



Cash transfer programs and intimate partner violence: Lessons from 3 case studies around the globe

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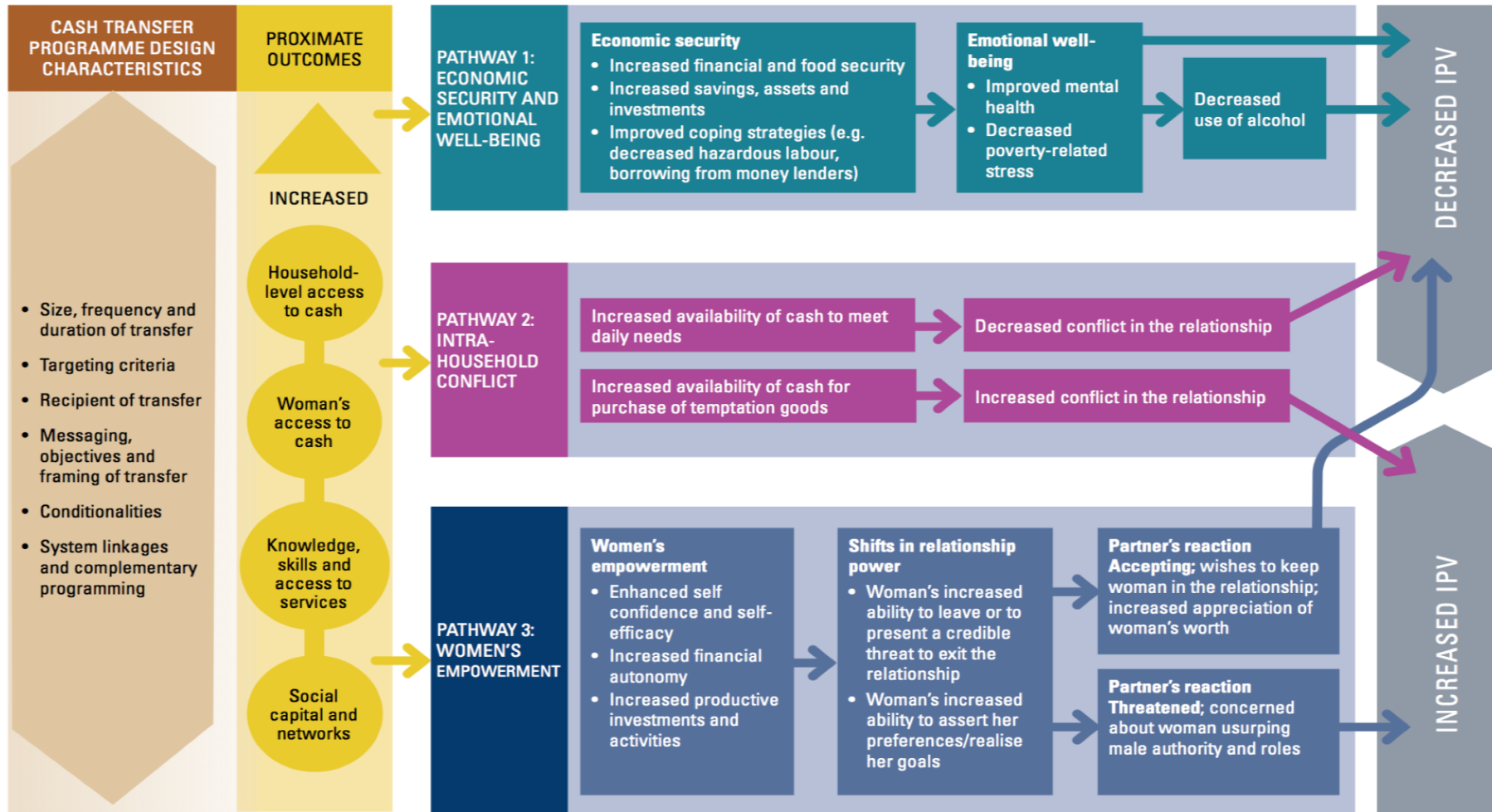
Motivation

- 1 in 3 women are victims of intimate partner violence (IPV)
- Recent lit shows cash transfer (CT) programs in developing countries can reduce IPV
- Promising given ~1 billion CT beneficiaries in over 130 countries (DFID 2011; WB 2015)
- But variations in design features may have implications for effects on IPV
- We examine 3 case studies from around the globe (Ecuador, Bangladesh, and Mali) and address 3 distinct **policy-design questions** about how transfer programs can reduce IPV
 - Draw on cluster-randomized controlled trials – “gold standard”
 - Use mixed methods to understand “what happens” and “why”

3 case studies

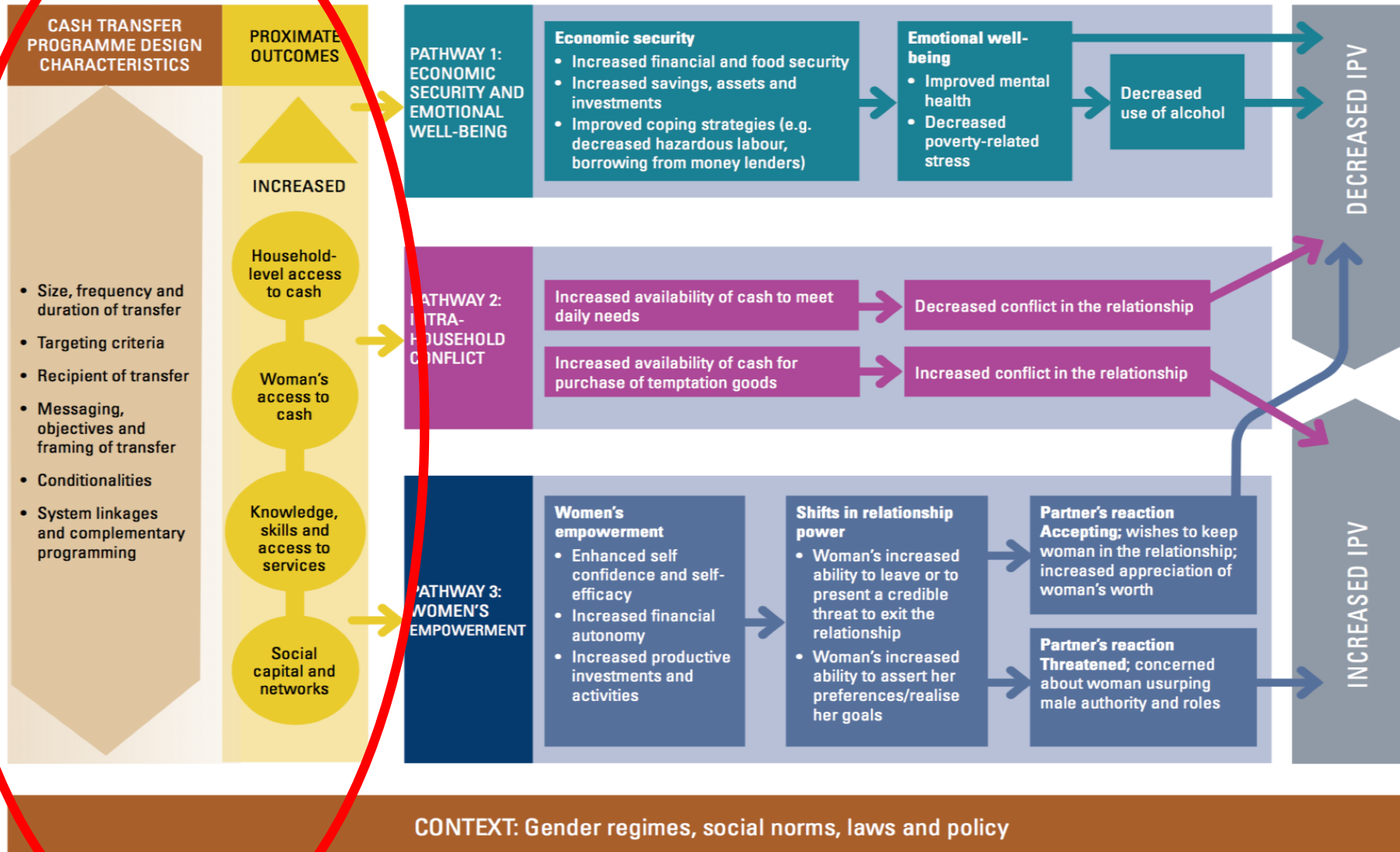
- **Ecuador:** Does the modality of transfer provided – food, cash, voucher – matter for impacts on IPV?
 - Modalities other than cash are widespread around the world and may better serve other objectives – do IPV impacts differ?
- **Bangladesh:** What happens to IPV after a transfer program ends, and does it depend on complementary activities provided along with transfers?
 - Complementary features can be challenging to implement – are they needed for IPV impacts?
 - Many CT programs do not continue indefinitely – is this a sustainable approach to reducing IPV?
- **Mali:** What are the impacts on IPV when cash transfers are targeted primarily to men, and does it depend on household structure?
 - In some regions, targeting women may be viewed as contextually inappropriate – can targeting men affect IPV?
 - Diverse household structures are common – are impacts on IPV generalizable?

Conceptual framework

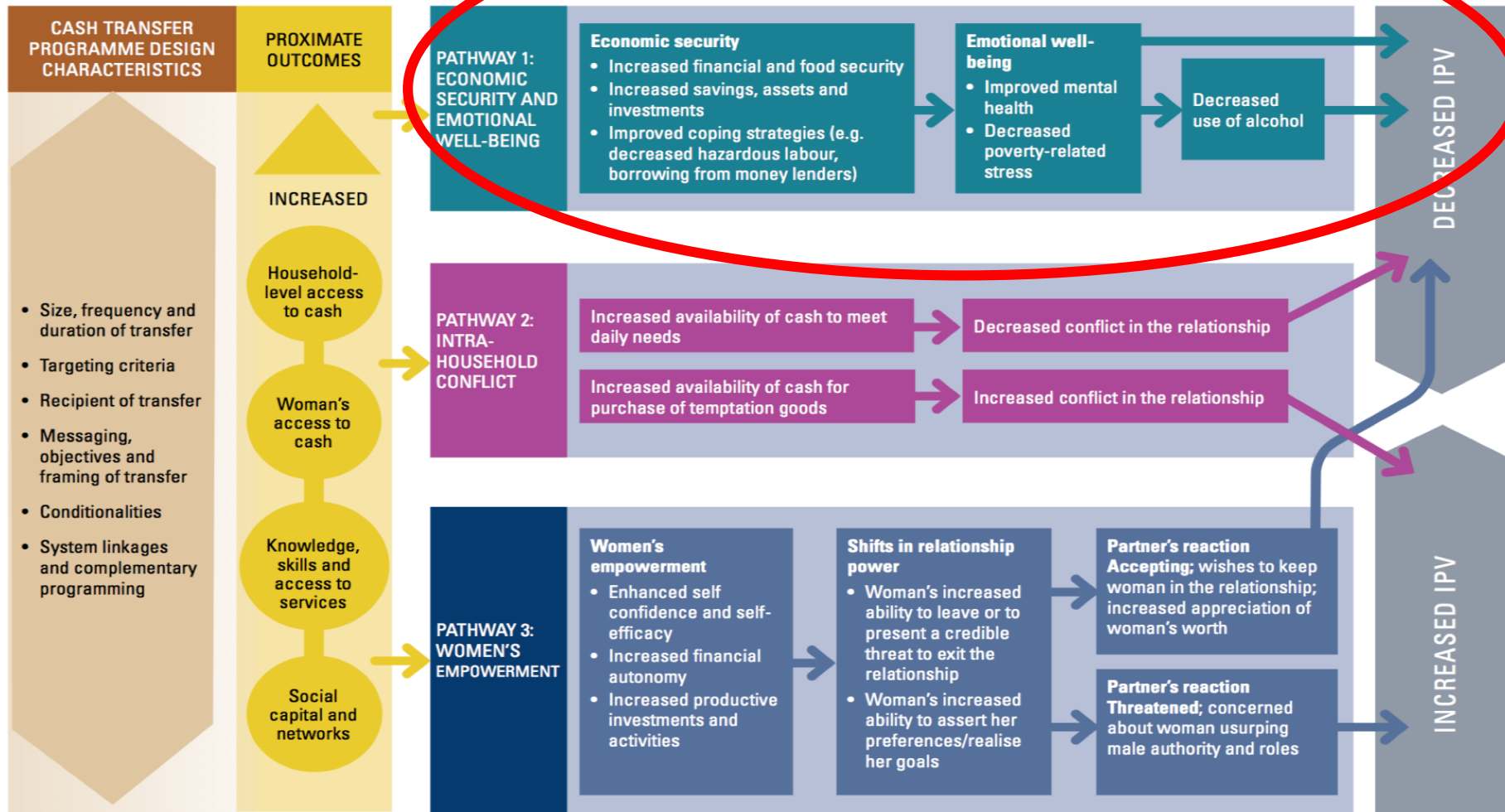


CONTEXT: Gender regimes, social norms, laws and policy

Conceptual framework

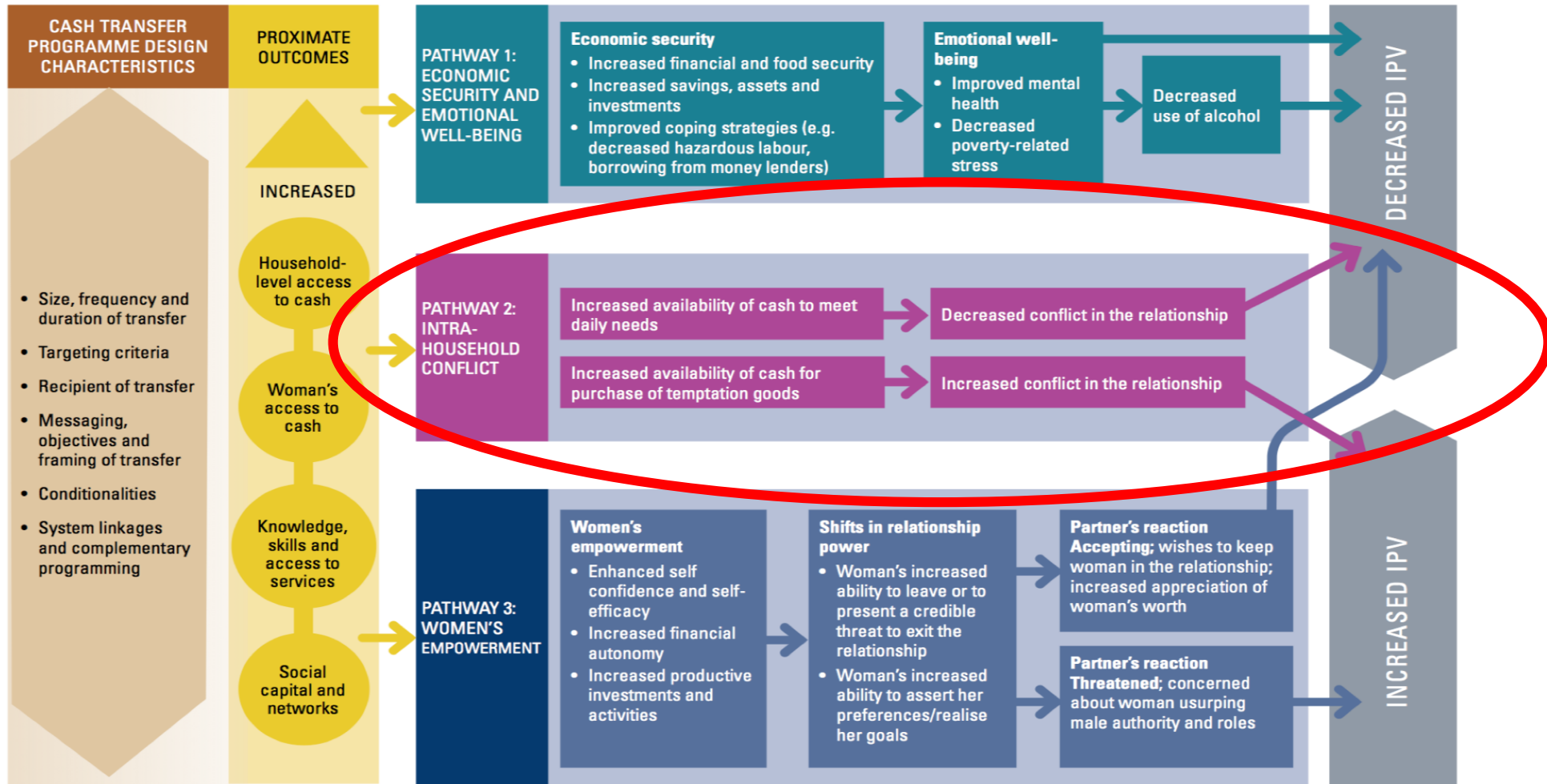


Conceptual framework



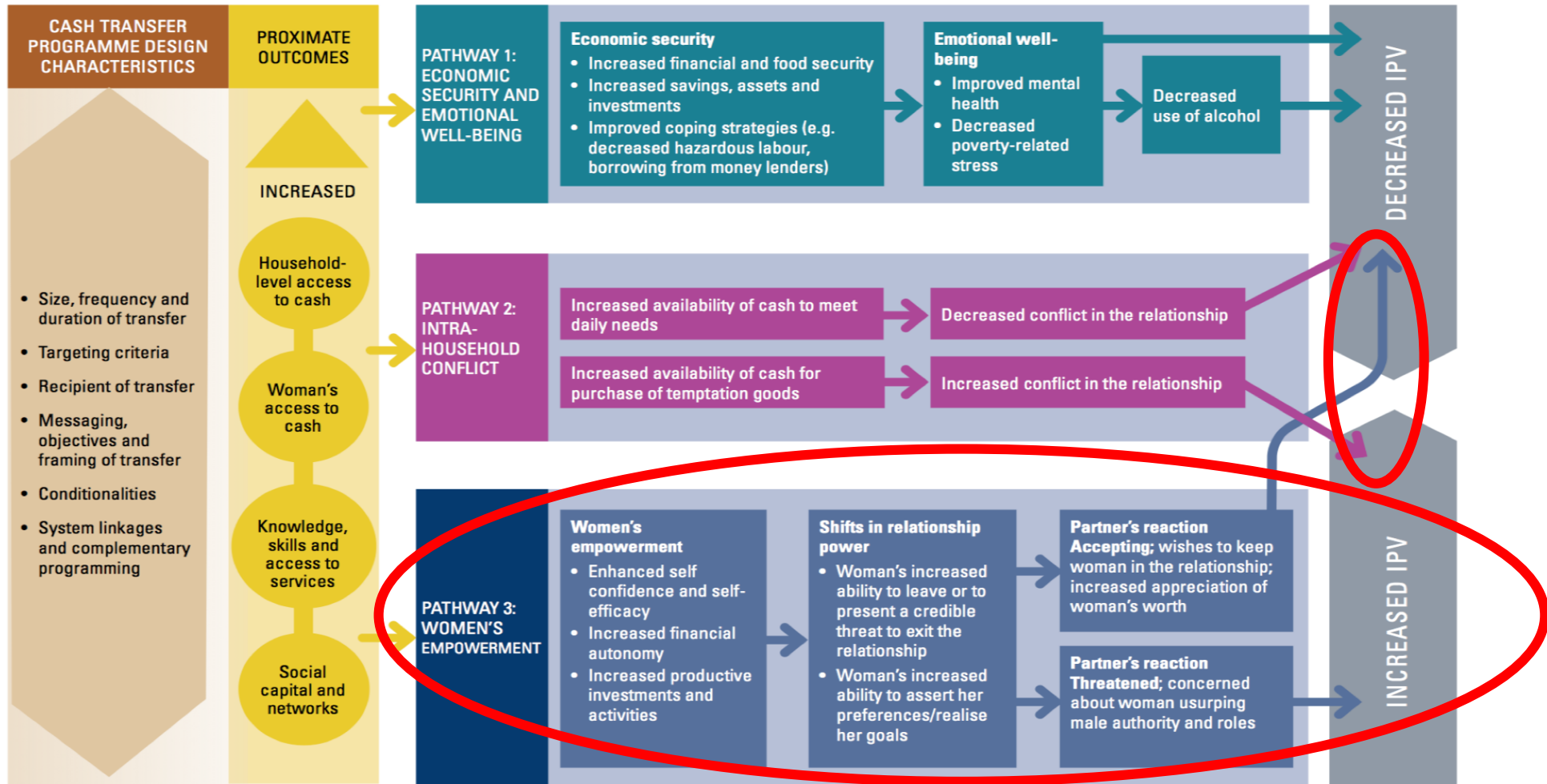
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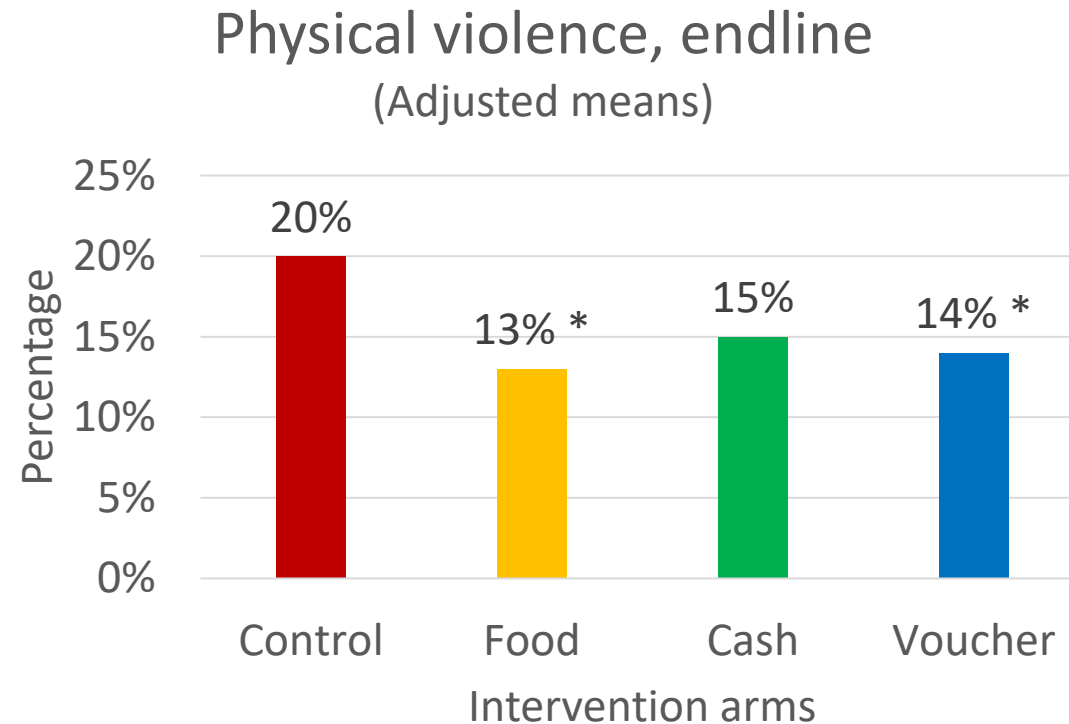


CONTEXT: Gender regimes, social norms, laws and policy

Program characteristics

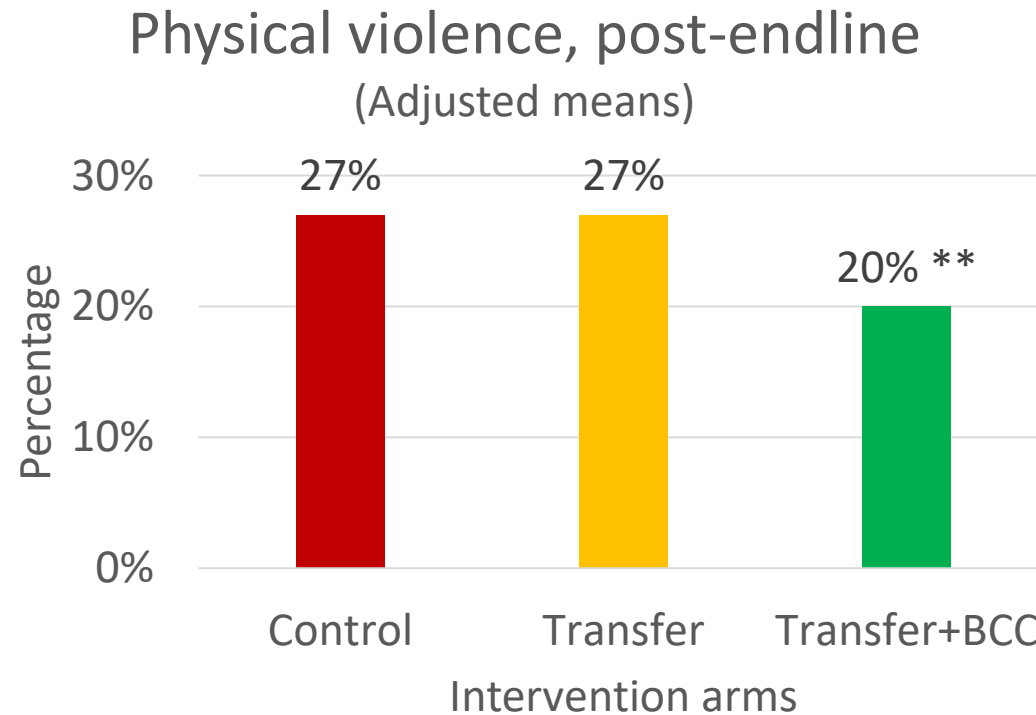
| | Ecuador | Bangladesh | Mali |
|---------------------------------|---|---|---|
| Implementers | WFP | WFP | Government of Mali |
| Duration | 6 months | 2 years | 3 years |
| Target population | Poor Ecuadorians and Colombian refugees, urban | Poor mothers with child 0-24 months old, rural | Poor households, rural |
| Modality | Cash, food, vouchers | Cash and Food | Cash |
| Amount | \$40 dollars/month | ~\$19/month | ~\$18/month |
| Frequency | Monthly | Monthly | Trimester |
| Recipient | Woman | Mother of child 0-24m | Household Head |
| Complementary activities | Nutrition trainings (monthly group meetings, mandatory) | Nutrition trainings (weekly group meetings, home visits, community meetings, mandatory) | Accompanying measures (bi-weekly group meetings, not mandatory) |

Ecuador: Does the modality of transfer provided – food, cash, voucher – matter for impacts on IPV?



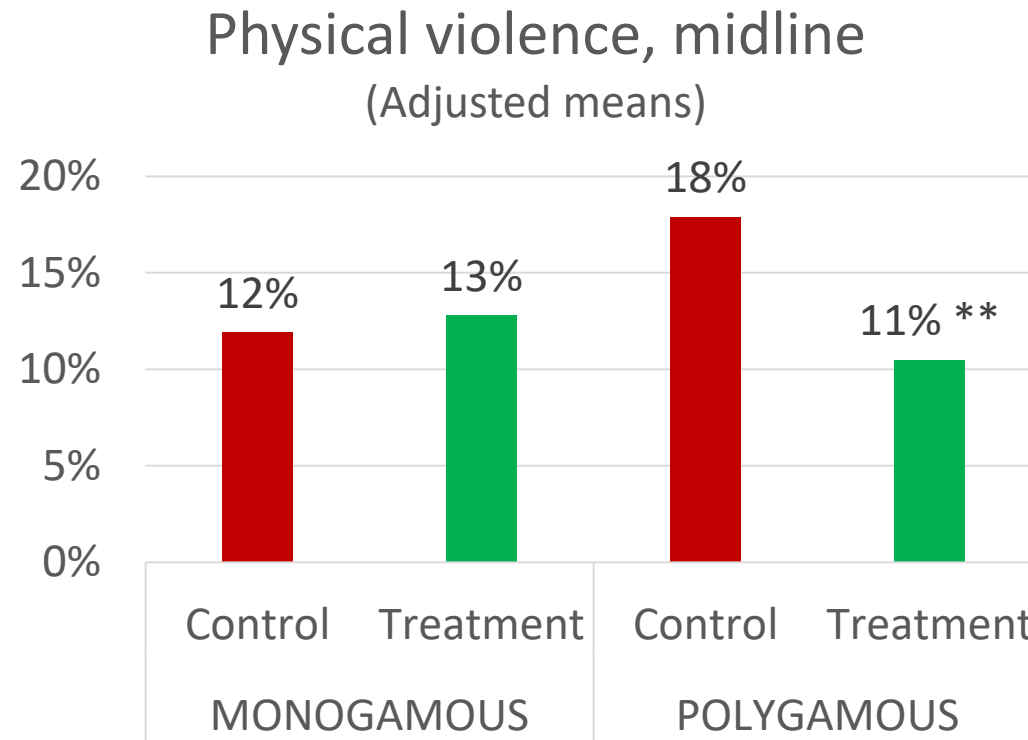
- 25-35% ↓ in physical violence
- Impacts do not significantly differ by transfer modality

Bangladesh: What happens to IPV after a transfer program ends, and does it depend on complementary activities provided along with transfers?



- 26% ↓ in physical violence from Transfer+BCC, 6-10 months after program ended
- No impact on physical violence from Transfer only, 6-10 months post-program

Mali: What are the impacts on IPV when cash transfers are targeted primarily to men, and does it depend on household structure?



- 41% ↓ in physical violence in polygamous households
- No impact on physical violence in monogamous households

Pathways

| | Ecuador | Bangladesh | Mali |
|---|---|---|--|
| Pathway 1: Economic security and emotional well-being | <p>↑ Household wealth</p> <p><i>"In my household it was like happiness, we all got along, with my children, with my husband [...] in my house we were happy [...] because before we did not have enough money for those things [food]."</i></p> | <p>↑ Household wealth</p> | <p>↑ Household wealth</p> <p>↓ Anxiety and stress of men</p> |
| Pathway 2: Intra-household conflict | <p><i>"Sometimes problems arise because I am in need [of money...and there is no money and that is when problems start, the fights [...] and it [transfers] helped us a lot, he [the partner] had money to buy other things for the house or pay debts"</i></p> | <p><i>"Previously, if she asked her husband to buy some food when there was none in the house, he would become angry and hit her. Now, she says, he is generally quite pleasant and does not fight with her anymore."</i></p> | <p>↓ Decreased self-reported disputes</p> |
| Pathway 3: Women's empowerment | <p><i>"When I got that [the transfer] it was both of us [who were head of the household] because with what I got [the transfer] I could buy food and all and he could pay for other things."</i></p> | <p>↑ Increased control over money, agency, social capital</p> | <p>No evidence</p> |

Take-aways for design of cash transfers to reduce IPV

- **Commonalities in findings despite diverse program features and context**
 - Cash transfers reduce IPV in all three case studies, even though not the main program objective
 - Although there is potential for transfers to ↑ IPV, we do not find evidence of this occurring in any of the three case studies
- **Do variations in program features and context matter?**
 - Cash vs. food vs. voucher will not necessarily change impacts on IPV
 - Complementary activities are likely important for **sustaining** impacts on IPV
 - Transfers targeted to men can reduce IPV, but it may depend on context and household type
 - Does not alter gender norms, and may reinforce them
- **Important when designing CT programs to think about how features and context affect pathways**
 - Impacts on IPV may revert if the program does not sustainably affect pathways
 - Pathways may depend on household structure or other contextual factors

Thank you!

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