



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

The WFP 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, as ends in themselves and for food security and nutrition outcomes.

The study found that, 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.

The six case studies – Bangladesh, Egypt, El Salvador, Jordan, Mali, Rwanda – 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

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.

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.

The following are some of the observed actions that support equitable impacts.

Named recipient and authorisation to transact

- For General Food Assistance, asking households to nominate a named recipient, rather than automatically assigning the 'household head'.
- For conditional transfers, naming the person who fulfils the conditionality as the recipient.
- In some cases, having multiple persons within a household authorised to carry out transactions, thereby diffusing control and sharing workload. In other cases, having no alternate to concentrate the control of the CBT with one person.

Information and communication

- Using multiple communication channels and not relying exclusively on technology-based channels, such as mobile phone text messages).
- Having in-person contact points for provision of information and resolving problems.

Transfer modality and value

- Undertaking gender analyses and protection assessments to understand beneficiary women's and men's preferences or the feasibility of CBTs.

- Undertaking pilots to understand the impacts of changes in transfer modality on beneficiary women and men.
- Calculating a transfer value according to the recipients (number, age, gender).

Transfer duration and timing

- Using a transfer duration that reflected the duration required for women and men (and girls and boys) to bring about the desired changes.
- 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.

Awareness-raising and education

- Designing awareness-raising activities based on participatory gender, protection and nutrition analyses.
- Including awareness-raising on decision making over the CBT and using the CBT to make decisions to improve nutrition, including of all household members based on lifecycle needs.
- Ensuring awareness-raising and education reaches both women and men using measures that enable direct contact with all participants.

Governance and complaints and feedback mechanisms

- Ensuring that women were represented on the committees, that they were assigned roles and provided with training and/or mentoring (Bangladesh and Mali (Kati)).
- 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).

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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 contribute to shifting power relations so that they are more equitable, which is needed for empowerment and equality. From the six 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;
- ii) strengthening decision-making, autonomy and mobility;
- iii) increasing skills and knowledge;
- iv) improving livelihoods and income earning capacities;
- v) reducing social exclusion and increasing social capital; and
- vi) promoting women's leadership.

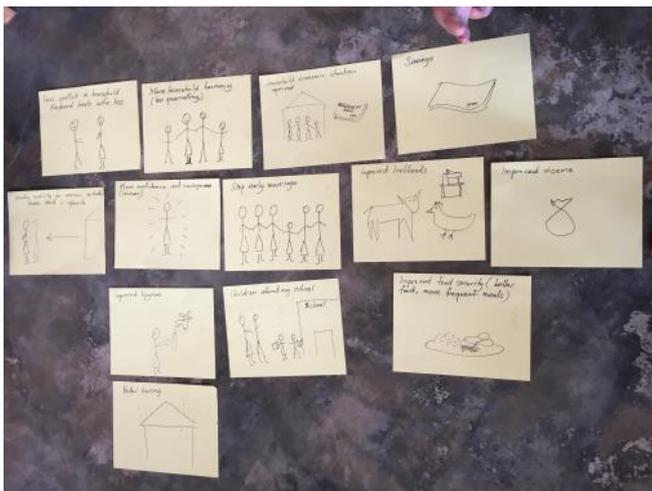
As gender equality is multi-dimensional, integrated CBIs – CBT + programme activities – are required for transformational impacts – impacts that reduce existing inequalities, foster resilience, promote self-determination.

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.

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:

- i) ensuring that gender and age analyses influence the design and implementation of CBIs;
- ii) designing and implementing integrated CBIs with a range of programme activities to lead to promotive and transformative changes;
- iii) ensuring that there were no barriers in women's participation because of the conditionalities of attendance and mitigating some barriers to participation by providing child care, transport costs, and off-setting the opportunity cost of attending programme activities;
- iv) ensuring that the CBIs are implemented for an appropriate duration, noting the length of time required for promotive or transformative changes;
- v) designing livelihoods and vocational activities based on rigorous livelihoods or labour market analyses, with gender integrated;
- vi) equipping beneficiaries (women and/or men) with business and entrepreneurial skills and to make business decisions;
- vii) enhancing beneficiaries' (women's and/or men's) personal empowerment (self-confidence, self-perception, autonomy, status, decision making, etc.);
- viii) promoting savings schemes or access to finance so that women and men can save for consumption, periods of hardship or livelihoods;
- ix) 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;
- x) 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;
- xi) including actions that build horizontal and vertical social capital, with examples including peer support groups, local oversight committees, voluntary work and community projects; and
- xii) teaching women how to sign their names.

PROGRAMME PROCESS SUPPORTING EQUITABLE AND EMPOWERING IMPACTS

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:

- i) undertaking comprehensive analyses and consultations on gender and related issues of protection, nutrition and livelihoods;
- ii) 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.; and
- iii) collecting monitoring data at the individual level, and not solely household or institutional levels, and analysing it from a gender perspective.

Access the full report at <https://docs.wfp.org/api/documents/WFP-0000102755/download/>

And the summary report at <https://docs.wfp.org/api/documents/WFP-0000102949/download/>

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