of Juntos who waste their time at meetings and then say all sorts of things and make trouble when they come home” (Interview GF, Acomayo).

“They say that in Juntos women go to a lot of meetings, they are lazy... they say that men stop giving them money... one woman said her husband yells at her, and wants to take her money off her and tells her to get out of Juntos because women are spoiled” (M., beneficiary, Huáscar).

“They go to meetings and bring important information... they tell them about birth certificates and they get other training” (S., man, Machupunte).

Nevertheless, it is recognised that *Juntos* has had a positive influence on women from the most marginal communities, as they have more possibilities of being in public spaces and of interacting with people who previously they had little contact with, such as teachers. This increased interaction with the public sphere is making women’s limited ability to express

themselves more evident but at the same time it has also led to an increased awareness of the need to “have a voice”:

“Before women were submissive, men talked and women agreed... Now they express themselves and give opinions more, for example, at the school, and they make improvements at home... they have opened their eyes” (former head teacher, Acomayo).

“The men always participate more, only recently are women lifting themselves up” (A., man, Mahupunte).

In some of the interviews in Bolivia the women said their husbands were annoyed because they were going out of the house too often on matters related to the *bono* and it was leading to conflicts. Other interviews showed how some women were standing up for themselves in the face of mistreatment by bank and health officials. One beneficiary gave the example of how women were made to wait in a queue in the bank for several hours to receive their payment and then, when they were told to return the following day, they stood up for themselves:

“we started shouting we were so fed up; we told them we wouldn’t be treated like this! They don’t put us down now” (Interview MC, 07/10/10, Batallas).

In Ecuador while many more cash points have been set up thus making it easier for women to get access to their funds, those who live further away might not consider it worth the cost given the small amount of the benefit. The issue of women’s migration was mentioned as a factor that is not taken into account in the design of the programme. For example, women might leave their children to be looked after by grandmothers when they move to the city for work. The elderly are also beneficiaries of the BDH in their own right and travelling in order to cash another transfer can present them with difficulties.

For women living in distant communities this can imply long journeys into town. In all three countries the issue of the cost of transport to cash the *bono* was raised. In some cases, travel costs represent a significant proportion of the value of the *bono*. On top of the cost in fares is the time it takes the women to travel from distant villages into towns which is not always taken into account as an additional cost for them. Several respondents stressed the additional costs (in time and money) of being a part of the programme, which, with the cost of transport to go to the health post, the bank and all the administrative transactions, in addition to the time taken from their economic activities, could amount to more than the daily rate of the transfer.

5.7. Reproductive and care work

Positive Impact:

- Some men are contributing more to household tasks (some cases in Peru where service providers have promoted a more active role for men in the programme)

Limitations:

- Lack of recognition of unpaid domestic work which is not valued
- The *bono* reinforces the traditional gender division of labour and does not promote co-responsibility in the home
- Overload of task and work; women are always responsible for the care role
- An increase in women's voluntary work in the community (Peru).

In all three country programmes there is very limited involvement of men in the CCT programme activities and in taking a share in caring responsibilities in the home, thus reinforcing the notion that children's welfare is mainly women's responsibility. Activities such as awareness raising and training are directed at women, who do want greater participation of men in these activities: "to change relationships" and "so they value their wives more". In the study areas the programmes contributed little to a more equitable distribution of responsibilities within the home and the impact on changing unequal gender roles and relations was therefore seen as limited. However, other studies in Peru⁷⁴, for example, show a slight increase in the participation of men in housework and childcare as a result of the *Juntos* programme⁷⁵.

In Bolivia the *bono* is focussed on women and their babies before, during and after birth and the father's role is not considered important. This contrasts with the principle expressed in the Constitution that men and women have shared responsibility in the home. The BJA programme does not promote responsible paternity or men's responsibility for childcare or in the home. The men who were interviewed as part of this study in Bolivia expressed an interest in taking part in training on productive activities but also on issues relating to children's education. The men indicated that they only go to meetings to represent their wives when they are unable to go.

There is no element of gender equality in the BJA programme, for example, there are often eight male doctors to one female working in health centres. The needs of women in rural areas,

⁷⁴ Jones, N., Vargas, R., Villar, E. (2007) El Programa Juntos y el Bienestar de la Infancia. En: Relaciones con condiciones: El Estado peruano frente a su infancia. Lima: Niños del Milenio.

⁷⁵ Some factors that might explain these differences is that the programme started in Cusco after other areas (in 2007) and some of the women interviewed joined the programme after this date. Impacts on gender relations and changes in behaviour can only be measured after some time has elapsed. These types of messages depend more on local managers than on any specific component of the programme.

especially in indigenous groups, are not taken into account as they would prefer to have women doctors and midwives attending them during pregnancy and labour. Also, among indigenous communities the cultural norm is for the father to be actively involved when women give birth but, because women are required to give birth in health centres, these practices are not always taken into account and fathers can be excluded from the process.

The men interviewed in Bolivia had a range of opinions about the purpose of the programme. Although some considered it was a help to the household, others felt that men questioned themselves about accepting the payments. *Machismo* (male dominance and pride) and their conception of men's gender role made it difficult for them to accept that they do not earn enough to take care of their wives and children. However, instead of taking a position on this challenge to their masculinity, they are defensive and say to their wives: "let Evo (Morales) give you something, these children are Evo's, let him support them." In one of the in-depth interviews a woman in receipt of the transfer said her husband felt that the President was *buying* his child who thus no longer belonged to him (interview MC, 07/10/10, Batallas). Furthermore, the messages and images used in the campaigns reinforce the idea that the *bono* is designed by men for women.

In all the locations the women interviewed identified themselves primarily as mothers and saw the benefits as being for their children and the family rather than something for themselves. They all agreed that the main benefit is that the women receive the money directly and in most cases administer it themselves to pay for the daily subsistence or for children's expenses. However, the research findings show that the conditions of the cash transfers can generate unintended "negative" effects that might counteract and undermine women's empowerment, principally by adding to their time burden and increasing gender divisions.

In Peru, and to a lesser extent in Bolivia, the programmes depend on the unpaid community work of women. In Bolivia local members of the women's organisation Bartolina Sisa offer advice to women on the criteria of the programme and support them with home visits. In Peru the programme depends on the role of the Community Mother leaders to function, as they bring the women together, representing their views in the programme committee and channelling any issues or complaints to the local programme staff.

Overall these findings show that in some cases participation in the programme was felt to bring some significant changes to women. Among the impacts identified were those relating to women's agency, namely their increased participation in the public sphere, and decision making in the home. However, as mentioned at the outset of this report, there are variations within and between countries. What the research shows is that CCT programmes are valued by the women who receive them, particularly in the absence of other State provision, and that they have the potential to assist women in increasing their capacity for economic and personal advancement, which in turn could support enhanced voice and participation in their communities. Nevertheless,

as our findings in this section indicate, there are also many unintended negative impacts and limitations that need to be addressed.

5.8. Relations with State Services

Positive Impact:

- More access to health services notably to contraception and family planning

Limitations:

- Forced smear tests (Ecuador, Bolivia)
- Birth spacing regulating pregnancies (Bolivia)
- Inter-cultural focus does not have much influence on the *bono* (Bolivia and Peru)
- Minimum application of guidelines on inter-culturalism; no dialogue or recognition of the beneficiary as an interlocutor
- Low quality of services offered
- Mistreatment and discriminatory attitude by service providers
- Lack of information provided on the network of services that women could access; including protection from violence against women
- Lack of transparency by service providers in giving full and timely information.

(We make some distinctions between different countries where specific issues were raised that are not common across all programmes)

In this section we present our findings in relation to the “structural dimension” of women’s empowerment. These show that many beneficiaries in the CCT programmes face difficulties in accessing services and that relations between the women and public service providers is often problematic.

In Peru, especially in the province Acomayo, despite recognition that *Juntos* contributes to improving the living conditions of extremely poor families, it is considered to be giving hand-outs. The view prevails that women are given these resources “in exchange for nothing” and they are not using it to generate productive opportunities. Significant communication problems were evident between local staff and the beneficiaries and there was a lack of understanding of the logic of the programme, such as using incentives to stimulate a greater use of public services. Institutional myths were evident among programme staff (which are analysed in other studies⁷⁶) such as: the *bono* encourages families to stop working; it generated a higher birth rate and leads to an increase in alcohol consumption. However, our findings did not corroborate these views.

⁷⁶ Díaz, R., Huber, L., Madalengoitia, O., Saldaña, R., Trivelli, C. Vargas, R. Salazar X. (2009), *Análisis de la implementación del Programa Juntos en las regiones de Apurímac, Huancavelica y Huánuco*. Lima: CIES-CARE-IEP

There were a few cases reported of men using violence to take the *bono* off women but we cannot say that this is a general tendency⁷⁷.

“Now they (the women) do not want to do anything, they used to grow potatoes, now they buy onions rather than growing them... they don’t want to work... they are happy to have five lambs and they are not meeting the requirement to invest part of the money, they don’t know how to manage the money. Women are taking to drink.” (Interview with health personnel, Acomayo).

Our findings showed that relations with health services are particularly conflictive in the case of Acomayo but this does not seem to be the case in general in the district of Coporaque. This is supported by various studies⁷⁸ that indicate the need for effective measures to improve the quality and availability of services to cater for the increased demand promoted by the programme as well as helping fill the gaps in existing service provision. There are long standing tensions between the service providers and rural women due to the asymmetric power relations that prevail. In both the districts we studied the populations is mainly indigenous (according to the 2007 Census, 74.78 per cent of the population of the district of Acomayo has Quechua as their mother tongue and in the district of Coporaque it is 93.04 per cent). There are many cases of discrimination and racism because a multicultural and rights approach, that would ensure respectful and dignified treatment, is not promoted and there is a lack of culturally appropriate information. Women indicated that they go to these services because they are forced to, in order not to have their *bono* suspended. They complained of frequent mistreatment and long waiting times, which is especially problematic for those women who have to walk for several hours to get to the services⁷⁹.

In Bolivia there are 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 practice, women are temporarily suspended if they have a home birth. In spite of some measures to follow cultural practices regarding giving birth (such as vertical labour and waiting houses)⁸⁰ the lack of trust and ill treatment means that some women prefer to give birth

⁷⁷ According to the Social and Economic Development Manager in the Municipality of Acomayo, there is a “satanisation” of the programme, the result of a few isolated cases that have led to this being seen as a general tendency.

⁷⁸ See Díaz, R Ramón et al (2009) and Aramburú, C. E. (2009), *Informe Compilatorio: El Programa Juntos, Resultados y Retos*. Lima: Programa Juntos.

⁷⁹ In Puno, CARE and ForoSalud are working with women participating in *Juntos* to conduct “vigilance” on the quality of health services. Although only recently begun in December 2010, initial findings show a pattern of abuse and threats of removal from the programme.

⁸⁰ Following cultural practices on giving birth means that women’s customs and traditional practices are respected when women give birth in these establishments. These practices include: a standing position, the use of medicinal herbs, and the presence of a close relative. However, this has not substantially changed the lack of understanding between the health personnel and the women. The waiting houses allow women from distant communities to stay

at home or they wait to inform the health staff when they have gone into labour, as by then it is too late for them to go to the health centre.

Similarly, we found serious obstacles in the women's use of contraception, which was more evident in Acomayo than in Coporaque and Machupunte. In the latter, many of the women participating in the focus groups used injectable contraceptives. But the majority preferred traditional methods because of fears of secondary effects and men's opposition. The services provided insufficient information or support and were not very effective in reducing women's fears. This, added to the problems of imposition and mistreatment, affected women exercising their sexual and reproductive rights in spite of their wish to limit the size of their families. It is also possible that women's fears of using contraception were a result of the poor relationship with the health service, marked by a pervasive lack of trust. There is little available information on smear tests, which ought to be promoted among the women when they go to the health services.

"We are treated badly when we go to the health post, it isn't convenient for us, they don't want to attend us, making us wait all day" (H., a woman in Acomayo).

"It's good to use contraception because we don't have enough money and so it is better to only have two or three children but I don't want to be forced to use it... at the health post they tell us we are going to be full of children and they force us to" (GF, Machupunte).

In Bolivia, as mentioned previously, some of the key informants interviewed said that the BJA violates women's rights regarding taking decisions on their sexual and reproductive health. In some services a smear test is a requirement (although this is not specified in the regulations) in order to gain access to the BJA. Although having this check-up is a good health measure, many of the women were not aware of these different requirements in the programme or the medical reasons for them. Women in the programme do not have access to talks on family planning. Neither are they being given information on contraception, which, in any case, is not available in many of the health services. For these reasons the focus on women's sexual and reproductive health in the programme appears only concerned with maternity and yet, even so, there are insufficient measures taken to ensure that maternity is safe. In both Peru and Bolivia there were reports of high numbers of adolescent pregnancies in the study locations, which present specific maternal health concerns. In Bolivia some considered the increase in young mothers was attributed to the introduction of the *bono* and the lack of orientation given to young women:

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.

“Yes, there are some girls at school who say I want to get pregnant so they give me money every month.... Some girls get pregnant when they are 15, it happens in my community, and we tell them this is wrong, the BJA will only help you for 2 years and it isn't enough...”
(Interview MC, 08/10/10, Batallas)

In Ecuador there is an increasing demand for health services because of the programme's condition that women must have a smear test. According to the women interviewed, the BDH gives them access to health services especially for their children, but only a few mentioned that the *bono* increased their access to specialist services such as those offered by trained gynaecologists. Our research found that here too women are often badly treated in the health services because of the stigmatisation of *bono* beneficiaries. Only a few said they were happy with their treatment in the health services. In general the women interviewed did not consider that having the BDH meant they had better health services for themselves or their children.

The women in the focus groups in Quito considered that since health services were made free for everyone the increased demand had led to the deterioration of the service provided. They have to get up very early to get into the queue and take their turn, and they only get free medicines when they are in stock, otherwise they have to buy them. One of the beneficiaries commented that they do not get special treatment:

“There are times when those who receive the bono are side-lined and they give preference to other women. This happens to me, they attend those who are in the queue who are not receiving the bono first and the beneficiaries are always last” (Focus Group September 2010).

With the exception of the women in Esmeraldas, most of the beneficiaries interviewed in Ecuador said that they had not had a smear test as part of the programme and some of the interviewees were not aware that the *bono* gives them access to free health services. Because they are often short of time they go instead to a private health provider and use their transfer to pay for their treatment.

The majority of the women interviewed in Ecuador had received some information at the health centre on contraception and family planning. However, it was not clear to them if this was training solely for beneficiaries of the programme or a health training programme for all women who use the health services. An official from the Ministry of Public Health we interviewed indicated that the aim of the programme has been to make access to health universal. She believed that this is being achieved in her sector because the majority of children, not only beneficiaries of the programme, have been vaccinated and registered as such. The beneficiaries consulted suggested that to improve the health services they should have greater access to health services, better treatment in hospitals and provision of medicine, as well as clear information on how to access services and make appointments.

Conclusions and Recommendations

The findings of the research presented here have shown a mixed picture in regard to social protection schemes in the three countries studied. On the positive side, the Andean region has seen a welcome increase in social protection initiatives in recent years, and the cash transfer programmes that we have analysed show some positive outcomes in terms of human development and social and economic inclusion. In all three countries analysed cash transfers have led to an increase in children's attendance in school and at clinics, and have helped poor households to mitigate the effects of chronic poverty.

The investigation into the gender impacts of these programmes confirmed that women too considered that in addition to welcoming the extra cash, they had benefited from their participation in other ways. As mothers, some had benefited from the family planning services, others from health checks and talks on nutrition and child health issues. Their receipt of the transfers meant that they were less dependent on husbands for money to meet the basic costs of children's daily needs. They also appreciated their increased decision-making power which gave them some greater self-confidence overall. In addition, their increased mobility in public spaces and participation in the programme's workshops provide opportunities to expand their social interaction with other women. These are gains that women valued as advances on the situation that existed prior to the introduction of the programmes. If they do not give rise to increased tensions within the family over the control of the transfer, the changes may be ones that women can build on to further improve their lives.

All three programmes did help to enhance women's rights as citizens through the requirement that participants must have identity documents and children's birth certificates in order to qualify for the *bono*. The lack of these documents has been one of the ways in which poor and indigenous populations have been socially marginalised and are unable to access their rights. As with the entry of children into education, the gaining of these documents marks a move towards a greater degree of social inclusion for participants in the programme. Nonetheless more could be done to build on this to give meaning to women's citizenship by raising awareness of their full range of rights, and introducing mechanisms to ensure non-discrimination on the grounds of race, gender and age.

Despite these positive responses and outcomes, the design of these programmes showed limited gender awareness, and little or no commitment to advancing equality and empowerment goals for women. The mothers were viewed principally as the means by which programme goals for children's welfare could be achieved, rather than as individuals with their own needs and rights. The women whose views we canvassed 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.

As we have emphasised in this report, women's empowerment implies more than simply acquiring control over a small subsidy. If gender equality and women's empowerment is to be taken seriously and mainstreamed into social protection programmes certain elements would need to be incorporated to enhance women's skills and capabilities and to give them the means to increase their own incomes. More too, could be done to help with child care, and to provide them with knowledge of their rights. While these cash transfer programmes were not expressly designed to improve women's lives, being directed towards enhancing children's life chances, such 'micro-targeting' approaches to social needs 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 by tying women's security and life chances so closely to motherhood and the cash transfers associated with it, little account is taken of their mid to long term futures which remain precarious and uncertain.

A striking finding of the research was the limited degree to which beneficiaries were able to consider their own educational or health needs (apart from those associated directly with maternity) while being fully aware of the importance of their children's. When asked to consider their future prospects they had no sense of entitlement to invest in their own futures, even though this would in itself have positive implications for their children. With few exceptions, the testimonials spoke only of their hopes for their children but showed little or no hope for personal development or for change in their own lives. As far as the transfers were concerned the women did not see them as changing their lives in any significant ways, which is not surprising given the low level of income represented by the grants (particularly in Bolivia). While they appreciated the economic benefits that the transfer brought to their family, it was small compensation for the added responsibilities and time burden, as well as the additional costs that meeting the conditionalities and collecting the transfer could involve.

The lack of gender sensitivity in the programme design and any equality or indeed significant empowerment element in the programmes is illustrated by the narrow focus on supporting women to be "good" mothers. There is no parallel discussion of how to be a better father, and men are generally marginal to the programme activities if included at all. These programmes confirm existing gender asymmetries and power relations and give little or no recognition to the fact that women also work in the fields and in the labour market as well as having a role in the community. A step towards changing this would be to recognise and encourage a positive role for fathers, including seeing caring for their children as a shared responsibility, and addressing negative behaviours such as domestic violence as an integral part of responsible parenthood.

Other gaps in programme provision concerned the quality and content of health delivery services. Respondents indicated that they suffered in a number of ways from their limited exercise of

sexual and reproductive rights. This is evidenced in high adolescent and unwanted pregnancy rates, high fertility, and a lack of information on contraception and of preventive health measures. Even in cases where these services were being introduced this was often done without adequate information being given to the women concerned, so that they could make informed decisions. Little account too, was taken of indigenous cultural practices and beliefs. As we have seen, there are particular problems of discrimination in the relations between health providers and the women recipients of the cash transfers. In the case of Bolivia there are reasons to be hopeful that this may change with the passing of Law 045 *Against Racism and Any Form of Discrimination* in October 2010.

Our research also revealed some problems of implementation. Despite the official acknowledgement of welfare rights as entitlements, the general perception of the cash transfer was that it was a gift from the government, or even from the President. Latin American social assistance programmes have long been marked by paternalism and clientelism, and have generally delivered political rewards to those who introduce them. Attitudes of programme staff and service providers were also often authoritarian: a common problem identified by the women was the lack of respect shown to them by programme officials because they were poor and vulnerable and were from indigenous communities. Stigma was reported to exist in some cases against programme participants and this was not tackled, and nor were mechanisms for complaint in place. Programmes would be improved by a root and branch transformation of the attitudes of those who run them and mechanisms to ensure accountability and redress in cases of abuse or discrimination.

Other problems of implementation follow from inefficiencies in service delivery and underinvestment in the services to low income communities. In some cases there was a lack of co-ordination among service providers, and minimal contact with women's organisations that could provide valuable inputs into the management of the programme in ways that were less gender blind. There were cases too where communities felt that the *bonos* created social tensions and divisions, resulting from a lack of understanding about the rules governing inclusion.

The research identified some areas where the programme could be adapted, without significant cost, to address some of women's most pressing needs and concerns. These could readily be incorporated into programme design thereby bringing them more into alignment with the rights agendas and MDG commitments of the countries concerned. All three governments have recognised cultural rights and the need to tackle racism, therefore programme officials need to be trained to ensure that indigenous communities are treated with due respect.

A multi-pronged approach is needed to ensure that women's gender interests are addressed at different levels of CCT programmes. Our fieldwork identified the following areas which the programmes could focus on to address these deficits and we have the following recommendations for government policy makers, NGOs and CCT programme staff.

Recommendations

1. CCT Programme Policy and Design

Objective: to ensure equality principles are built into the policy and design of CCT programmes

- CCT policy and programmes would benefit from working more closely with existing women's machinery in governments in developing more gender sensitive programmes and responding to women's needs.
- CCTs designs need to be revised based on the fact that women are citizens with rights, and not merely instruments of their children's welfare.
- They should improve coordination with other Social Protection programmes working on gender related policies and programmes to ensure they complement each other.
- Social and economic empowerment of women should be an explicit goal of CCT programmes with definable impacts.
- The design of CCT programmes should include equitable family friendly policies and assist with care giving, childcare arrangements and take into account time management for beneficiaries.

2. CCT Programme Implementation, Monitoring and Evaluation

Objective: To ensure gender equality policies are put into practice at different levels of activities of the programmes

- Women's empowerment initiatives in CCT programmes should be advanced in consultation with women's rights movements and organisations at a national and local level.
- Gender indicators should be introduced into the programme cycle and monitored regularly.

3. Communication and Information

Objective: To ensure fairness and non-discrimination are integral to and promoted in all programme outputs

- Beneficiaries of CCT programmes should be provided with adequate information about the admission criteria of the programme and the process of application should be clear and transparent.
- Programme staff should ensure that the language in all messages and publications about the programme is gender sensitive, non-discriminatory and is sensitive to the cultural norms of indigenous and minority groups.
- Proactive local and national communications strategies are needed to tackle myths and stereotypes that portray programme beneficiaries in a negative way.

4. Education and Training

Objective: To introduce women's equality, non-discrimination and empowerment elements into programme outputs.

- A structured and continuous training programme should be introduced into CCT programmes, for staff, community promoters and beneficiaries in coordination with other providers at local levels (including NGOs and women's organisations).
- Training should be delivered in an appropriate and timely manner and targeted to meet different needs. Education and training activities could include the following:
 - Rights and citizenship (also including staff)
 - Women's economic literacy and financial skills for running small enterprises and managing household budgets.
 - Women's leadership and advocacy.
 - Skills training to increase employment options.
 - Support women to finish primary, secondary and higher education through 'accelerated' studies for adults.
 - Training programmes should take into account the additional time burden and costs for women to participate in these educational activities.

5. Sustainability of CCT Programmes and Poverty Reduction

Objective: to ensure that CCT Programmes incorporate exit strategies so that beneficiaries can achieve sustainable livelihoods.

- Programmes should be made more effective by incorporating actions to tackle chronic poverty, such as access to savings, credit and insurance for poor women.
- CCT Programmes should forge closer links with educational, agricultural and development institutions and initiatives to support skills training, improve management of resources and support beneficiaries to develop viable alternative enterprises.
- Increased resources should be allocated to projects in conjunction with other agencies to support women's gender specific needs by securing their economic independence and wellbeing (including freedom from violence, mental and physical health).
- Programmes should promote and support appropriate child care arrangements such as nurseries, co-operative arrangements, and fathers' involvement in order to free up women's time for training and other self-development activities.

6. Participation and Accountability:

Objective: To establish participatory and consultative mechanisms to enable greater responsiveness.

- Incorporate participatory and consultative mechanisms with communities including complaint mechanisms to ensure that the services delivered are appropriate, of high quality, and in accordance with best practice.
- Programmes should adopt more sensitive procedures and staff training to respond to beneficiaries needs, ensure transparency and proper conduct of personnel in regard to beneficiaries.

7. Rights and Citizenship:

Objective: To bring CCT programmes into alignment with the fundamental principles of citizenship.

- CCT Programme Directors should ensure that relevant international commitments to gender equality and women's empowerment principles (MDGs, CEDAW) are mainstreamed throughout anti-poverty programmes.
- Positive measures need to be taken to address historical patterns of racial discrimination and social exclusion, such as negative attitudes, and to promote appropriate cultural practices among officials and more widely in society, especially in the health sector.

- Extending rights and citizenship to indigenous women should involve tackling racist discrimination in ways that empower women to give voice to their concerns. Beneficiaries should be provided with citizenship skills – awareness of rights, legal and political literacy training
- Personnel associated with the programme, regardless of sex or status, need to be aware of beneficiaries’ rights and of their own responsibilities to the communities they serve.

8. Transforming Gender relations:

Objective: To work towards more gender equitable relations in the household.

- The programmes should impart messages that give positive value to the caring role of both parents.
- Programmes should require greater participation of men in fulfilling the conditionalities attached to the CCT programme and promote greater involvement of fathers in the care of their children.
- Men and boys should be involved in awareness raising activities to transform oppressive gender relations.
- The programmes should actively promote more equitable relations between men and women in the household, which would also send a positive message to children.

9. Sexual and Reproductive Rights:

Objective: To improve health services

- CCT Programmes need to work with the appropriate government departments – education, health and social services – to respond more fully to the large deficits women face in accessing their sexual and reproductive rights.
- The programmes should improve the access of young people to information and advice on contraception and their sexual and reproductive health and increase efforts to address the issues of teenage pregnancy by working with young people, schools and parents.
- The programmes should establish and finance accountability mechanisms to enable cases of abuse and discrimination by health providers towards CCT recipients to be identified, resolved and prevented in the future.

Appendix I

Field Work and Methodology

In these appendices we provide further details of the methodology for the research, the location and context of the field work, and the characteristics of the women who participated in the focus groups and of the key informants interviewed.

The field work was carried out in Peru, Ecuador and Bolivia between September and November 2010. In Bolivia a total of 112 interviews were carried out with decision makers, community leaders, health promoters, and women and men in the community. While in Peru there were 12 in-depth interviews with women beneficiaries and 51 women participated in the focus group discussions and survey. In Ecuador 12 in-depth interviews were carried out with women beneficiaries; 52 were surveyed and took part in the focus groups; and interviews were carried out with 9 husbands and 5 key informants.

Specific tools were developed for the study in consultation with the local researchers. These consisted of: guidelines for the focus groups, a survey questionnaire for participants in the focus groups; an in-depth questionnaire for the women beneficiaries; and shorter questionnaires for key informants.

Focus Groups

Participatory discussion groups were held with women in each of the different localities. These aimed to find out their views on the CCT programmes and if and how these had impacted on their lives.

The focus groups started with a participatory exercise to analyse and discuss women's time use and the gender division of labour in the home. Brainstorming sessions stimulated discussions on the women's understanding of the concepts of gender, the gender division of labour and empowerment. Information was collected that would help us to analyse the potential impact of the transfers on women's empowerment. There were facilitated discussions on the CCT programme: difficulties they had experienced and how the CCT programme could be improved. This technique proved to be successful in terms of opening up discussions on the topics we wanted to cover and also stimulating the women to analyse their situation from a gender perspective.

Questionnaires

A short survey questionnaire was applied during the focus groups to gather data on the participants – see information compiled below.

A detailed in-depth questionnaire was prepared with both open and closed questions. In the study design the aim was that this questionnaire would be applied to a much larger number of respondents and that quantifiable data would be derived from these interviews. However, there were a number of difficulties in implementing this plan. Each interview would take at least one hour to conduct and few women wanted to or had the time to give; there were suspicions about why these questions were being asked and how the information would be used – even though assurances of confidentiality were given, women feared that their participation might affect their receipt of the transfer and we did not get answers to some of the questions. For these reasons, and the tight time frame of the field work, we had to scale down the no of interviews carried out. An important lesson learnt is that it is essential to build trust and to have previous work in the community over a period of time in order to be able to successfully apply such a detailed questionnaire.

Appendix II

Local Contexts

1. Peru

In Peru the field research was conducted in two provinces of Cusco (Espinar and Acomayo) which are three and five hours distance from Cusco, the capital of the province. These areas were chosen because they are part of a pilot scheme which is promoting savings among beneficiaries of the *Juntos* programme and we wanted to investigate whether this would have any bearing on their empowerment. The *Juntos* programme had been operational in these communities since 2007 and to date 540 homes in Acomayo and 2,013 home in Coporaque are in receipt of the *bono* (out of a total population of 843 and 3,869 respectively). The table below gives the breakdown of the sample for the Peru study: the number of interviews and women participating in the focus groups.

Provincia	Localidad	No. Participantes GF	No. Entrevistas
Espinar	Coporaque	11	3
	Machupente	16	3
Acomayo	Acomayo	15	3
	Huáscar	9	3
TOTAL		51	12

In these areas subsistence agriculture predominates with a limited sale of excess products in local markets, and small scale cattle farming. State services are concentrated in the district and provincial capital city. Several of the women in the study had migrated to the city in search of better secondary education for their children and better job prospects for both men and women. For women work options are small scale enterprises, domestic work, agricultural day work and municipal construction work. Men have greater options in agriculture and construction work but they frequently migrate to nearby provinces for seasonal work.

The women who participated in the study were predominantly young women with an average age of 36 years and 4.3 children; 50 per cent were married and 44 per cent co-habiting. They were employed mainly in agriculture and cattle farming; around a quarter of the women were involved in commerce (street vending or a market stall) and around 10 per cent were in other paid work such as domestic service and construction.

There are few NGOs working specifically with women in these areas (Arariwa and Plan International), they have projects such as micro credit, training in agriculture, gender equity and organising.

2. Ecuador

In Ecuador over 1 million families are in receipt of the transfer. The field work brought together focus groups of women that reflect the diverse cultural contexts in the country and which are representative of the poorest groups and those experiencing greatest conditions of inequality. The field work was carried out in four locations with the following geographical and ethnic mix.

Ethnic Groups	Geographical Region		
	Costa	Sierra	Amazonía
Afro-Ecuadorian	Esmeraldas		
Indigenous		Cangahua	Lago Agrio
Mixed race (Mestizos)		Quito	

A trial workshop to test the research tools was held in Quito with women migrants from the Sierra living in the zone of Quitumbe, in the south of the city. The population of this zone is characterised by low income and exposed to different social conflicts as a result of the growth of the marginal urban area. There are many families living in these poor neighbourhoods, among them women-heads of families who are self-employed or sub employed. All the women's children went to school.

Field Work	Activity	Number
1. Current and former beneficiaries of the BDH	Focus group & survey	52
2. Women currently in receipt of the BDH	In-depth interviews	12
3. Husbands of beneficiaries	Interviews	9
4. Key informants: community promoters and readers, staff in health centres and schools	Interviews	5
TOTAL		78

2.1 Cangahua: indigenous women in the Ecuadorian highlands

Cangahua is a rural parish in the canton of Cayambe, where 79 per cent of the population is indigenous and 21 per cent mixed race; approximately 15 per cent is illiterate. The main economic activity is agriculture: 57 per cent of the agricultural production is for their own consumption, young women work in flower cultivation, they also grow potatoes and onions. A majority of men migrate to larger cities to work in construction. The majority of beneficiaries are indigenous women, most are illiterate, working at home taking care of animals and small scale subsistence agriculture.

2.2 Lago Agrio: urban and rural women in the Amazonia region of Ecuador

Lago Agrio, Nueva Loja, is the capital of the province of Sucumbíos, in the Northern part of Amazonia. Economic activities are the oil industry, agriculture and cattle farming. Women and men are involved in small scale commerce as street vendors, work as day labourers or farm their own agricultural land, some work in state bodies and private companies. There is a floating male workforce that comes from Quito and other cities to work in the oil extraction industry which has led to a widespread practice of men having two families: one in their home city and another in Lago Agrio.

The main problem for women is the lack of opportunities in the labour market which makes them totally dependent on their partners' income; there is a high levels of unreported family violence and of teenage pregnancy.

2.3 Esmeraldas: Afro-Ecuadorian women on the coast

A focus group was carried out with women living in the Nueva Esperanza and El Embudo neighbourhoods of the city of Esmeralda. The population in these communities are Afro-Ecuadorian and characterised by having low incomes, as the men work in fishing which is very unstable. Families have more than 2 children on average and family planning is not common, in

spite of regular talks at the local health centre. There are serious social problems such as high numbers of teenage pregnancies, abortions, delinquency and unhealthy living conditions (because they are close to the river which is highly polluted)

3. Bolivia

Interviews and focus groups were carried out in urban and rural zones in the departments of La Paz and Bolivia. Some interviews with key informants were done electronically with different municipalities of Santa Cruz and Tarija. These different localities gave us a broad view of the impact of the Bono Juana Azurduy (BJA).

3.1 Department of La Paz

In La Paz research was conducted in the cities of La Paz and El Alto and in the rural community of Batallas. In El Alto women were interviewed in Villa Tejada Triangular. In La Paz we visited two health centres in Villa Nuevo Potosí and La Portada. La Portada is closely linked to Aymara culture as its residents are migrant families from rural areas; in the municipality of La Paz 29 per cent of the population speak Aymara and in El Alto 46 per cent. Currently there are various micro-enterprise workshops making all types of clothing for sale in markets. In the zone of Villa Tejada Triangular in El Alto the majority of the population are Aymara migrants or second and third generation migrants, so it is quite common to hear the language being spoken, especially among older people. In El Alto there are social problems such as family violence and the number of teenage pregnancies has risen in the past two year, approximately 5 thousand in 2010 (Interview with Key informant EC 5/10/10).

Residents of the rural city of Batallas are mainly Aymara (88 per cent of the community speak the language). The principal economic activities are dairy cattle farming and marketing of pigs. An interesting characteristic of this population is that there is a close connection with the cities of La Paz and El Alto to buy and sell goods and for work. Many people have migrated abroad, some to Argentina and Brazil where they usually work in sewing workshops.

3.2 Department of Potosí

We collected data in the city of Potosi in the municipality of Betanzos and the rural community of Ckonapaya. In Potosi, the capital of the department, the majority of the population is Quechua, with 55 per cent speaking the language. There are a large number of miners working in co-operative. Families, who are not in mining, work in the informal commerce sector. The main social problems in the area are unemployment, family violence and chronic illnesses linked to mining. Betanzos is about 30 minutes from Potosi, where there population is mainly Quechua (90 per cent speak the language). It is a mobile population with 19.5 per cent working away as temporary migrants.

Ckonapaya is close to Betanzos and like in other parts of the municipality there is a high level of migration, in this case men in particular go to Argentina, Santa Cruz and Cochabamba to work as labourers, in agriculture and in sewing workshops. The shortage of water for the crops is one of the main causes of poverty and migration.

3.3 People Interviewed

A range of people were interviewed in these different communities. The graph below shows the breakdown of those who participated in the study, which involved a total of 112 respondents.



A diversity of key informants were interviewed: decision-makers in government health programmes [Ministerio de Salud y Deportes (MSD), Servicio Departamental de Salud (SEDES), CONAN (Consejo Nacional de Alimentación y Nutrición)]; staff of the BJA; independent consultants and researchers in health and gender. We also interviewed a consultant at the Inter-American Development Bank (IDB) and interviewed the person in charge of the Gender Unit in the local government in Potosí.

We carried out 15 in-depth interviews with women beneficiaries (who did not participate in the focus groups). Most were young women between the ages of 21-25 years (7); the others were 15-20 years (3); 26-30 years (2) and 36-40 years (3). We contacted them through the health clinics as they were waiting for their children to be seen. All of these women had some level of education, almost half had gone to secondary school; almost half of the women worked the others were housewives and 20 per cent were studying.

A total of 37 women participated in four focus groups who were beneficiaries of the BJA or were eligible to apply for it. Most of the participants were young mothers between the ages of 21-35 years; 14 were married, 19 co-habiting, 3 single and 1 separated. Most of the women worked in the informal sector, street commerce and agricultural labouring.

We interviewed 7 men, while they were waiting outside the health centres for their wives who were beneficiaries of the BJA. Most were fathers between the ages of 20 - 29 years and they had a variety of occupations: drivers, labourers and tailor, some had more than one job.

Appendix III

Women's Time Use and Division of Labour

Data from Surveys on Time Use in Bolivia and Ecuador:

Bolivia: Daily hours on paid work and unpaid domestic work (2007)

Number of Hours	Men	Women
Paid Work	7.5	6.7
Unpaid domestic work	3.3	6.1
Total number of hours	10.8	11.8

Ecuador: Weekly hours on paid work and unpaid domestic (2007)

Number of Hours	Men	Women
Paid Work	48.1	40.3
Unpaid domestic work	39.1	67.1
Total Number of hours	87.2	107.5

Source: Encuesta Uso de Tiempo (EUT) Marco (2010)

These figures show that the division of labour between men and women is not equal: women work in paid jobs for slightly fewer hours than men, but women spend a much higher proportion of their time on unpaid domestic work than men. This was confirmed by our focus group exercises in all three countries which asked participants to identify the different activities of men and women on a daily basis, and which was followed by a facilitated discussion by the participants on the gender division of labour.

In the 24 Hour Day exercise with a group in Ecuador women highlighted that they got up 2 hours earlier in the morning than other members of the family to prepare breakfast. They did not get help, but on the contrary, they laid out and ironed their husbands' and children's clothes for them before they got dressed.

Women who did not go out to work spent the morning washing clothes by hand, sweeping and cleaning, sewing or doing other work. They then prepared the main meal of the day and when their children returned from school they helped them with homework and spent time with them. Men went out to work, came home, ate and went to sleep. There was no indication of men spending any time on domestic or care work in this exercise. The reflections and questions raised in the focus group discussion pointed to the fact that women’s daily tasks begin around 4 am. Women recognised that what they do in the home should be considered as work, although it is often said that housework is not work. Women work longer hours than men and spend more time with their children than men. The participants considered that men could do more to share tasks and that women could teach their sons to help their mothers with the housework.

Appendix IV

Timetable of Study

Month	Activity
August	Preparatory phase: Recruitment of research consultants in UK and in each country Preparation of the draft research design Key texts identified Revision of secondary sources and Internet searches on the CCT programme in each country
September	Planning of field work Comments received on methodology and agreed Tools finalised- questionnaire for in depth interviews, survey and guide for the focus groups. Tools tested at a workshop in Quito Tele-conference with members of the research team to agree logistics and share progress in the field work. Review of secondary literature finalised and a summary report presented. Feedback to researchers on literature review.
October	Field Work carried out Teleconference Analysis of data and drafting of reports Preparations for the Lima workshop Two-day Workshops bringing together researchers and CARE staff from Peru, Bolivia, Ecuador and UK
November	Discussion and agreement on final recommendations with CARE country offices Draft country reports for comments and feedback Final reports submitted
December & February 2011	Preparation of the final overview report in London Meeting to be arranged in CARE (London) to present findings

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Appendix VI

CARE International Women’s Empowerment Framework

Though women’s empowerment varies across specific contexts, the Strategic Impact Inquiry (SII) understands women’s empowerment as the sum total of changes needed for a woman to realize her full human rights, which involves the interplay of changes in:

- **Agency:** a woman’s own aspirations and capabilities
- **Structure:** the environment that surrounds and conditions her choices
- **Relations:** the power relations through which she must negotiate her path

Sub- Dimensions of Empowerment:

Agency	Structure	Relations
1. Self-image; self-esteem	11. Marriage and kinship rules, norms, processes	19. Consciousness of self and others as interdependent
2. Legal and rights awareness	12. Laws and practices of citizenship.	20. Negotiation, accommodation
3. Information and skills	13. Information and access to services	21. Alliance and coalition habits
4. Education	14. Access to justice, enforceability of rights	22. Pursuit of accountability
5. Employment and control of own labour	15. Market accessibility	23. New social forms: altered relationships and behaviours
6. Mobility in public space	16. Political representation	
7. Decision influence in household	17. State budgeting practices	
8. Group membership and activism	18. Civil society representation	
9. Material assets owned		
10. Body health and bodily integrity		

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