

# GENDER AND CASH TRANSFERS: IMPLICATIONS OF INTRAHOUSEHOLD DECISION MAKING ON NUTRITION OF WOMEN AND CHILDREN IN ETHIOPIA

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## SUMMARY

This paper presents the analysis and findings of a qualitative study on Ethiopia's Productive Safety Net Programme. Specifically, it focuses on the Integrated Nutrition Social Cash Transfer (IN-SCT) pilot programme funded by Irish Aid and implemented by UNICEF in the Southern Nations, Nationalities and Peoples (SNNP) region of Ethiopia. The research was conducted in two districts (Halaba and Shashago) in the SNNP region. The study explored how cash transfer conditionalities and targeting influence intrahousehold decision making and examined the implications of the same on the nutrition of pregnant and lactating women (PLWs) and children under two. The data presented in the paper is based on individual interviews with married couples in 21 households and 10 key informants, and two focus group discussions. The study found that while both spouses are eligible to receive the cash transfers, it is mainly the husbands who collect, indicating that women have limited access to the cash transfer resources. The study also found that women bear the main responsibility for observing the 'soft' conditionalities of cash transfer programming, thus reinforcing existing gender norms of women being responsible for care functions in the home. Using dietary diversity and meal frequency as indications of nutrition adequacy, the diet consumed by PLWs and children under the age of two was found to be inadequate. Therefore, while most couples indicated that they decide together on how to spend the cash transfers, it was evident that PLWs had limited control over this decision making in a way that can positively influence their own nutrition and that of their children. The study concludes that the interaction of the PSNP targeting and 'soft' conditionalities with pre-existing gender norms influences intrahousehold decision making, affecting the nutrition of PLWs and children under two. The study recommends exploring opportunities for enhancing women's access and control over cash transfer resources particularly during pregnancy and lactating periods.

## INTRODUCTION

Both academic and development literature indicate that social protection has increasingly become a popular strategy with more and more countries using social protection interventions to protect their people against poverty, vulnerability and inequality.<sup>1</sup> While there are varying definitions of social protection across the literature,<sup>2</sup> the underlying notion in all of them is the aim of reducing vulnerability and improving living and economic standards of the poorest members of society.

Currently in its fourth phase (July 2015 – June 2020), Ethiopia's Productive Safety Net Programme (PSNP) is one of the largest social protection programmes in Sub-Saharan Africa (SSA).<sup>3</sup> PSNP is a non-contributory public works social safety net programme aimed at enhancing food security for Ethiopia's most vulnerable citizens. The public works component entails the development of community assets such as roads, water infrastructure, schools and clinics. The programme provides food insecure households with cash and/or food transfers in exchange for labour-intensive public work in the case of households with labour capacity, or unconditional cash and/or food transfers (direct support) for labour constrained households. Direct support recipients include orphans, pregnant and lactating women, households with older members, and other labour-constrained households such as those with people living with HIV and AIDS, and the majority of female-headed households with young children.<sup>4</sup> This study specifically focuses on the Integrated Nutrition Social Cash Transfer (IN-SCT) pilot programme funded by Irish Aid and implemented by UNICEF. Operating under the umbrella of PSNP, the aim of the pilot is to increase direct support recipients' uptake of social services by improving their knowledge, attitudes and practices regarding nutrition, sanitation and health through the use of nutrition-sensitive interventions such as Behaviour Change Communication (BCC) sessions and linking them to health and other social services.<sup>5</sup>

Several studies have shown that cash transfers have positive impacts on the well-being of members of poor households.<sup>6</sup> These benefits include: helping to reduce the incidence of preventable diseases; increasing access to health care; improving maternal welfare; and enhancing food security and improving nutrition levels both in dietary quantity and quality.<sup>7</sup> However, most of the available evidence on the impact of cash transfers for nutrition is based on programmes that explicitly target women as the main recipients of the transfer on behalf of their households (e.g. Mexico's PROGRESA, Brazil's Bolsa Familia, South Africa's Child Support Grant and Zambia's Child Grant Program).<sup>8</sup> Targeting women is based on the assumption that women prioritize the needs of children unlike men and can generally be relied upon to spend the money

<sup>1</sup> See: International Labour Office (2012), *Social Security For All: Building social protection floors and comprehensive social security systems*, Geneva: ILO, Social Security Department; Alderman, H., Hoddinott, J. & Kinsey, B. (2006), Long term consequences of early childhood malnutrition. *Oxford Economic Papers*, 58, 450-74; World Bank (2015), *The state of social safety nets 2015*. Washington DC: World Bank; Barrientos, A. (2011). Social protection and poverty. *International Journal of Social Welfare*, 20, 240-9.

<sup>2</sup> See: Yablonski, J. & O'Donnell, M. (2009), *Lasting Benefits: The role of cash transfers in tackling child mortality*. London: Save the Children UK; Gavrilovic, M. & Jones, N. (2012), *Ethiopia Briefing: Social protection and child malnutrition*. London, UK: Overseas Development Institute (ODI); Devereux, S. & Sabates-Wheeler, R. (2004), *Transformative social protection*. IDS Working Paper 232. Brighton, UK: Institute of Development Studies; and World Bank (2015), *The state of social safety nets 2015*. Washington DC: World Bank.

<sup>3</sup> See: World Bank (2015) and CSA (2014), *Ethiopia mini demographic and health survey (EMDHS) 2014*. Addis Ababa, Ethiopia: Central Statistics Agency.

<sup>4</sup> MOA (2014b), *Productive Safety Net Program Phase 4 (PSNP 4) program implementation manual*. Addis Ababa, Ethiopia: Ministry of Agriculture (MoA).

<sup>5</sup> Roelen, K. et al. (2017), *Cash 'Plus' – Integrated Nutrition and Social Cash Transfer (IN-SCT) Pilot in Ethiopia: Perceptions and feedback from clients and service providers*. Brighton/Addis Ababa: Centre for Social Protection, IDS and REBRET Business and Consultancy.

<sup>6</sup> See: Yablonski, J. & O'Donnell, M. (2009); Miller, C., Tsoka, M. & Reichert, K. (2008), *Impact Evaluation Report: External evaluation of the Mchinji Social Cash Transfer Pilot*. Boston, USA: Center for International Health and Development, Boston University; and Duflo, E. (2003), Grandmothers and Granddaughters: Old-age pensions and intrahousehold allocation in South Africa. *World Bank Economic Review*, 17, 1-25.

<sup>7</sup> See: De Groot et al. (2015), 'Cash Transfers and Child Nutrition: What we know and what we need to know'. *Innocenti Working Paper No. 2015-07*. Florence, Italy: UNICEF Office of Research and Berhane, G. et al. (2014), 'Can Social Protection Work in Africa? The impact of Ethiopia's Productive Safety Net Programme'. *Economic Development and Cultural Change*, 63, 1-26.

<sup>8</sup> Fenn, B. and Yakowenko, E. (2015), Literature review on impact of cash transfers on nutritional outcomes. *Field Exchange* 49. Available online: <https://www.enonline.net/fex/49/literaturereview>

they are given in accordance with children's needs.<sup>9</sup> Indeed, several studies on cash transfers that target women have reported positive impact on nutrition, especially for children.<sup>10</sup>

While several studies indicate positive nutrition outcomes as a result of targeting women, there is evidence that giving money to men also leads to improved nutrition.<sup>11</sup> There is however much less evidence from programs in which either spouse is eligible to receive the transfers on behalf of the household, like in the case of PSNP. While some studies have shown that the person that collects the transfers has more control over decision making with regards to its expenditure, others have shown that it does not matter who collects the transfers.<sup>12</sup> This calls attention to the process of intrahousehold decision making on how to spend the cash transfers. Similarly, while several studies have shown that conditionality in cash transfer programming encourages better nutrition behaviour, and thus greater impact,<sup>13</sup> much of the available evidence is based on programmes that apply hard conditionalities.<sup>14</sup> Meanwhile, several unconditional cash transfer programmes in SSA, including PSNP, are experimenting with conditionality,<sup>15</sup> albeit 'soft' conditionalities<sup>16</sup> in the form of sensitization campaigns and community trainings to promote positive behavioural changes.

Finally, most of the evaluations on the impact of cash transfers on nutrition tend to view the household as a single unit and therefore fail to analyse nutrition based on individual dietary needs. The few assessments that focus on nutrition impacts for women focus on women as a homogenous group even though women, especially those in rural areas and those who are pregnant and lactating, are more vulnerable than others in terms of decision making and access to nutrition. This study not only examines the implications of the gendered nature of intrahousehold decision making on nutrition of women and children but specifically targets pregnant and lactating women and children under the age of two who are considered most vulnerable considering their unique nutritional requirements.

“Targeting women [for cash transfers] is based on the assumption that women prioritize the needs of children unlike men and can generally be relied upon to spend the money they are given in accordance with children's needs.”

<sup>9</sup> See: Molyneux, M. & Thomson, M. (2011), Cash transfers, gender equity and women's empowerment in Peru, Ecuador and Bolivia. *Gender & Development*, 19, 195-212 and UNICEF (2011), *Gender Influences on Child Survival, Health and Nutrition: A narrative review*. UNICEF, New York.

<sup>10</sup> De Groot et al. (2015), 'Cash Transfers and Child Nutrition: What we know and what we need to know'. *Innocenti Working Paper* No. 2015-07. Florence, Italy: UNICEF Office of Research.

<sup>11</sup> See: Slater, R. & Mphahlele, M. (2008), *Cash Transfers, Gender and Generational Relations: Evidence from a pilot project in Lesotho*. London, UK: Humanitarian Policy Group, ODI and World Vision International and Ruiz-Arranz, M., et al. (2002), More calories or more diversity? An econometric evaluation of the impact of the PROGRESA and PROCAMPO transfer programs on food security in rural Mexico. *ESA Working Paper* No. 02-09. Rome, Italy: Food and Agriculture Organization (FAO).

<sup>12</sup> Ruiz-Arranz et al. (2002).

<sup>13</sup> Meyer, J. (2007), *The Use of Cash/Vouchers in Response to Vulnerability and Food Insecurity: Case study review and analysis*. Johannesburg, SA: United Nations World Food Programme Southern Africa.

<sup>14</sup> Hard conditionalities entail strict enforcement and penalties such as withdrawing the transfers when recipients do not adhere to the conditions.

<sup>15</sup> Adato, M. & Hoddinott, J. (eds.) (2010). *Conditional cash transfers in Latin America*, Baltimore, MD: John Hopkins University Press.

<sup>16</sup> Soft conditionalities involve recipients being informed of the conditionalities and encouraged to undertake them, but no penalties are enforced if they do not take them up.

## PROBLEM STATEMENT

Previous Ethiopia PSNP impact assessments indicate the success of the programme in reducing poverty, improving food security and increasing household level diet diversity.<sup>17</sup> Other assessments find improvement in food security but only for households that received PSNP for more than four years.<sup>18</sup> However, despite evidence suggesting visible progress, poverty, malnutrition and vulnerability remain high in Ethiopia.<sup>19</sup> Malnutrition remains high, as the 2016 Ethiopia Demographic and Health Survey (EDHS) shows; 38 percent of children were stunted (height-for-age), 10 percent were wasted (weight-for-height) and 24 percent were underweight (weight-for-age).<sup>20</sup> Similarly, a situation analysis of the nutrition sector in Ethiopia found that 22 percent of women of child-bearing age are undernourished (BMI>18.5) and anaemic (Hb<12 g/dl).<sup>21</sup> This is a serious concern since research shows that a malnourished woman is more at risk of giving birth to a malnourished child and children of malnourished mothers are often malnourished themselves.<sup>22</sup> Previously, a 2008 contextual gender analytical study of PSNP highlighted several gender issues within the programme including the fact that pregnant and lactating women were not treated systematically despite their special needs; women in male headed households were less able to access resources than women in female headed households, and males – particularly those in polygamous households – had far greater power than women.<sup>23</sup> Four phases later, gender equity is one of the principles guiding implementation of PSNP, but provisions intended to enhance women’s equal participation and increase their full benefit have not been fully realized.<sup>24</sup> All the above factors hinder women and, by extension, their households from achieving the intended benefits of PSNP. This study assumes that participation in PSNP should lead to improved food security and nutrition due to the increased household income. However, several factors such as programme design, size and timeliness of the cash transfers, and recipients using the money for purposes other than food security could limit PSNP’s efforts to improve food security and enhance household level diet diversity.<sup>25</sup> This study argues that the interaction of pre-existing gender norms with cash transfer conditionalities and targeting influences intrahousehold decision making on expenditure of cash transfer resources, hence nutrition of PLWs and children under the age of two.

As such, the objective of the study was to assess:

1. How PSNP targeting and ‘soft’ conditionalities influence intrahousehold decision making on allocation of cash transfers.
2. The implications of the gendered nature of intrahousehold decision making on nutrition of pregnant and lactating women (PLWs) and children under the age of two.

<sup>17</sup> See: MOA (2014a). *Productive Safety Net Program Phase 4 (PSNP 4) enhanced social assessment and consultation report*. Addis Ababa, Ethiopia: Ministry of Agriculture (MoA); FMOH, UNICEF & EU (2016), *Situation Analysis of the Nutrition Sector in Ethiopia: 2000-2015*. Addis Ababa, Ethiopia: Ethiopian Federal Ministry of Health, UNICEF and European Commission Delegation; and SNSF (2013), *GSD impact assessment report*. Addis Ababa, Ethiopia: Safety Net Support Facility.

<sup>18</sup> Berhane et al., (2014). ‘Can Social Protection Work in Africa? The Impact of Ethiopia’s Productive Safety Net Program’. *Economic Development and Cultural Change*, 63, 1-26.

<sup>19</sup> MOA (2014a).

<sup>20</sup> CSA (2017), *Ethiopia demographic and health survey 2016*. Addis Ababa, Ethiopia: Central Statistical Agency, 187.

<sup>21</sup> FMOH, UNICEF & EU (2016), *Situation Analysis of the Nutrition Sector in Ethiopia: 2000-2015*. Addis Ababa, Ethiopia.

<sup>22</sup> UNICEF. (2012), *Integrated Social Protection Systems: Enhancing equity for children*. UNICEF Social Protection Strategic Framework. New York: UNICEF.

<sup>23</sup> Government of Ethiopia. (2008), *Contextual gender analytical study of the Ethiopia Productive Safety Net Programme (PSNP)*. Addis Ababa, Ethiopia: Helm Corporation.

<sup>24</sup> MoA (2014a). *Productive Safety Net Program Phase 4 (PSNP 4) enhanced social assessment and consultation report*. Addis Ababa, Ethiopia: Ministry of Agriculture (MoA).

<sup>25</sup> Ibid., 24

## METHODOLOGY

This study employed a qualitative approach that focused on generating data from the natural setting in order to allow for high level of interpretive, holistic and reflective reasoning.<sup>26</sup> Data for the study was collected through primary sources as well as secondary sources. The primary data came from interviews (in-depth individual interviews and key informant interviews) and focus group discussions. Secondary data was obtained from peer reviewed journals, PSNP reports and other related literature.

The study focused on Halaba and Shashago, two woredas (districts) in the SNNP region of Ethiopia. The two woredas were purposively sampled due to the presence of the IN-SCT pilot programme and the target kebeles (neighbourhoods) within both woredas were purposively sampled based on their proximity to, and accessibility for, the research team. The study participants, married men and women in PSNP households in the two woredas, were selected through random sampling. Specifically, PSNP recipients in male headed households who are expecting a child, and/or have a child under the age of two were targeted. Based on the selection criteria, a total of 32 individual interviews were conducted separately for couples from 16 households. Two focus group discussions, held separately for men and women, were also conducted for 10 PSNP couples. The study targeted married couples therefore the sample consisted of an equal number of male and female respondents.

To confirm the accuracy of the respondents' information, 10 key informants with relevant responsibility in relation to the study objectives at the woreda and regional level were identified through purposive sampling and interviewed and included:

- Shashago: Woreda Office for Labour and Social Affairs (WoLSA) Head; PSNP Focal Person; Social Worker; and Social Cash Transfer (SCT) Coordinator.
- Halaba: Social Worker; SCT Coordinator; and Gender and Social Development Focal Person.
- Regional level: Gender, Social Development and Nutrition Regional Coordinator (Food Security Office); Regional Programme Coordinator, Social Cash Transfer Pilot Programme (ALSA, SNNPR); and M&E Specialist, UNICEF SNNPR Office.

“To assess the underlying intrahousehold gender dynamics in decision making on cash transfers, the respondents were each asked to state who has the final say on how to spend the cash transfer income. The majority (94 percent) of the couples stated that they decide jointly on how to spend the cash transfers and there was no contradiction from the spouses despite being interviewed separately.”

<sup>26</sup> Creswell, J. W. (2014), *Research Design: Qualitative, quantitative, and mixed methods approaches*, Thousand Oaks, California: SAGE Publications.

## KEY FINDINGS

To address the research objectives, the key findings will be presented in three broad categories as follows: (i) gender and cash transfers, (ii) intrahousehold decision making and (iii) nutrition.

### Gender and cash transfers (i.e. targeting and conditionalities)

#### Targeting

While many cash transfer programmes target either men or women, in the case of PSNP, both spouses in male headed households are eligible to collect the cash transfers. This study therefore sought to establish whether both spouses have equal access to the cash transfer resources. The respondents were asked which of the spouses regularly collects the transfer on behalf of the household. The study found that in the majority (50 percent) of the instances it was the husbands that regularly collect the transfers. There were several (31 percent) instances where both the husband and wife collect the transfers and few (19 percent) instances where the wife regularly collects the transfers. This finding shows that while both spouses are eligible for the transfers, the husbands have more access than the wives. In the few instances where women collect the transfers, their responses showed that they only do so when their husbands are unavailable. Some of the reasons they gave included:

- *'When husband is busy';*
- *'Because the husband is not available';*
- *'I am responsible to do this because I participate in public works.'*

This position was supported by the response of one of the husbands whose wife collects: *'I am not listed in Public Works as household head so she is responsible for receiving the transfer. I also have health problem.'*

Reasons given by those where both husband and wife collect the transfer include:

- *'We alternate depending on who is available';*
- *'We both receive because we think that both husband and the wife are the same.'*

The above responses show that some of the couples have an appreciation of gender equality with regards to accessing the cash transfer resources.



The Researcher and her team conducting individual interviews with PSNP beneficiaries.  
Photo: Linda Lumbasi

### Soft conditionalities

As defined earlier, soft conditionalities refers to a situation where recipients are informed of the programme conditions, basic monitoring is implemented but no penalties are enforced if the conditions are not fulfilled. In the IN-SCT pilot programme, the soft conditionalities include antenatal care visits, obtaining postnatal care and vaccinations, and attending monthly growth monitoring for children family planning sessions and health, nutrition and sanitation BCC sessions.<sup>27</sup> Based on the pre-existing gender norms, the study assumed that women would bear the most responsibility for observing the set conditionalities.

To assess how the IN-SCT soft conditionalities influence intrahousehold decision making, the respondents were asked to mention approximately how many BCC sessions they had attended over the previous six months. While this study did not enquire about formal education levels of the recipients, the information from the sessions was considered a form of informal education with the potential to enhance decision making with regards to nutrition because these sessions are where they obtain the knowledge necessary to make informed decisions that may have direct implications on nutrition.

From the interviews, the study found that while the majority of the women had attended an average of 3-4 sessions, the majority of the men had attended only 1-2 sessions with more than 50 percent of them having not attended even one session. This finding shows that more women than men accessed nutrition-related information through the BCC sessions. Some of the reasons the men gave for not attending included being too busy, a lack of information, or misinformation that the BCC sessions were only for women. It was also found that the sessions were conducted separately for men and women. Key Informant Interviews confirmed that the main reason for conducting separate sessions was the assumption that women would be afraid or embarrassed to speak about issues such as sex, family planning or other sensitive issues in front of their husbands. While this assumption was justified based on pre-existing gender norms, further probing of the respondents revealed that the beneficiaries would appreciate having joint BCC sessions for general issues like nutrition. Those that preferred joint sessions gave the following reasons:

- *'To decide together it is better to attend together' (Female)*
- *'We will have the same understanding of what we learn and it can help us plan together' (Female)*
- *'Because we share the common knowledge on issues that we learn at BCC sessions' (Female)*
- *'When women attend alone, the men may not believe or accept what they say' (Male)*
- *'If am told alone the wife may miss the information or not believe me' (Male).*

<sup>27</sup> See: Roelen K. et al. (2017) and UNICEF (2014), *Improved nutrition through integrated nutrition, education and social cash transfer in SNNP Region*. Addis Ababa: UNICEF Ethiopia.

### Intrahousehold decision making

To assess the underlying intrahousehold gender dynamics in decision making on cash transfers, the respondents were each asked to state who has the final say on how to spend the cash transfer income. The majority (94 percent) of the couples stated that they decide jointly on how to spend the cash transfers and there was no contradiction from the spouses despite being interviewed separately. This view was further confirmed during the Focus Group Discussions where all respondents in both the female and male groups also said they decide jointly. Notably, men had more access to the cash transfers, women had more access to nutrition-related information – both of which are important for improving nutrition of PLWs and children. Due to study limitations, it was not possible to investigate the extent and nature of ‘joint’ decision making. The nutrition status of the PLWs and children as presented in the next section suggests that even if decision making is done jointly, resulting food choices remains the same. Further, access to nutrition-related information has not necessarily resulted in behaviour change, implying that external factors constrain the ability of the respondents to implement what they have learnt. The study found that these constraints include poverty, limited access to the recommended nutritious foods and cultural practices.



The Researcher and interpreter conducting separate male and female focus group discussions.  
Photo: Linda Lumbasi

### Nutrition

Nutrition, as conceptualised in this study, comprises of both food security and access to health and environmental services such as sanitation and hygiene. The nutrition status of women and children was assessed using (i) dietary diversity as an indicator of food security and (ii) interview responses to questions regarding participation in the programme’s soft conditionalities. FAO’s 24-hour recall method was used to measure household dietary diversity and particularly for women and children.<sup>28</sup> Dietary diversity is defined as the number of foods or food groups consumed over a given period, in this case the previous day. 24-hour recall was considered appropriate because it is less subject to recall error<sup>29</sup> and conforms to the recall period used in many dietary diversity studies.<sup>30</sup> It is also a relatively simple way to obtain data as it only requires the respondents to mention the foods that were eaten by the various household members during the previous day. The questions were asked to both spouses to compare the accuracy of their recall. The foods were regrouped into the various food groups that constitute an adequate diet and then the average number of food groups eaten by individual household members was calculated. As dietary diversity was not the focus of this study, analysis of the findings does not go into the detail of calculating dietary diversity measures, and only presents a general picture of the type of diet consumed by women and children in the selected households.

<sup>28</sup> FAO (2010), *Guidelines for measuring household and individual dietary diversity*. Rome, Italy: Food and Agriculture Organization (FAO).

<sup>29</sup> *Ibid.*, 28

<sup>30</sup> See: Arimond, M. & Ruel, M. T. (2004), *Dietary Diversity, Dietary Quality, and Child Nutritional Status: Evidence from eleven demographic and health surveys*. Washington DC: Food and Nutrition Technical Assistance (FANTA) Project, Academy for Educational Development (AED) and Ruel, M. T. & Alderman, H. (2013), Nutrition-sensitive Interventions and Programs: How can they help to accelerate progress in improving maternal and child nutrition? *The Lancet*, 382, 536-51.



Notably, most of the households had at least three meals a day. However, the majority of the households lacked dietary diversity and were having local bread (made out of maize flour) with either coffee or cabbage for all three meals. Secondary data analysis from Berhane et al. (2014), which showed that only 12 percent of children in Ethiopia receive the minimum dietary diversity 24 hours prior to their interview(s), supports this.<sup>31</sup> Similarly, there was no distinction in what was eaten by pregnant or lactating women and children under the age of two. Even in cases where there was a malnourished child, the families still fed them the same food as the others. In some cases, the government provides families with Ready to Use Therapeutic Food (a nutrient rich mixture for malnourished children) but parents end up feeding all the children on it, limiting its availability to the malnourished children who require it most. Further, cultural practices such as serving the husband first or the best part also limits access to nutritious foods for PLW's and children under the age of two. Based on the household diets seen above, there is a gap between the availability of nutritional knowledge and its application at the household level.

“There is a need to empower pregnant and lactating women to be able to make decisions that positively influence their nutrition and that of their unborn children or infants.”



The researcher with the SNNP Region PSNP Coordinator during a key informant interview.  
Photo: Linda Lumbasi

<sup>31</sup> Berhane et al., (2014). Can Social Protection Work in Africa? The Impact of Ethiopia's Productive Safety Net Program. *Economic Development and Cultural Change*, 63, 1-26.

## CONCLUSIONS AND RECOMMENDATIONS

This study assumed that the gender of the cash transfer recipient (targeting) had an influence on intrahousehold decision making on its expenditure. The study found that it did not matter which spouse collects the transfers as the majority of respondents indicated that the money still gets to the household. However, in view of the low dietary levels of PLWs and children under the age of two, and challenges in implementing learning from the BCC sessions, this study concludes that women's access to the cash transfers and participation in joint decision making has limited influence on their own nutrition and that of their children. Therefore, there is a need to empower pregnant and lactating women to be able to make decisions that positively influence their nutrition and that of their unborn children or infants. Besides temporarily shifting PLWs from public works to direct support to allow them sufficient time to care for themselves and their children – as is currently practiced in PSNP – the study recommends exploring opportunities for enhancing women's access and control over cash transfers particularly during pregnancy and lactating periods.

The study assumed that conditionality of cash transfers affects nutrition outcomes. Whereas available research evidence indicates improved household nutrition where hard conditionalities are applied, this study paints a bleak picture for the use of 'soft' conditionalities as applied in the IN-SCT pilot programme. Whereas the IN-SCT pilot has been able to disseminate information on the value of proper nutrition and child care, this information has been delivered to more women than men thus making it difficult for couples to have joint understanding for informed joint decision making. Therefore, while most female respondents are aware of proper nutrition behaviour, there is an obvious disconnect in the implementation of what they have learnt.

While it is evident that the social cash transfer programme has improved the food security of beneficiaries in Halaba and Shashago, full nutritional benefits are yet to be realized. Ensuring food security is a starting point, recipients need to be supported in practising proper nutrition and dietary habits. Notably, nutritional knowledge has been offered through multiple sources but little is being done to enhance recipients' capacity to implement that knowledge at the household level. The nutritional uptake of recipients can therefore be improved by promoting the use of home gardens and diversifying food production through providing access to seeds of nutritious foods.

Based on the research design and limitations of the study, it is difficult to say with certainty that the current low levels of nutrition for PLWs and children under the age of two is due to the interaction of cash transfer targeting and conditionalities with pre-existing gender norms on intrahousehold decision making. The findings of this study leave room for further and more rigorous research on how cash transfer programmes, particularly those that target both men and women and apply soft conditionalities, influence intrahousehold decision making about the nutrition of women and children. There is also room for further research to determine the real extent of 'joint' decision making among recipients, which was beyond the scope of this study.

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