

The potential of cash-based interventions to promote gender equality and women's empowerment

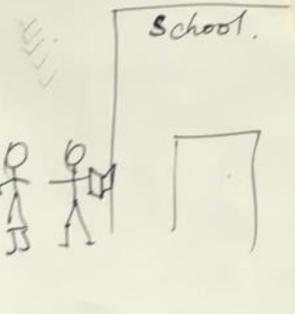
Summary report of the multi-country study



Improved hygiene



ending school



Improved food security (better food, more frequent meals)



s together



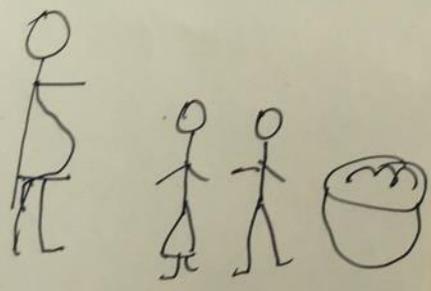
Better physical environment in home



Solidarity between women in SHG. Share ideas. Mutual support. Problem solving.



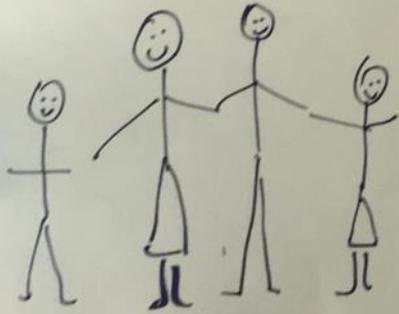
Better feeding practices for PLW and children



Stop early marriage



More household harmony (less quarrelling)



“Before, women had no livelihoods and no knowledge. But now that they have livelihoods, their knowledge is increasing. My wife can handle a lot of things now.”

man, Bangladesh focus group discussion

“Every day I come to school, I get closer to my dream to go to university.”

girl, Egypt community school

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INTRODUCTION

Over the past decade, the World Food Programme (WFP) has increased its use of cash-based transfers (CBTs) to assist persons who are food insecure. In 2017, WFP provided 1.3 billion USD in cash transfers, up from 880 million USD in the previous year and being 30 percent of the total food assistance provided. 19.2 million people (51% females / 49% males), across 61 countries with 98 operations, were assisted through cash transfers in 2017.

Given the growing importance of cash-based interventions (CBIs) to humanitarian and development assistance, the centrality of gender equality to sustainable and empowering changes, and finite resources, it is critical that WFP programming and operations be evidence-based and guided by reliable and credible information.

The study on *The Potential of Cash-Based Interventions to Promote Gender Equality and Women's Empowerment* sought to explore how CBIs can contribute to achieving gender equality and women's empowerment (GEWE), as ends in themselves and for food security and nutrition outcomes. Where changes in GEWE were experienced, the study sought to understand women's and men's perceptions of how and why changes occurred.

The study was guided by the following five questions.

- i) What GEWE outcomes have been achieved through or by CBIs?
- ii) How can CBIs contribute to GEWE, as ends in themselves and as needed for sustained food security and nutrition outcomes? Which programme features – programme governance or planning processes, transfer, conditionalities, complementary interventions, technology etc. – are essential for GEWE outcomes?
- iii) What are the apparent causal linkages that may explain how and why CBIs contribute to achieving GEWE outcomes?
- iv) Where CBIs are used, how are/can market-related engagement (e.g. retailer engagement, markets for change, market support) contribute to GEWE?
- v) What are the institutional factors that enable the CBIs to contribute to achieving GEWE outcomes?

This report is a summary version of the full report that can be accessed at <https://docs.wfp.org/api/documents/WFP-0000102755/download/>

STUDY METHODOLOGY

The study consisted of four parts: (i) a desk review; (ii) fieldwork comprising six CBI case studies; (iii) a practitioner survey; and

(iv) a learning workshop. To guide the study, a

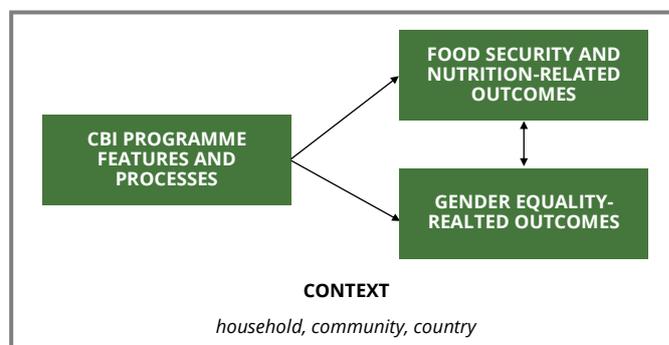


Figure 1: Study conceptual framework.

conceptual model was developed to connect CBI programme features and processes with food security-, nutrition- and gender-related outcomes (Figure 1). The conceptual model informed analysis of the information gathered from the CBI case studies.

The assumptions underlying the conceptual model are that (i) CBIs contribute to food security and nutrition-related outcomes; (ii) CBIs can have gender equality-related outcomes and can reinforce gender inequalities; (iii) gender equality-related outcomes influence food security and nutrition-related outcomes; (iv) in the absence of gender equality-related outcomes, CBIs will not be equitable nor sustainable; and (v) contextual factors – at the household, community and national levels – influence gender (roles, relations, responsibilities, rights) and outcomes.

The conceptual model assumptions were explored and tested in Bangladesh, Egypt, El Salvador, Jordan, Mali and Rwanda through focus group discussions, key informant interviews and review of secondary information. Using the Most Significant Change technique, study teams in each of the six countries ask women and men to identify the changes that have taken place in their lives and what programme features they believe led to the changes.

Field work for the six case studies was undertaken between July and October 2018. The case studies were qualitative, with a focus on stakeholders' – primarily women and men direct beneficiaries' – perceptions and personal accounts of participation and change in the CBIs of focus. Three sites were visited for each of the six CBIs. At each site, there was one women-only and one men-only focus group discussion (FGD). A total of 204 women and 200 men participated in 36 FGDs across the six case studies. Semi-structured interviews with key informants – including WFP employees, retailers, partners and local government authorities – were conducted.

CBI PROGRAMME FEATURES AND PROCESSES

The study examined the programme features and processes of the six CBIs, namely: targeting and named recipient, information provision, transfer (modality, payment system, value, frequency and duration), governance (committees), complaints and feedback mechanisms, conditionalities, programme activities (or complementary actions). Programme processes explored in the study include analysis, design and monitoring.

Analysis and design

When designing the CBIs, gender analyses were conducted, with analysis ranging from 'light-touch' to 'in-depth'. In some of the country case studies, such as in Mali and Rwanda, WFP employees or partners asked women and men about their preference for modality. In Bangladesh, WFP employees explored how feasible and acceptable it would be for women to use various transfer instruments and technologies (e.g. smart card, ATM or mobile banking) or to travel to redeem their vouchers or withdraw cash. While analyses helped to identify risks, they were also used to identify opportunities for programme design. In the Bangladesh case study, analysis of women's livelihood options was used to develop a booklet which served as a resource for women when they were deciding how to invest their livelihood asset grants.

When designing a CBT, there are many variables that can influence women's and men's behaviours, such as control of, and decision-making about, the CBT, transfer use, workload and time-use, mobility, savings and indebtedness. Gender analyses can provide information to predict such impacts and pilots can test for impacts. For example, when moving to the 'choice' modality – where WFP beneficiaries can redeem their assistance as food-restricted vouchers and/or as cash from Jordan Ahli Bank ATMs – for Syrian refugee response in Jordan, WFP first conducted a pilot which, in addition to assessing impact on food security indicators, analysed differences between women's and men's roles in 'holding' the smart card and decision making over the transfers with food-restricted vouchers and unrestricted cash.

Information and communication

Information was communicated through a variety of channels across the six case studies, including in-person meetings, helpdesks, focal points and text messages.

Despite efforts to ensure equitable access, the women and men who participated in the study indicated that they did not always have the same access to information. The case studies demonstrated that the choice of communication channel(s) can unintentionally exclude women or men. Women and men may differ in their: (i) ability to meet at certain times of the day or locations due to paid, domestic or care work commitments (all case studies); (ii) ability to spend time or money to travel to meeting locations (Jordan); (iii) mobility in public spaces (Bangladesh and El Salvador); (iv) literacy levels (Bangladesh, Egypt, Jordan, Mali and Rwanda); and (v) access to mobile phone technology (Jordan). This in turn influenced how information is accessed and understood. From the case studies, when women and men do not receive information, they are not able to make informed choices or to act.

Targeting and named recipient

Targeting. For the CBIs studied, targeting was either of households or individuals. Targeting processes differed for each CBI. In the refugee camps of Jordan and Rwanda and in Egypt's community schools, there was blanket targeting. In (non-camp) Jordan and Bangladesh, households were selected using surveys to assess household food insecurity (or vulnerability to food insecurity). For the seasonal transfer in Mali, community-based targeting was used. El Salvador adopted a process of community outreach, applications, individual interviews, and a four-day residential camp to select participants. The practitioner survey indicated that the integration of gender in a CBI most frequently occurs in relation to targeting.

Named recipient. The named recipient refers (in this study) to the person who is named on the financial instrument. Financial instruments in this study included beneficiary cards, smart cards or paper vouchers. When a household is targeted, there is typically one named recipient. Where there is a conditionality to be fulfilled, the named recipient is usually the individual who fulfils the condition.

Who the named recipient is can determine who (woman or man in the household) has access to information. This is particularly the case if the named recipients are the sole point of communicating information about the CBT.



El Salvador, Gastrzomotiva students

Being the named recipient influences dignity and control of the transfer. In El Salvador, self-esteem and self-worth improved among the young women and men as they could provide for themselves and contribute to their households' expenses. This was then linked to their increased ability to make decisions. In Bangladesh, women expressed strong pride in having beneficiary cards in their names. For some (but not all) women and men, being the named recipient influenced the control of the transfer for symbolic reasons ("because it is in my name") or logistical reasons (being the individual who is authorised to transact).

Transfer

Transfer modality. The transfer modality refers to the mode for distributing resources. WFP uses three transfer modalities: in-kind, vouchers and cash. CBTs were provided as two modalities across the study: (i) unrestricted cash in Bangladesh, Jordan (Amman), Mali (Kati) and Rwanda; and (ii) food-restricted value vouchers in Egypt, El Salvador, Jordan and Mali (Mopti).

In all contexts, there were social norms prescribing gender roles for providing, handling, and deciding over the use of food and cash. Across all case studies, social norms placed women as responsible for preparing food. Given (restrictive) gender roles, the transfer modality can strongly influence who in the household (woman or man) controls the CBT, particularly if the transfer is nominally for the household rather than for an individual. With food-restricted vouchers in the Egypt and Jordan case studies, women were the sole or primary decision makers on the CBT.

The use of unrestricted cash in the Bangladesh and Rwanda case studies meant that most women were handling cash for the first time in their lives. This was described as an empowering experience. In El Salvador, young women and men reported the vouchers as empowering, providing them with choice and dignity.

Payment system. Several payment and verification systems were observed in the case studies – cash-in-hand, paper vouchers, smart cards and biometric (thumbprint, iris) scanning. The selection of payment systems was informed by both gender and protection considerations, such as in terms of ease-of-use, acceptability, mobility, and potential risks of exclusion or violence.

Some factors, such as low levels of literacy and access to mobile phones, were considered in selecting the payment system. Other factors considered by WFP included the distance that needed to be travelled to collect cash or redeem a voucher, and implications considering men's and women's mobility and time availability.



Egypt, smart card

Transfer value. The transfer values ranged in size, related to the programme purpose and context. The transfer value was determined by the cost of food baskets, the CBI's purpose, and comparability to other national programmes, such as the social protection programmes in Bangladesh and Egypt. Gender equality and women's empowerment were not primary considerations in determining the transfer values. Nonetheless, the transfer value potentially had gender equality-related effects.

In Egypt and Bangladesh, women FGD participants reported that the CBTs were under their control; husbands or sons did not seek to control the CBT. In Egypt, this was in part because the CBT was perceived by men as "so small" (and food-restricted). In Bangladesh, women and men FGD participants reported that men would – from time to time – request a small portion of the monthly subsistence allowance CBT to meet household needs (e.g. to buy food). This would only occur when men's income, such as from fishing or day labouring, was less than expected. While it was not possible through this study to draw conclusions on a relationship between transfer size and a woman's role in decision making and control of the CBT, men's reported disinterest in small transfers suggests that their interest may be piqued by a large transfer.

While the transfers in Bangladesh were comparatively small, women and men FGD participants reported that it was empowering for women. Prior to the CBI, married women or women with adult sons did not commonly handle money. The transfers – albeit small – created opportunities for women to control money, learn how to budget, contribute to savings schemes, and buy mobility (by paying for transport). Most of all, women reported that it gave them dignity and pride.

In Egypt, the CBT off-set the loss of income from child labour for many women and men FGD participants, allowing most children (mostly girls) to attend school instead of work. The transfer meant that girls were more likely to finish primary education in the community schools before getting married (at 16 years or older).

Transfer duration. The transfer duration was determined by the CBI's purpose and context. In the refugee responses, the CBT is for an indefinite period, as the CBT supports refugees to meet food needs in protracted displacement. For school feeding, the CBT is provided for the entire duration of a child's enrolment in school as an incentive for school attendance and retention. In Bangladesh, experience from pilots and earlier programmes showed that two years was the minimum duration for the promotive (women's livelihood) and transformative (women's empowerment) objectives to be realised. In El Salvador, the transfer was provided for the duration of the programme, of six to nine months. In Mali, the CBI aimed only to have preventive and protective effects during the four-month seasonal lean season (being the time between harvests), thus the four-month transfer duration.

Governance

This study explored programme-specific decision-making entities broadly. There were no governance bodies in Egypt, El Salvador or Jordan. While women were present on all committees (where there were committees), women were not necessarily able to influence or exercise power in the committees. In two sites in Mali, women FGD participants were not aware of the women representatives in their committees.

The role of committees can extend beyond governance and include changing social norms and building market linkages. In Bangladesh, local oversight committees were established to oversee cash distributions, attend quarterly stakeholder meetings and support in conflict and incident resolutions and other emergent issues. At one site, the local oversight committee did more than this; they influenced social norms on women's mobility by publicly endorsing women's being in public spaces (e.g. to collect their CBT or to attend self-help group meetings).

Complaints and feedback mechanisms

Across the CBIs, the WFP formal complaints and feedback mechanisms included phone hotlines (all case studies), in-person helpdesks (Rwanda), complaints and feedback committees (Mali). Feedback was also provided through less formal means, such as through WFP Coordinator (El Salvador), Cooperating Partner personnel and community teachers (Egypt).

In several contexts – Bangladesh, Egypt and Mali – beneficiary women said that they would be more comfortable talking to a woman, than a man, if they had a complaint. Similarly, in Egypt and Mali, beneficiary men said that they would prefer to talk to a man. In Bangladesh, it was because women do not commonly talk to men to whom they are not related. In Egypt, it was because beneficiary women felt that women are ‘more patient’, rather than there being social prohibitions on women talking to men. This underscores the importance of appointing (and supporting) both women and men to receive and respond to complaints.

“I am happy to speak about this issue because everything in our lives depends on men. If there is at least one woman in the committee, it would be possible to communicate our problems.”

Mali, woman focus group discussion participant

Conditionality

Conditional assistance requires beneficiaries – the targeted women and men – fulfilling a ‘condition’ a requirement for participation in a CBI to receive assistance, as can be provided as CBTs. Examples of conditions in this study were participation in the livelihoods or Food Assistance for Training programmes in Bangladesh and El Salvador case studies and 80 percent school attendance in the Egypt case study.

In the Bangladesh case study, conditionalities were described by women FGD participants as being easy to fulfil. Over the two years of the programme, the time requirements for training and behaviour change sessions were considered to be ‘light’. Minimal travel was required as training and meetings were located within their communities.

Relative to the Bangladesh CBI, the conditions for participation in the El Salvador CBIs – Conectarte and Gastromotiva – were more time intensive. As one young woman noted: “We were busy every day for nine months.” Gastromotiva participants attended training for five hours a day, six days a week (Monday to Saturday) for eight weeks (48 days) and were required to undertake a two-month work placement. Overall, women experienced more challenges in fulfilling the programme’s conditionalities, compared to the men.

Programme Activities

The programmes in Bangladesh, Egypt, El Salvador and Rwanda included activities in addition to the CBTs. Examples of activities included livelihoods or vocational skills training, work placement, household vegetable gardens or group farming, awareness raising or education (in gender, nutrition or access to services), peer support groups, access to finance, and financial literacy training. The design of the programme activities was informed by analyses, such as nutrition, livelihoods, and labour market

analyses that, variably, integrated gender, age and lifecycle needs.

In each case, the choice of programme activities was informed by the CBI’s overall purpose. For Bangladesh and El Salvador case studies, the aim was to socially and economically empower beneficiaries – ultra poor women in



Egypt, girl community school students

Bangladesh and young women and men in El Salvador.

The Bangladesh Enhancing Food Security and Nutrition programme offered a comprehensive and integrated package of programme activities. Each activity was designed to consider the several dimensions of women’s empowerment and the different livelihood assets required to secure and sustain women’s livelihoods, income and social empowerment. Each programme activity was necessary to bring about change, but – in isolation – would have been insufficient to bring about the changes experienced.

In El Salvador, programme activities – such as the training, work placements and voluntary work – provided the young women and men with the chance to acquire vocational skills, obtain work experience (and improved prospects for long-term employment), support their personal development and increase their social capital.

For the Egypt school feeding programme, the aim was to encourage mothers and fathers to send children (especially girls) to school. In Rwanda, the purpose of the Nutrition Education and Counselling programme was to improve infant and young child feeding. Both Egypt’s livelihoods programme and Rwanda’s Nutrition Education and Counselling project were designed as standalone programmes to the CBI.

OUTCOMES AND CAUSAL LINKS

Across the six country case studies, seven dimensions of food security and nutrition-related changes and eight dimensions of gender equality changes were reported.

In analysing the outcomes, the study took into account the purposes of the CBIs. Using Devereux and Sabates-Wheeler’s 2004 definitions in the social protection framework, the General Food Assistance CBIs in Jordan, Mali and Rwanda were designed as protective and preventive measures aimed at providing relief from deprivation and averting deprivation. The Food Assistance for Training CBIs in Bangladesh and El Salvador – in addition to serving as protective and preventive measures – were aimed at being promotive and transformative for the training participants and their households (for

preventive, promotive and transformative purposes. The promotive and transformative effects were not only intended for the mothers (who attended livelihoods programmes), but also aimed at bringing about intergenerational change through the community school students.

Devereux and Sabates-Wheeler's (2004) Social Protection Framework

Protective measures provide relief from deprivation.

Preventive measures seek to avert deprivation.

Promotive measures aim to enhance incomes and capabilities.

Transformative measures address the causes of social inequities,

Food security and nutrition-related outcomes

The seven reported outcomes relating to food security and nutrition were improved food security and nutrition, improved livelihoods and income, enhanced resilience, wellbeing and dignity, strengthened capacity, access to health services and access to financial services. The 'protective' and 'preventive' outcomes were linked to individuals or households being provided the CBT.

Improved food security and nutrition. Women and men FGD participants from the six countries reported having more or 'better' food to eat. Better nutrition practices, in part attributed to the CBT, were also reported by women and men FGD participants as resulting from awareness-raising and education on nutrition (Bangladesh, Egypt, El Salvador and Rwanda), gender messages (Bangladesh and Rwanda) and household vegetable gardens (Rwanda).

Improved wellbeing and dignity. Wellbeing and dignity improved among the women and men FGD participants. The improved wellbeing and dignity were related to the cessation or reduction in the use of 'negative' coping mechanisms. In the Bangladesh and Rwanda case studies, there was an additional reason for greater dignity. Beneficiary women in these case studies had not commonly handled cash prior to the CBT. Cash had previously been the exclusive control of men – husbands or adult sons. Beneficiary women expressed greater self-respect and pride in controlling the CBT. In El Salvador, the young women and men reported more self-esteem, self-respect and self-belief. This was in part due to CBT, which meant they were able to provide for themselves and contribute to their households.

Improved livelihoods and income. 'Promotive' food security and nutrition outcomes, such as improved livelihoods, were not commonly reported across the case studies. Improved livelihoods, increased income and improved resilience were only clearly reported in Bangladesh. Egypt's livelihoods programme and El Salvador's initiatives showed significant potential in terms of improving livelihoods and income. The food security and nutrition outcomes of 'strengthened capacity', 'access to health services' and 'access to financial services' were only reported in the integrated programmes (Bangladesh, El Salvador, Egypt) and complementary programme activities (Egypt).

Strengthened capacities. Women and men reported strengthened capacities when the CBIs included awareness-raising, education and/or training activities, typically targeting programme participants and/or their household members.

Access to health services. Improvements in access to health services were reported in the Bangladesh and El

Salvador case studies. In the Bangladesh case study, some beneficiary women's (and their household members') attributed their better access to health services to four critical changes: (i) women were informed about a range of health services through the programme's awareness raising sessions; (ii) women could afford the services because of the CBT and increased income from women's livelihoods, but also because they had had savings in the programme's group savings scheme; and most critically, (iii) women could physically travel to health providers as they had gained confidence to move outside their homes and because social prohibitions on women's movement had eased as a result of the programme. In El Salvador, the young women and men participating in *Gastromotiva* could access the health services provided by the Universidad Francisco Gavidia, where they were enrolled as students for the eight weeks of vocational training.

Access to financial services. In the Bangladesh and Rwanda case studies, financial services were provided through group savings. In Bangladesh, beneficiary women saved a small amount of cash (typically 100 Bangladesh taka or 1.14 USD per month) as part of their self-help group. In the Rwanda case study, the Nutrition Education and Counselling project encouraged group savings that were stored in a savings box with multiple padlocks (with committee members each having a key to one padlock). These savings were intended to improve consumption of nutritious foods. The livelihoods programme in the Egypt case study linked beneficiary women to microfinance providers.

Enhanced resilience. Longer-term resilience was only reported in Bangladesh and El Salvador case studies. The enhanced resilience was the result of having enhanced capacities, improved self-confidence, social capital, and, for most in Bangladesh and many in El Salvador, improved livelihoods and income. These were due to training, education, peer support and the CBT.

Summary. The six case studies reportedly led to food security and nutrition-related outcomes for women, men, girls and boys – similarly and differently. Improved food security and nutrition, wellbeing and dignity were often directly attributed to the CBT. In contrast, the more promotive outcomes – such as improved livelihoods and income – were primarily attributed to programme activities that were implemented alongside the CBT. Capacities were reported as strengthened through the CBT and programme activities such as awareness-raising, education, training and group activities.

Gender equality-related outcomes

The two most commonly reported gender equality-related outcomes were 'preventive' – the reduction or prevention of negative coping strategies and of violence. Promotive and transformative outcomes were also described.

Reduction or prevention of coping strategies. In almost all case studies, beneficiary women and men reported that the CBT meant that they had to use coping strategies to a lesser extent, less frequently, or not at all. In Egypt, Jordan and Rwanda, beneficiary women and men reported relying more heavily on coping strategies during pipeline breaks or periods of reduced rations.

The CBIs reportedly reduced the need to:

- send children (more boys than girls) to work, which would often mean that children would need to be withdrawn from school (Egypt and Jordan);
- undertake hazardous or poorly-remunerated work (boys and men in Jordan and more women than men in Mali);

- sell household assets, such as furniture (Jordan); and
- reduce meal size, skip meals, eat less preferred foods, eat cheaper 'filling' foods, or have adults eat less so that children can eat (Bangladesh, Egypt, Mali and Rwanda).

Of the reported coping strategies, the first three are strongly gendered. More boys (than girls) were withdrawn from school to work in Egypt and Jordan (for Syrian refugees). In Mali, women's 'coping' livelihood activity of collecting firewood was more hazardous than men's 'coping' livelihood activity of working as daily wage labourers. Collecting firewood meant that women (more so than men) would travel to isolated locations to each day to gather the firewood to sell for small amounts of money to meet immediate food needs. Women FGD participants reported being fearful for their safety (from robbery, physical assault and sexual assault) when they collected firewood. They reported incidents where women had been attacked. Undertaking such 'coping' livelihood activities meant that women and men did not have time to farm their own crops, therefore not being able to harvest crops, leading to longer-term food insecurity.

Reduction or prevention of violence. In all but the Rwanda case study, several forms of violence were reported as being reduced or even prevented, such as child marriage, child labour, domestic violence and exposure to gang-related violence.

Strengthened individual decision making / self-determination / autonomy. This outcome was reportedly experienced by women training participants in Bangladesh; adolescent girl and boy students in Egypt; young women and men training participants in El Salvador; and beneficiary women in Rwanda. In Mali, beneficiary women who had greater control over the transfer – such as women households heads – reported strengthened decision making.

Control and redistribution of unpaid care and domestic work. In Bangladesh, El Salvador and Rwanda case studies, changes were reported on intra-household dynamics relating to resource sharing and control and unpaid care and domestic work. In the Rwanda case study, for example, fathers were encouraged to provide nutritious food for their children and to undertake unpaid care and domestic work. The respondents to the practitioner survey indicated, however, that unpaid care and domestic work is an area of gender equality that is infrequently addressed in CBIs unlike, for instance, decision-making and livelihoods.

Equitable resource sharing (food). In the Bangladesh case study, women FGD participants reported a significant (to the women) shift in sharing of food in households when all family members started sitting down for meals together. Prior to the CBI, elderly men and women would eat first (out of socio-cultural respect), then the man, followed by children, and women would eat the leftover food, if any. Women FGD participants attributed the change to awareness-raising sessions, where households were encouraged to eat together. The monthly subsistence allowance CBT and women's income from livelihood activities also likely altered the status of women in their households, thereby contributing to family members sharing meals. While the sharing of meals was an important manifestation change of women's status in their households, it could potentially lead to improved women's nutrition.

Improved social capital or diminished social exclusion. These changes were reported in Bangladesh, Egypt and El Salvador case studies. In the Bangladesh case study, this was largely the effect of women's self-help group and local oversight committees providing women with horizontal

and vertical linkages, respectively. In the Egypt case study, the CBT take-home entitlement increased the acceptability and attractiveness of community schools. In the El Salvador case study, the young men and women FGD participants reported that being part of the programmes gave them greater recognition within their communities. For young men, it helped to lift the stigma of being a returnee or a violent young man. The CBT 'bought time' for the young women and men to participate in the programme.

Increased women's leadership. Enhanced women's leadership was only observed in the Bangladesh case study. This occurred when women were placed in leadership roles in their self-help groups, with responsibilities that supported the women in developing their leadership and representational skills.

Equitable communal decision-making. In El Salvador's Conectarte programme, women and men would decide on a community project collectively and undertake it together.

Summary. The CBTs were strongly linked to preventive effects, such as the reduction or prevention of negative coping strategies and violence. In the Bangladesh, Rwanda, Egypt and El Salvador case studies, the CBTs also played a transformative role. Women and men more often attributed the more promotive and transformative outcomes to the programme activities, such as awareness-raising, training, self-help groups and committees, and work placements or community work, than with the CBT. In the Rwanda case study, the CBTs were linked to transformation as Congolese women had not commonly handled money prior to the CBT. Even so, the design of the CBT – such as having the majority of women as named recipients – was critical. In Egypt, the CBT made community schools more socially-acceptable, and made it possible for poor and socially-excluded households to send children to school. In El Salvador, young women and men reported that the CBT meant that they could provide for themselves, and that it contributed to improved self-worth, financial management and decision making.

Even in cases where transformation was not strongly attributed to the CBT, the CBT was a necessary part of – or precondition for the participation in – the programme. For example, in Bangladesh, many women FGD participants acknowledged that, without the monthly subsistence allowance CBT, husbands may not have 'allowed' the women to participate in the programme. In El Salvador, many women and men FGD participants reported that the CBT 'bought time' for them to participate in the programme.

The case studies showed potential linkages between food security and nutrition and gender equality outcomes. In the Rwanda case study, this was through contributing to transforming gender roles, where men were encouraged through the Nutrition Education and Counselling project to play a role in providing for and protecting their children's nutrition. In the Bangladesh case study, women and children potentially had improved diet when the family sat together to eat. Women's livelihoods also increased their ability to purchase nutritious foods.

While CBTs are not, in themselves, a guarantee of empowerment or transformation, they can contribute to such outcomes. Empowering and transformational outcomes are conditional on how a programme using CBT as an assistance modality are designed, implemented and monitored. The conditional, integrated programmes in Bangladesh, Egypt and El Salvador reported more promotive and transformative outcomes, than the General Food Assistance.

FINDINGS

Conditional on their design, programmes using CBTs as a means of assistance can lead to equitable and empowering impacts for women and men, girls and boys. For empowering impacts, a CBT alone is insufficient. To empower, CBIs require a combination of a CBT and programme activities, such as skills training, social behaviour communication change and access to services.

Equitable impacts are achieved when women and men fairly benefit from the positive changes brought about by a CBI, relative to their situations, needs and priorities. Programming equitably requires identifying and responding to inequalities.

Empowering impacts are achieved when a CBI fosters promotive and transformative changes, where women, men, girls and/or boys have enhanced income and capabilities and causes of social inequities, exclusion and equalities are addressed.

Conceptual model for CBIs for food security-, nutrition-, and gender equality-related outcomes.

The study conceptual model details seven food security and nutrition-related and eight gender equality-related outcomes resulting from CBIs, constructed from beneficiaries’ personal accounts of change (outcomes) and their attribu-

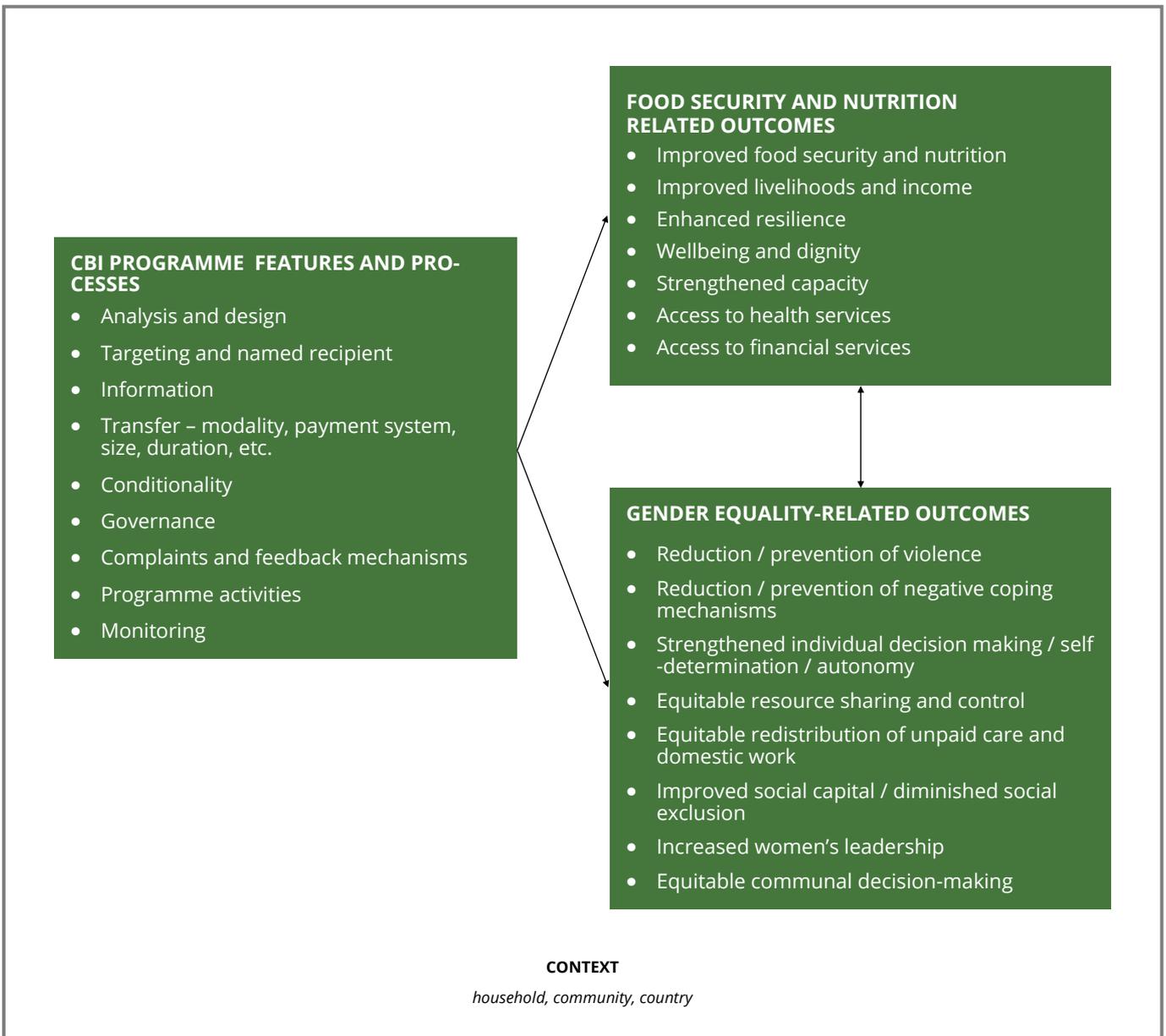


Figure 2: A conceptual model connecting CBI programme features, contextual factors and food security, nutrition and gender equality-related outcomes

The CBI case studies demonstrated that:

- i) CBIs can contribute to food security and nutrition-related outcomes, including improved livelihoods and income, enhanced resilience, and access to services
- ii) CBIs can have gender equality-related outcomes;
- iii) gender equality-related outcomes can influence food security and nutrition-related outcomes; and
- iv) contextual factors – at the household, community and national levels – can influence gender (roles, relations, responsibilities, rights) and outcomes.

Equitable impacts

The six CBI case studies provided examples of how CBIs can be designed to promote equitable access to information, decision-making about and use of the transfer, and participation (or opportunity to participate) in programme activities. How programme features were designed and implemented influenced the potential for equitable impacts.

Named recipient and authorization to transact. Being the named recipient enhanced a woman's or man's role in decision-making about, and control over, the transfer, even where it was known that the CBT was intended for the entire household. For household-targeted assistance, where there was only one person authorised to conduct transactions, such as withdrawing cash from an ATM or redeeming a voucher, control over the transfer was concentrated with the individual, rather than being shared among (adult) household members. When one individual is registered, it can potentially reinforce restrictive gender norms and undermine potential improvements in food security and nutrition. Where multiple persons within a household are authorised to use the CBT, the opportunity (and workload) to conduct transactions can be shared between household members. In some circumstances, where the assistance is still designed to support the food security of a household, a decision is made to purposefully locate control over the transfer with one person, such as for the Bangladesh CBI.

The named recipient can be important for symbolic reasons. An example is when a child's name is on a smart card as part of a school feeding take-home entitlement. The child is not authorised to transact, but the visible recognition motivated them to attend school and entitled them to select their preferred foods.

The following observed actions supported equitable impacts:

- for General Food Assistance, asking households to nominate a named recipient, rather than automatically assigning the 'household head' (Rwanda);
- for conditional transfers, naming the person who fulfils the conditionality as the recipient (Bangladesh, Egypt and El Salvador); and
- in some cases, having multiple persons within a household authorised to carry out transactions, thereby diffusing control and sharing workload (Jordan, Egypt, Mali and Rwanda). In other cases, having no alternate to concentrate the control of the CBT with one person (as applied to the individual-targeted CBIs in Bangladesh and El Salvador).

Information and communication. A range of information and communication channels were used across the six case studies: text messages, printed flyers, person contact points, house-to-house visits, community meetings, and communication trees. Women and men face different

barriers in accessing information depending on, for example, access to technology (mobile phone), literacy levels, paid and unpaid workload, location of work, mobility, and levels of social exclusion. Where there is reliance on telephone calls and text messages, women are less likely to be direct recipients of information as they are less likely to own mobile phones. In many contexts, the location and timing of community meetings determines who can participate. Women are more able to attend when close to their houses and accommodating their unpaid work. Men engaged in remunerated work away from their houses are likely to find it difficult to attend a meeting held during the day near their homes. The person or entity calling the meeting also matters, with persons of authority – village chiefs, implementing partners, WFP – influencing, or determining, the decisions made.



Egypt, women's livelihoods initiative

In some CBIs, only one person per household would receive text messages or be invited to attend meetings. When this occurred, there was an information gap between household members. In one case study, beneficiary men were better informed than their wives about the CBT. This meant that men were better placed to influence how the CBT was used with, for example, the men learning how to use an ATM. When beneficiary women or men do not receive information – on, for instance, how to use a smart card, the contents of the 'food basket' or that changes to the transfer modality – their ability to make choices and act is limited. This diminishes the potential positive impacts for beneficiaries – more often observed for women than men in the study – who may not be able to use their CBTs in an optimal manner for themselves and their households, like purchasing the most nutritious foods using a voucher.

It cannot be assumed that information received by one member of a household (commonly observed to be a man – who may be the father, husband, older brother – in the case studies that involved household targeting) will be transmitted at all or accurately to other members of his/her household.

The following observed actions supported equitable impacts:

- using multiple communication channels and not relying exclusively on technology-based channels, such as mobile phone text messages) (Bangladesh, El Salvador and Rwanda);
- having in-person contact points for provision of information and resolving problems (Bangladesh, Egypt, El Salvador, Mali and Rwanda).

Transfer modality and value. The transfer modality and value influenced decision-making over, and use of, the CBT. When the CBT was provided to a household as a food-restricted voucher, women were more often the sole or primary decision-makers, than were men. This allocation was often due to socio-cultural norms that assign women care and domestic responsibilities, such as shopping for and preparing food. When unrestricted cash was provided, men were more likely to be engaged in decision-making or be the primary decision-maker, than when the transfer was a voucher, card and restricted. Being unrestricted, the CBT would be used to purchase non-food items as well as food. When the transfer value was small relative to household income, women were more likely to be given autonomy in controlling the CBT (given perceptions of relative insignificance).

The transfer modality (in-kind versus cash-based) had effects on wellbeing, dignity, conflict, violence, time use, workload and savings, as experienced differently by women and men. Providing cash-based, rather than in-kind, transfers were observed as enabling access to foods according to lifecycle needs, such as calcium- and iron-rich food for pregnant and lactating women and girls, nutritious porridges for young children and softer food for elderly persons.

The following observed actions supported equitable impacts:

- undertaking gender analyses and protection assessments to understand beneficiary women's and men's preferences (Mali and Rwanda) or the feasibility of CBTs (all case studies);
- undertaking pilots to understand the impacts of changes in transfer modality on beneficiary women and men (Jordan and Rwanda); and
- calculating a transfer value according to the recipients (number, age, gender).

"The transfer was important because I could buy food for my family each month."

El Salvador, Gastromotiva woman participant

Transfer duration and timing. The transfer duration was determined by the CBI's purpose and context. For CBIs seeking promotive and transformative outcomes – such as increasing incomes, improving livelihood prospects and women's empowerment – a longer duration of transfer provision is required, then where the CBI is focussed on (limited to) preventive and protective outcomes.

The timing of the transfer is critical too, particularly for seasonal transfers. When timed to occur over periods that women and men (or even girls and boys) are especially likely to use negative coping strategies, such as hazardous or exploitative livelihoods, the CBT can support protective and preventive functions.

The following observed actions supported equitable impacts:

- using a transfer duration that reflected the duration required for women and men (and girls and boys) to bring about the desired changes (Bangladesh and Egypt); and
- for seasonal transfers, ensuring that the timing of transfer occurs when beneficiaries – differentially seen / addressed as women, men, girls and boys – were most vulnerable and likely to use negative coping strategies (Mali).

Awareness-raising and education. Awareness-raising was a common component of the CBIs studied. Common content of disseminated messages addressed equitable intra-household decision-making and meeting the nutrition needs of different household members (infants, children, pregnant and nursing women, elderly persons). In integrated programmes, such as in Bangladesh and El Salvador, the information transmitted reportedly contributed to increased awareness and understanding for the women and men participants about nutrition, hygiene, gender roles, sexuality, citizenship, harmful practices, interpersonal relations, and access to health and financial services; some beneficiaries acted on their new knowledge. For household-targeted CBIs, the learning component was most effective when information reached several members of a household. For example, in Bangladesh, when household members (the woman training participant, her husband and mother-in-law) received awareness raising messages, they worked together towards changing a behaviour, such as better interpersonal relations or hygiene practices.

The opportunities for awareness-raising and education varied across contexts and programmes. For in-kind transfers, beneficiaries are a captive audience while waiting for rations. In contrast, beneficiaries receiving a CBT may not have direct contact with WFP or a partner. Contact has shifted to retailers and bank agents. In conditional CBIs, such as Food Assistance for Assets or Training and school feeding, there in-person contact is retained, providing opportunities to foster learning among beneficiaries. Information can be provided in gender-responsive ways, such that women and men (and girls and boys) have equitable access to the information and learning.

The following observed actions supported equitable impacts:

- designing awareness-raising activities based on participatory gender, protection and nutrition analyses (Bangladesh, El Salvador and Rwanda);
- including awareness-raising on decision making over the CBT (Bangladesh and Rwanda) and using the CBT to make decisions to improve nutrition, including of all household members based on lifecycle needs (Bangladesh, Egypt, El Salvador and Rwanda); and
- ensuring awareness-raising and education reaches both women and men using measures that enable direct contact with all participants (Bangladesh, El Salvador and Rwanda).

Governance and complaints and feedback mechanisms. Depending on the type of CBI and the context, committees – or other forms of governance – can contribute to equitable implementation and outcomes. Committees were formed in three of the six case studies. While women were represented in all committees in the three CBIs, women beneficiaries in some communities did not know this. The women committee members may not have been visible because their assigned roles were token or due to their inexperience in leadership roles (which can be redressed through training and mentoring). Women's meaningful representation in committees is important for several reasons. It can give beneficiary women a voice in how CBTs and programme activities are designed and implemented. Their representation can provide beneficiary women with an in-person mechanism to lodge complaints, provide feedback or resolve problems. It is also an important symbol to women and girls that women, including those in their communities, can be leaders and are capable of making decisions.

Across the CBIs, the complaints and feedback mechanisms were primarily used by women and men beneficiaries to address (i) technology challenges, such as forgotten PINs (Personal Identification Numbers), damaged or lost cards, and incorrect or no crediting of cards, and (ii) reportedly disrespectful retailers. The (more) women and (some) men who did not have telephones would request the assistance of friends or retailers to access the hotline. Complaints and feedback mechanisms were mainly perceived as existing to assist with ‘technical’ CBT challenges, rather than issues associated with a programme or being a ‘beneficiary’ (like insecurity and violence). When insecurity or violence occurred, beneficiary women and men were reportedly more likely to seek the assistance of a committee member or a contact point, than use a hotline. This underscores the importance of having diverse committee composition, particularly if women are only willing (or able) to contact other women to discuss concerns (and similarly men with men). Where the complaints and feedback mechanism is a contact person or persons (programme manager, village leader, Cooperating Partner personnel etc.), there may be an element of power – linked to roles, inter-personal relations, social position, economic status – that (consciously or unconsciously) limits the likelihood of a beneficiary seeking assistance. In such a situation, gender can be an influencing factor, particularly where there are inequalities in social and economic status.

The following observed actions supported equitable impacts:

- ensuring that women were represented on the committees, that they were assigned roles and provided with training and/or mentoring (Bangladesh and Mali (Kati); and
- ensuring that there are multiple mechanisms to lodge a complaint or provide feedback, and not sole reliance on a phone hotline or one contact person (Bangladesh, Egypt, El Salvador, and Rwanda).

Empowering impacts

Empowering impacts are achieved when a CBI fosters promotive and transformative changes, where women, men, girls and/or boys have enhanced income and capabilities and causes of social inequities, exclusion and equalities are addressed.

CBIs can reinforce – sometimes strengthen – inequitable power relations between individuals, as well as within and among communities. CBIs can also contribute to shifting power relations so that they are more equitable, which is needed for empowerment and equality. From the six CBI case studies, it was evident that CBTs are, in themselves (as transfers), neither promotive nor transformative. CBIs – integrated programmes using CBTs as a means of assistance – can be promotive and transformative. The case studies provide examples of CBIs with promotive and transformative impacts: (i) reducing or preventing violence (Bangladesh, Egypt, El Salvador); (ii) strengthening decision-making, autonomy and mobility (Bangladesh, El Salvador, Rwanda); (iii) increasing skills and knowledge (Bangladesh, Egypt, El Salvador); (iv) improving livelihoods and income earning capacities (Bangladesh, El Salvador); (v) reducing social exclusion and increasing social capital (Bangladesh, El Salvador); and (vi) promoting women’s leadership (Bangladesh).

As gender equality is multi-dimensional, integrated CBIs – CBT + programme activities – are required for transformational impacts – impacts that reduce existing inequalities, foster resilience, promote self-determination.

Depending on the gender of the participants, programme activities may not be as accessible due to constraints, such as domestic responsibilities and workload, opportunity cost in employment, attitudes as to acceptable roles for women and men, or mobility. In the CBI case studies, efforts were made to reduce barriers to participation through, for example, providing child care and awareness-raising (e.g. on gender roles and women’s work). CBTs can off-set lost income during participation in the programme or secure a spouse’s or other household members’ consent to participate.



Bangladesh, Enhancing Food Security and Nutrition project partici-

CBTs have promotive and transformative potential that in-kind transfers lack. CBTs can potentially (i) shift social norms on women’s and men’s control of cash; (ii) encourage savings (for consumption, periods of hardship or livelihoods) and promote financial inclusion (and the associated influence that comes from command of money); and (iii) promote mobility.

The following observed actions supported empowering impacts:

- ensuring that gender and age analyses influence the design and implementation of CBIs;
- designing and implementing integrated CBIs with a range of programme activities to lead to promotive and transformative changes (Bangladesh and El Salvador);
- ensuring that there were no barriers in women’s participation because of the conditionalities of attendance (Bangladesh) and mitigating some barriers to participation by providing child care, transport costs, and off-setting the opportunity cost of attending programme activities (El Salvador);
- ensuring that the CBIs are implemented for an appropriate duration, noting the length of time required for promotive or transformative changes (Bangladesh and El Salvador);
- designing livelihoods and vocational activities based on rigorous livelihoods or labour market analyses, with gender integrated (Bangladesh and El Salvador);
- equipping beneficiaries (women and/or men) with business and entrepreneurial skills and to make business decisions (Bangladesh and El Salvador);
- enhancing beneficiaries’ (women’s and/or men’s) personal empowerment (self-confidence, self-perception, autonomy, status, decision making, etc.) (Bangladesh and El Salvador);

- promoting savings schemes or access to finance so that women and men can save for consumption, periods of hardship or livelihoods (Bangladesh, Egypt and Rwanda);
- including behaviour change communications to contribute to transforming social norms – such as on “women’s work”, women’s mobility and redistribution of unpaid care and domestic work (Bangladesh) and on gender, sexuality, violence and citizenship (El Salvador);
- equipping women and men to navigate through change and conflict in their households and communities, such as through awareness-raising, role plays and access to a ‘resource person’, as social norms shift, such as where women gain or expand livelihood activities (Bangladesh, El Salvador);
- including actions that build horizontal and vertical social capital, with examples including peer support groups, local oversight committees, voluntary work and community projects (Bangladesh and El Salvador); and
- teaching women how to sign their names (Bangladesh).

To design and implement CBIs for equitable and/or empowering impacts, two processes are indispensable: (i) gender (and age) analyses, plus protection assessments, that inform the design and implementation of CBIs; and (ii) gender-responsive monitoring to support implementation.

In the case studies, gender analyses and protection assessments were (variably) used to identify women’s and men’s preferences, such as for CBT modality or payment system, and/or the feasibility of a CBT (e.g. distance to markets). Analyses were also undertaken to understand contextual factors – social, cultural, political and market – to design relevant and effective CBIs. Some CBIs commenced with pilots to test for unanticipated challenges and effects, before ‘scaling-up’ to programmes.

Gender-responsive monitoring tracks progress towards equitable and empowering outcomes. To understand changes – such as felt and experienced empowerment (or not) and whether impacts are being equitably experienced by targeted women and men (or girls and boys) – information needs to be gathered and analysed at the individual level, and not restricted to household, community or institutional levels. Moreover, data need to be systematically disaggregated by sex and age (and other variables) and subjected to gender analyses.

The following observed actions supported equitable and empowering impacts:

- undertaking comprehensive analyses and consultations on gender and related issues of protection, nutrition and livelihoods (Bangladesh);
- piloting the CBI with a small caseload to identify impacts, such as related to control of and decision making on the CBT, transfer use, workload and time-use, mobility, saving, livelihoods etc. (Bangladesh, El Salvador, Jordan and Rwanda); and
- collecting monitoring data at the individual level, and not solely household or institutional levels, and analysing it from a gender perspective (Bangladesh, El Salvador).



El Salvador, Conectarte wall mural

Programme process supporting equitable and empowering impacts.



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