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Dispelling myths on gender and cash transfers in Africa: Evidence summary

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Abbreviations

DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
HPTN	HIV Prevention Trials Network
HSCT	Harmonised Social Cash Transfer
IEG	Independent Evaluation Group
ILO	International Labour Organization
IPV	Intimate Partner Violence
LEAP	Livelihood Empowerment Against Poverty
LMIC	Lower- and middle-income countries
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
PSSN	Productive Social Safety Net
SBCC	Social and Behavioural Change Communications
SCT	Social Cash Transfer
SDG	Sustainable Development Goals
SPIAC-B	The Social Protection Inter-Agency Cooperative Board
UNICEF	United Nations Children's Fund

1. Introduction

Africa has the lowest social protection coverage globally, with only 19 per cent of people covered by at least one social protection benefit (13 per cent of vulnerable persons are covered by social assistance in sub-Saharan Africa), yet coverage in many countries is substantially lower (ILO 2024). These rates compare to global coverage of 52 per cent (and 28 per cent among children) (ILO 2024). Expansion of social protection in Africa is key to achieving the Sustainable Development Goal (SDGs) commitments, including accelerating the expansion of social protection coverage and establishing social protection floors (ILO). To do so, governments must reach diverse segments of populations experiencing poverty, with programming that responds to specific vulnerabilities. A significant step in achieving increased coverage and impact would be designing programmes to respond to the unique needs and gender-specific vulnerabilities of women and girls across the lifecycle. Increasing investments in gender-responsive social protection to better address the needs of women and girls will help carefully direct limited resources, help ensure maximum beneficial effects of investments, and facilitate sustainable poverty reduction (UN Women 2019; UNICEF Innocenti – Global Office of Research and Foresight 2024). Recognizing the potential and need for social protection to address issues of gender equality and women's empowerment, there has been an increasing call for social protection to incorporate gender-responsive programming (Gavrilovic et al. 2022). However, expansion of these models is constrained by insufficient understanding of how gender inequality affects poverty and programme impacts, alongside limited political will. Lack of political will to expand social protection coverage, including cash transfer programming, may be influenced by a variety of factors. Common myths – or misperceptions based on assumptions, anecdotes, or belief systems, but not supported by evidence - around the nature and impacts of social cash transfer programmes, may be one contributing factor. Gender-related myths may limit access to social protection and prevent effective design and implementation of gender-responsive systems.

The importance of focusing on gender equality and women's empowerment in social protection (including cash transfer programming) is underscored by several factors. First, ***vulnerability and poverty risk factors vary by gender***, and thus gender considerations must guide social protection design and targeting to reach relevant target populations with adequate measures (Peterman et al. December 2019). Gender-based discrimination limits women's and girls' opportunities to access economic resources, and decent employment, and exposes them to disproportionate care responsibilities, gender-based violence, and limited participation in decision-making (Gavrilovic, Petrics, and Kangasniemi 2023). These gender gaps create and maintain women's and girls' higher levels of poverty and vulnerability to different risks across their lifecycle, lower levels of access to social insurance and pensions, and poorer development outcomes as compared to men and boys (UN Women 2016). Second, ***gender norms and intra-household dynamics can also influence access to benefits and effectiveness of social protection*** in improving well-being for all (Peterman et al. December 2019). For example, men and women (and boys and girls) may have different preferences and ability to enact their preferences, which may subsequently result in different uptake of entitlements and impacts of social protection. Women and girls are often disproportionately limited in their ability to fulfil their potential due to entrenched gender norms and inequities (for example, in schooling, labour force participation, social security access, and unpaid care responsibilities). Therefore, ***accounting for gendered vulnerabilities may enhance the ability of social protection to reach and benefit all segments of the population*** to sustainably reduce poverty (Camilletti, Nesbitt-Ahmed, and Subrahmanian 2022).

While globally, there is increasing recognition of the importance of considering gender in cash transfer programmes, many are still not specifically designed to address gender inequality. Nonetheless, evidence shows cash transfers can improve outcomes of relevance to women and girls, including improvements in education, food security, health, psychosocial well-being, agency and decision-making, economic standing and reductions in intimate partner violence (IPV) (Bastagli et al. 2016; Buller et al. 2018; Peterman et al. 2019; Perera et al. 2022; Gavrilovic et al. 2022; UNICEF Innocenti – Global Office of Research and Foresight 2024). Limited evidence also suggests that positive outcomes may be stronger when gender equality objectives and gender-responsive features are included intentionally in the programme design (Perera et al. 2022). Despite this growing body of evidence, there is still a relatively limited understanding and recognition among policy makers of the role of cash transfer programmes in addressing gender inequalities, including why this is important, and how gender-responsive social protection[1] may ultimately result in more sustainable poverty reduction and gender equality. Therefore, to promote evidence informed, gender-responsive policy, it is important to facilitate better availability and use of evidence to improve the accuracy and framing of policy narratives and dispel misperceptions associated with gender and cash transfer programmes.

This summary presents evidence on six common myths around gender and cash transfers. We refute each myth with evidence from lower- and middle-income countries (LMICs) globally and delve more specifically into evidence from Africa (including evidence from global reviews and from the Transfer Project[2]). In addition, we provide recommendations to policy makers and practitioners considering best practices to help increase gender equality and sustainably meet the overall goals of cash transfer programmes and social protection more broadly.[3] The myths and corresponding evidence are summarised in Table 1:

Table 1. Summary of common gender myths and evidence of impacts

	MYTH	REALITY
1	**Cash transfers designed with conditions will result in larger improvements for women and girls.**	**EVIDENCE:** Conditional cash transfers do not always have larger impacts than unconditional cash transfers. In fact, impacts on women's mental health, economic achievement and agency may be larger for unconditional programmes as compared to conditional programmes. Further, conditions can negatively affect women's well-being, deepening their unpaid care responsibilities, time poverty, and social exclusion. **RECOMMENDATION:** Conditions should be critically examined, and wherever possible, programmes should be designed as unconditional.
2	**Designating women to receive cash transfers on behalf of a household is essential to ensuring positive outcomes for families and children.**	**EVIDENCE:** Cash transfers can result in improvements for family well-being regardless of whether benefits are received by men or women. However, preferential designation of women to receive cash can result in additional benefits related to improving gender equality and women's empowerment. **RECOMMENDATION:** Designate women to receive cash and consider programme design options that build community and family support and facilitate women's retention and control of transfers. Regular monitoring of intra-household dynamics is good practice, particularly in settings where there are strong gender norms dictating men as the head of the household.
3	**Cash transfers, particularly those targeted to households with young children, will increase pregnancies and fertility.**	**EVIDENCE:** Cash transfers do not increase fertility in lower- and middle- income settings. In fact, evidence suggests cash transfers can reduce early pregnancy and increase birth spacing in Africa. This includes programmes for which the benefit amount or eligibility varies by number of children, such as child grants. **RECOMMENDATION:** While cash transfers have not been shown to increase fertility in Africa, careful design of eligibility criteria, transfer amounts, and programme duration can alleviate concerns around unintended consequences of cash transfers on fertility. Further, to maximize beneficial effects, linkages can be made to sexual and reproductive health services to allow women and couples to plan healthy families.
4	**Providing cash transfers to women does not really empower them, as men will still control how the cash is spent.**	**EVIDENCE:** Women in Africa generally maintain control over cash transfers and make decisions around spending cash, either alone or jointly with other household members. **RECOMMENDATION:** Specific design provisions, such as sensitization and messaging, digitalised payments bundled with training on financial literacy, and leveraging women's groups as implementation platforms, can further strengthen women's control and autonomy over the management of cash.
5	**Cash transfers directed to women will create conflict in the household and increase intimate partner violence.**	**EVIDENCE:** There is strong evidence that cash transfers are likely to reduce intimate partner violence, including in Africa. Pathways include reductions in poverty-related stress and improvements in emotional well-being of household members, reductions in conflict over daily needs, and increases in women's agency through her control over economic resources. **RECOMMENDATION:** Various design options informed by context-specific gender assessments can promote the protective impacts of cash against intimate partner violence, including complementary programming, linkages to violence-specific services, and integrating safeguarding throughout the delivery chain.
6	**Cash transfers will reduce women's incentives to work and may encourage dependency on benefits.**	**EVIDENCE:** Cash transfers do not create a culture of 'dependency' through reducing women's participation in productive work in Africa. In fact, cash transfers generally tend to increase households' and women's productivity - even amongst the poorest - and can promote labour force participation, increase earnings, and improve job quality for women. **RECOMMENDATION:** Programmes may consider complementing cash transfers with financial literacy training or services and productive inclusion components to expand income generating opportunities for participating women and their households. In addition, stakeholders should be mindful that individuals have varied ability to engage with the labour force, and so not all households will be able to expand productive activities.

Box 1. Key concepts and terminology

- **SOCIAL PROTECTION** is defined by The Social Protection Inter-Agency Cooperative Board (SPIAC-B) as the ***"set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion, throughout their lifecycles, with a particular emphasis towards vulnerable groups"*** (SPIAC-B). Social protection programming can be divided into **contributory** and **non-contributory programming**. In contributory programming, participants must pay into programming to receive benefits when eligible (for example, in the event of injury, maternity, unemployment, or retirement). In contrast, non-contributory programming is available to individuals even if they have not paid into programmes and includes both social assistance programmes and social care (family support services). Social assistance includes non-contributory programming such as social transfers (cash transfers, vouchers, in-kind transfers), public works programmes, fee waivers, and subsidies.

- **GENDER-RESPONSIVE SOCIAL PROTECTION** is an approach that acknowledges gender roles and relations, and deliberately responds to women's and girls', men's, and boys' specific needs for support to achieve positive outcomes (UNICEF-Innocenti 2020). Social protection can also be designed with a gender transformative lens whereby it explicitly seeks to transform unequal gender roles and relations and promote egalitarian social norms and women's and girls' empowerment. In contrast, when a gender lens is not used, social protection programme designs can contain features that take advantage of gender stereotypes in pursuit of program objectives, thus potentially reinforcing gender inequalities.

- **CASH TRANSFER PROGRAMMES** are typically regular, predictable transfers in the form of physical currency, mobile money or near-cash (vouchers) delivered to individuals or households, generally with objectives related to poverty reduction, consumption smoothing, and human capital development. Programmes may operate on longer-term development horizons or shorter-term transfers to meet basic needs for food, shelter, etc.

- **CONDITIONS:** Cash transfer programmes can be designed as **conditional**, meaning cash is provided subject to the household or individual complying with certain behavioural requirements (or co-responsibilities), e.g., children's school attendance, compliance with health check-ups or participation in trainings. **Unconditional cash transfers have** no additional requirements attached. Some programmes may combine the two approaches. For example, an unconditional transfer may be provided as a consumption "base" transfer with additional top-up amounts added that are subject to conditions. Increasingly these design features can be thought of not as a strict dichotomy, but as a continuum, with variations, including soft (or non-monitored or enforced) conditions, or labelling, instead of strict requirements (Pellerano and Barca 2014). In cash transfers with "soft conditions" or "labelling", participants are instructed that transfers are indicated or "labelled" for a specific purpose, but these are not enforced.

- **'CASH PLUS' PROGRAMMING** combines cash transfers with complementary programming or linkages to existing services (Roelen et al. 2017). These services might include health care, social work services, vocational training and economic inclusion, behaviour change communication, or other programming. Approaches often add components focused on the strengthening of these complementary services to better serve the most vulnerable and establishing cross-sectoral linkages. Implementation modalities vary along the spectrum of integration and might range from 'light touch' alignment of services, to direct facilitation of linkages to complementary benefits and services via referrals, to more involved, integrated service models (Arriagada et al. 2020). The motivation for integrated programming is that, to overcome the multiple barriers faced by that poor and marginalised households, cash transfers need to be complemented with other types of programmes or services that address broader determinants of vulnerability. Likewise, impacts of cash may be limited by social vulnerabilities (including gender norms) and addressing these vulnerabilities in tandem can result in synergistic impacts across dimensions of well-being (UNICEF Innocenti – Global Office of Research and Foresight 2024).

2. Myths and Evidence

2.1 Myth:

Cash transfers designed with **conditions** will result in larger improvements for women and girls.

Reality:

Conditional cash transfers do not always have larger impacts than unconditional cash transfers. In fact, impacts on women's mental health, economic achievement and agency may be larger for unconditional programmes as compared to conditional programmes. Further, conditions can negatively affect women's well-being, deepening their unpaid care responsibilities, time poverty and social exclusion.

Cash transfers are often designed with **conditions** (increasingly referred to as "co-responsibilities") to induce behaviours that are regarded as beneficial, such as taking pregnant women and children for health check-ups or ensuring children attend school. It is sometimes believed that, without conditions, households will spend cash unwisely due to a lack of understanding of the benefits of these investments. Therefore, conditions are a way that policy makers aim to reinforce behaviours that they see as 'desirable' – rather than simply providing clear and accurate information and then allowing recipients to choose how to spend transfers in a way that maximizes their own perceived benefits. Conditions are sometimes used for political economy reasons, including attempts to increase political support for cash transfer programmes, as they can make policy makers and tax payers feel they have more control over the outcomes for the vulnerable household if conditions or co-responsibilities are imposed (UNICEF 2016).

Another rationale for conditions is the belief that households should perform certain prescribed actions in return for receiving "free money". Such responsibilities could include providing labour for public projects, as is the case for public works (or cash-for-work) programmes (Hickey et al. 2019), or ensuring school attendance for children in return for receiving social assistance. However, monitoring and enforcing conditions imply additional administrative requirements that increase programme costs (i.e., increased personnel, data, information management systems needs, etc.). Furthermore, in under-resourced settings, conditions may inadvertently contribute to the further marginalization of households, increasing time and financial burdens to meet conditions. This occurs when co-responsibilities are tied to services offered at health facilities, schools, or other government-run outlets, which may be scarce, remote and under-resourced. Thus, conditions may inadvertently exclude or reduce benefits for key target groups the programme aims to reach. In some contexts, cash transfer programmes are still designed with conditions. However, generally in Africa, due to contextual and operational challenges, more commonly programmes are fully or primarily unconditional, or have soft conditions (or labelling) related to programme objectives.

How do impacts of conditional and unconditional cash transfer programmes stack up?

Reviews have examined this question with respect to **education**, **mental health**, and **women's agency** and **economic achievement**:

- **SCHOOLING OUTCOMES:** Baird et al. (2014) conducted a systematic review and meta-analysis of 75 publications summarizing 35 interventions (8 in Africa) in 25 countries to examine the effects of conditional and unconditional cash transfers on schooling outcomes. They found that cash transfers (conditional and unconditional combined) increased the odds of school enrolment by 36 per cent in the meta-analysis. Unconditional cash transfers increased the odds of being enrolled in school by 23 per cent, while conditional cash transfers were found to increase the odds of being enrolled in school by 41 per cent. Further examining impacts by 'intensity of the conditionality,' the authors found that impacts on enrolment were larger among programmes with more intensely monitored and enforced conditions. However, the difference in impacts between conditional and unconditional cash transfer programmes on enrolment was not statistically significant[4] in the meta-analysis (Baird et al. 2014).
Thus, ***we cannot conclude that conditional cash transfers are more effective at increasing enrolment than unconditional cash transfers.***

- **MENTAL HEALTH OUTCOMES:** A systematic review identified 17 studies (13 in Africa) examining the effects of cash transfer programmes on adult mental health (including anxiety and depressive disorders). The review found small protective effects on mental health in a meta-analysis, with ***larger effects on improved mental health found among evaluations of unconditional cash transfers as compared to conditional cash transfers*** (Wollburg et al. 2023).
- **WOMEN'S AGENCY AND ECONOMIC ACHIEVEMENT OUTCOMES:** A systematic review and meta-analysis of social safety nets (including cash transfers together with food, voucher and in kind transfers; productive asset transfers; public works programmes; fee waivers; and social care services) in LMICs examined impacts from 106 papers across 85 studies (Peterman et al. 2024). Overall, the review found that social safety nets had positive impacts on women's economic achievement and agency.[5] When examining impacts on all outcomes combined, a meta-regression analysis found that conditional cash transfers were associated with statistically significantly smaller effect sizes (as compared to unconditional cash transfers). This means that ***unconditional cash transfers were associated with larger impacts on economic achievement and agency for women as compared to conditional cash transfers.***

Despite this evidence, few programmes included in these meta-analyses randomize whether conditions are imposed within the same cash transfer programme. Thus, a caveat to interpreting overall differences in impact estimates between programmes (conditional versus unconditional) is that they may also be capturing contextual differences, and not just differential impacts of conditions. For example, these contextual differences may include regional or country-level differences in generalized poverty levels, access to and quality of health services and schools, and gender norms, among others.

Nonetheless, a handful of studies from the Africa region provide randomized evidence comparing cash transfer programmes with and without conditions. In the Tayssir programme in Morocco, both *labelled* cash transfers (where messaging on the intended purpose of the transfers were provided but not enforced) and conditional cash transfers reduced **dropout among young children**. However, protective impacts on attendance and reductions in dropout were larger in the labelled arm than in the conditional arm (Benhassine et al. 2015). In another cash transfer programme in Zomba, Malawi, both conditional and unconditional cash transfers **delayed childbearing** and had positive **schooling** impacts among adolescent girls and young women (13 to 21 years at programme start) (Baird, McIntosh, and Özler 2019). Among a group of girls who were out of school prior to the start of the programme, and who received cash transfers conditional on school attendance, delays in pregnancy were observed during, immediately after and two years post-programme. However, among girls in school prior to the start of the programme who received unconditional cash transfers, effects on pregnancy were only seen immediately after the programme (but not sustained two years later). Further, among girls in school prior to the programme who received cash transfers conditional on school attendance, no effects on pregnancy were seen (Baird, McIntosh, and Özler 2019). Finally, conditional cash transfer impacts on **mental health** were smaller than those of unconditional cash transfers. The researchers concluded that the stress of having a significant portion of household income resting on girls' shoulders and dependent on their complying with conditions reduced impacts (Baird, De Hoop, and Özler 2013). These studies show that both conditional and unconditional cash transfers can improve outcomes related to **schooling, early childbearing, and mental health,** among others. However, contrary to many beliefs about conditions, ***evidence generally does not support the idea that conditional cash transfers have larger impacts than unconditional cash transfers, and conditions may at times create additional stressors that do not support intended outcomes.***

In summary, evidence demonstrates that both unconditional and conditional cash transfers can have beneficial impacts on **well-being**, with evidence that unconditional cash transfers can have larger impacts in some domains. These findings should be considered alongside the ***potential for conditions to detract from participant choice, agency, and dignity***. For example, it has been posited that conditions may restrict women's autonomy in terms of how to use the cash, and as compliance with conditions often falls to women, conditions can reinforce traditional gender roles around caregiving, which can be disempowering and heighten women's time poverty (Peterman et al. 2024). In addition, ***the responsibility of ensuring compliance with conditions may increase distress levels***, resulting in lower impacts (or even causing adverse effects) on mental health (Baird, De Hoop, and Özler 2013; Prencipe et al. 2021). ***Finally, conditional cash transfers run the risk of further marginalizing women and the extremely poor who lack access to services or, for reasons beyond their control, are unable to comply with conditions***. Therefore, considering the evidence, combined with these arguments that conditions are paternalistic, lacking a display of trust that participants will use cash wisely, and can further marginalize the poorest, there is an argument for prioritizing unconditional programmes. In fact, UNICEF does not actively promote the use of conditions, in light of human rights and operational concerns and lack of clear evidence that conditional cash transfers are more effective than unconditional programmes (UNICEF 2016).[6]

2.2 Myth:

Designating women to receive cash transfers on behalf of a household is essential to ensuring positive outcomes for families and children.

Reality:

Cash transfers can result in improvements for family well-being regardless of whether benefits are received by men or women. However, preferential designation of women to receive cash can result in additional benefits related to improving gender equality and women's empowerment.

Key concepts:

- **HUMAN CAPITAL DEVELOPMENT** – refers to investment in health, nutrition, and education (most often in childhood), with the idea that these investments will enable children to lead healthier, more productive lives in adulthood, and escape the intergenerational persistence of poverty.
- **INTRINSIC MOTIVATION TO DIRECT CASH TO WOMEN** – designating women as cash transfer recipients for value in itself (to increase gender equality and improve women's socio-economic position and status).
- **INSTRUMENTAL MOTIVATION TO DIRECT CASH TO WOMEN** – directing cash to women to improve children's outcomes, as they are primary caregivers in many contexts, or to induce family-friendly spending.

A common motivation for **designating women as recipients of cash** is the belief that women are more likely to spend money on things that will lead to more positive outcomes for children and family welfare more broadly. This type of **'instrumental' motivation** builds on the gender norm that women (mothers) are often the primary caregivers of children and of households more generally, including decision-making around and preparation of meals, and they attend to health, development, and other needs of household members. Therefore, designating women as cash recipients is sometimes rationalised to achieve broad human capital development goals.

This practice was widespread in the first generation of cash transfer programmes in Latin America and the Caribbean implemented in the late 1990s and early 2000s, which were also generally conditional in nature. Programme objectives related to poverty reduction and human capital development of young and school-age children, and thus their designs (conditions and designating women as main recipients of cash in their role as primary caregivers) were meant to encourage investment in child nutrition, health, and education. The rationale behind this approach was based on early research showing that men and women spent income they controlled or earned differently when it came to child-related expenditures across different settings (Thomas 1990; Hoddinott and Haddad 1995). However, these studies only examined correlations between gender and spending patterns, meaning they cannot definitively conclude how differential designation of cash transfer receipt (to women or men) might result in more (or less) spending to benefit children. It has also been observed that, by making women responsible for complying with conditions, such programmes can increase **women's unpaid care work** responsibilities and **time poverty**, and reinforce stereotypes of women as primary caregivers without shared responsibility from men (Cookson 2018; Molyneux 2006). In contrast, women can be designated to receive the cash for their households for **'intrinsic motivation'**, that is, directing cash to women has value in itself to address inequities women may face in access to resources (compared to men), improve their social status in family, and thereby promote gender equality. Doing so can have long-term benefits if women are able to capitalize on the extra income support to enhance their bargaining power in the household, increase their socio-economic standing and agency, and improve their social ties in the community.

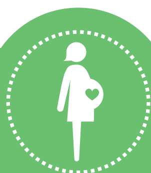
Why might designating women instead of men to receive cash transfers result in differential (and more positive) impacts of cash transfer programmes on families?

Theoretically, differences might emerge if any of the following conditions hold: 1) if women have different tastes or preferences over spending that tend to be more altruistic or favour investment in **human capital investment** for children and family (instrumental motivation), 2) if men and women have different bargaining power over spending in the household and directing cash to women increases their relative bargaining power

(intrinsic motivation to promote equity), or 3) men and women have different income-generating ability and thus transfers might be more (or less) economically productive in the hands of women versus men (Yoong, Rabinovich, and Diepeveen 2012). Unfortunately, the evidence from reviews on whether sex of the main recipient affects impacts on investments toward children, human capital, and family welfare is limited and mixed. Two global systematic reviews found that cash transfer impacts on enrolment and other **education outcomes** did not differ when cash transfers were given to mothers as compared to other household members (García and Saavedra 2017; Baird et al. 2014). A systematic review by Bastagli et al. (2019) highlighted two studies that found somewhat conflicting evidence related to health visits when directing cash to men versus women. An earlier review (covering studies between 1990 – 2010) included 15 cash transfer evaluations and found mixed evidence resulting from the sex of the transfer recipient, including on outcomes related to children's health and schooling (Yoong, Rabinovich, and Diepeveen 2012). For example, the review reported that women's pensions in South Africa improved **nutritional outcomes** for children (particularly female children), but men's pensions did not (Duflo 2003). Similarly, in Bolivia, women's pension eligibility increased expenditures on children's schooling (particularly for boys) and nutritional outcomes (for girls), but there were no effects of men's pension eligibility (Yanez-Pagans 2008). Nevertheless, the reviewed studies did not randomize the receipt of cash transfers to men and women – thus it is possible that results are simply a result of differences in households where male and female pensioners lived. Indeed, a recent 'review of reviews' in LMIC settings of social protection, covering rigorous reviews published from 2018 to 2023, concluded that few studies randomize sex of the recipient in cash transfer evaluations (Hidrobo et al. 2024). Overall, the review concludes that it is ***unclear the extent to which designating receipt of cash to women versus men matters for 'family-centric' impacts***, particularly due to the limited number of studies that randomize the sex of the recipient and are able to identify causal impacts.

Nevertheless, a handful of studies have randomized the sex of the transfer recipient. One study (of a non-governmental cash transfer programme implemented by Give Directly) in Africa randomized transfers to men versus women and largely found no differences by sex of recipient in outcomes such as value of non-land assets, expenditures, food security, health, and education; however there were some marginally significant differential impacts in psychological well-being and female empowerment (impacts were larger when transfers were received by women than when received by men) (Haushofer and Shapiro 2016). In addition, studies in both Morocco and Burkina Faso showed no differences in **education outcomes** when cash was given to the mother or father (Benhassine et al. 2015; Akresh, De Walque, and Kazianga 2016). However, in Burkina Faso, some differences related to nutrition did emerge. While there were no differences in children's health outcomes with respect to check-ups and illness (among those 0 to 5 years), impacts on children's anthropometric measurements were larger when transfers were given to fathers, especially during years of poor rainfall (Akresh, De Walque, and Kazianga 2016). The authors explained the difference may be attributable to cultural norms in Burkina Faso, where men are seen as responsible for providing food for the family, and this norm may have made them more likely to spend more resources on quality food. Outside of Africa, in North Macedonia, a government conditional cash transfer (for secondary school education) was randomized by recipient sex at the municipality level, and those transfers received by mothers showed larger increases in household food expenditures and women's empowerment (as compared to those received by men) (Armand et al. 2020; Almås et al. 2018). However, there were no differences in impacts on clothing, education, health, or utilities.

Based on this and other evidence, the case for designating women as cash transfer programme recipients, for purely instrumental reasons to achieve larger child welfare impacts is inconclusive; children and families tend to benefit regardless whether the mother or father receives the funds. Nonetheless, ***from a gender equity perspective, there are compelling reasons to designate women as recipients of cash***. These include the potential for promoting diverse gender equality impacts, including improvements in women's health, psychosocial well-being, economic standing, and agency and decision-making, as well as a reductions in intimate partner violence (IPV) (Bastagli et al. 2016; Buller et al. 2018; Peterman et al. 2019; Perera et al. 2022; Gavrilovic et al. 2022; UNICEF Innocenti – Global Office of Research and Foresight 2024). As such, evidence supports that the rationale for making women the main recipients of cash transfer programmes should not be based on instrumentalizing her for children's well-being. Instead, in line with global best practice, the motivations for channelling cash to women should be broadened to include promotion of women's rights to income security, women's economic empowerment, and gender equality more widely. By improving women's access to income and strengthening their voice and agency in household decision making, evidence shows beneficial effects on children will still follow. In all cases, programme design needs to take into account and avoid any additional burden that may result for women, for example from imposing programme conditions, and avoid reinforcing traditional gender stereotypes by designating women to receive the cash purely in their role as caregivers. Rather, programmes should empower women to be active agents of socio-economic change, from which all of society can benefit. In addition, in certain settings characterised by highly patriarchal social structures, sensitization measures may be necessary to promote support in the community and among male spouses for such provisions.



2.3 Myth:

Cash transfers—particularly those targeted to households with young children—will increase pregnancies and **fertility**.

Reality:

Cash transfers do not increase fertility in lower- and middle- income settings, and, in fact, evidence suggests cash transfers can reduce early pregnancy and increase birth spacing in Africa. This includes programmes for which the benefit amount or eligibility varies by number of children, such as child grants.

Key concepts:

- **TOTAL FERTILITY** – measured as the number of live births born to a woman.
- **PREGNANCY** – typically measured as (1) ever being pregnant (including potential current pregnancies); (2) age at first pregnancy, particularly for adolescent populations.
- **BIRTH SPACING** – length of time between births; increased birth spacing has positive health effects for the mother and subsequent children born.

A common concern raised by policy makers is that cash transfers targeted to families with young children may lead to an increase in the number of **pregnancies or additional births**, as families may intentionally try to maintain eligibility for benefits (or qualify for additional benefits). This is particularly relevant for child grants, which may have explicit eligibility criteria around the age of the child. For example, some child grants have objectives related to reducing stunting and are thus targeted to families during the 'first 1,000 days' of a child's life (from conception to 24 months of age). This period is critical for children's growth and development. Thus, policy makers may fear that families will have children to gain or maintain eligibility, especially since child grants in Africa tend to be limited to the children's early years (for example, first two years, first five years, etc.). This fear of a "fertility effect" is understandable, as financial incentives (including tax-breaks and other family benefits) are widely used as pro-natalist policies to increase fertility in high-income countries that have lower-than-replacement fertility rates.

However, there are numerous reasons why cash transfer programmes targeted to families in LMIC settings might have the opposite effect (Angrist et al. 2002). First, as caregivers are able to invest more in the health and education of their existing children due to additional income, this may result in preferences for fewer additional children (Becker 1960). Fertility levels are much higher in Africa compared to global rates (4.7 in Africa versus 2.3 globally) (Population Reference Bureau 2021), and declines in fertility in Africa have occurred much more slowly than in other regions. Second, as cash transfers increase families' income and financial stability, women may have better access to health services, including modern contraceptives, and, in this way, may be better able to achieve their preferred family size and birth spacing, ultimately enhancing maternal and newborn health (Conde-Agudelo et al. 2012). Additionally, receiving cash transfers can also increase women's bargaining power and reproductive autonomy, enhancing women's ability to make decisions on health and family planning. Finally, cash transfer programmes have the potential to promote safer and healthier transitions to adulthood for young people, including delaying early marriage and first pregnancies among adolescent girls and young women living in households receiving cash transfers (even if they are not direct recipients of the cash). This delay in first births may potentially have spillover effects resulting in decreases in lifetime fertility. Therefore, in theory, there are factors that might result in mixed impacts of cash transfers on pregnancies and fertility in different contexts.

What does the evidence say on how cash transfers affect fertility and how does this apply in Africa?

We first summarize three reviews that include impacts on fertility-related outcomes from LMICs, both which show little or no evidence that cash transfer programmes have adverse effects on fertility. First, a systematic review by Bastagli et al. (2016) found that 7 out of 10 studies showed cash transfers decreased the likelihood of **pregnancy or giving birth** among women and girls. In an exception, two studies examining the *Programa de Asignacion Familiar* in Honduras found that adult women in treatment households had an increased probability of being pregnant (by 4 to 6 percentage points) (Stecklov et al. 2007; Stecklov et al. 2006). Possible explanations relate to a

loophole in the programme's design, which allowed the transfer amount to increase immediately with an increase in the number of children in the household. Nevertheless, a more recent study of the same programme found that increases in fertility were not sustained longer-term (Li 2016), and newer research found that the Honduran cash transfer programme actually delayed sexual debut and pregnancy among adolescent girls in participating households, resulting in lower overall fertility among 18 to 21 year olds (Barham, Macours, and Maluccio 2018). Second, in a narrative review of government non-contributory social protection programming (largely cash transfer programmes) impacts on adolescents, two out of five studies found that cash transfers reduced the probability of **adolescent pregnancy**, while the remaining three found no impacts (Cirillo, Palermo, and Viola 2024)**.** The two that found reductions in adolescent pregnancy were evaluations of the Child Support Grant in South Africa and *Bolsa Família* in Brazil (Heinrich, Hoddinott, and Samson 2017; Olson, Clark, and Reynolds 2019). A third systematic review and meta-analysis of 10 studies focused specifically on adolescents found that cash transfer programmes (governmental and non-governmental combined) reduced childbearing among adolescent girls 10 to 19 years old (Kneale et al. 2023).

Among rigorous studies in Africa, a similar pattern emerges. Studies show no evidence of fertility increases among adult women, and cash transfer programmes can delay **pregnancy and childbearing among adolescents and young women**. For example, a study summarizing impacts from government programming in Transfer Project evaluations in Kenya, Malawi, South Africa, and Zambia found no evidence that unconditional cash transfers increased **fertility** (Handa et al. 2018; Palermo et al. 2016). In fact, in South Africa, the Child Support Grant increased **birth spacing** (via delays in adult women's second pregnancy) (Rosenberg et al. 2015). Subsequent Transfer Project evaluations in Ghana and Mozambique, also found no adverse effects of cash transfers on **fertility** (Ghana LEAP 1000 Evaluation Team 2018; Bonilla et al. 2022). In fact, in Ghana, the Livelihood Empowerment Against Poverty (LEAP) 1000 programme, cash transfers given to women alongside health insurance fee waivers) reduced fertility (measured by total live births), and in Mozambique, the Child Grant Programme, consisting of cash transfers given to women and case management, reduced the probability of current or recent pregnancies (Bonilla et al. 2022; Ghana LEAP 1000 Evaluation Team 2018). Further, Transfer Project evaluations found that government-led cash transfer programmes **delayed pregnancy among adolescents** and young women in Kenya, and South Africa, but had no impacts in Malawi, Tanzania, or Zambia (Lambon-Quayefio et al. 2024; Dake et al. 2018; Tanzania PSSN Youth Study Evaluation Team 2018). In Kenya, adolescent girls and young women in households receiving the Cash Transfer for Orphans and Vulnerable Children were 34 per cent (or 5 percentage points) less likely to have ever been pregnant compared to girls in non-cash transfer households (Handa et al. 2015). Similar mixed effects (where some programmes have no impacts while others have beneficial impacts) are seen in non-governmental cash transfers targeted to adolescent girls in Africa. As previously mentioned, both conditional and unconditional cash transfers in Malawi's Zomba district **delayed childbearing** among adolescents and young women aged 13 to 21 years at baseline (Baird, McIntosh, and Özler 2019). However, a non-governmental cash transfer conditional on schooling in South Africa had no impacts on pregnancy rates among adolescent girls and young women aged 13 to 20 years (Pettifor et al. 2016). Thus, impacts on adolescent girls may vary by context and target sample, including whether they are going to school, receiving part of the transfer directly (versus their caregivers), and according to norms around the acceptability of childbearing before marriage (Cirillo, Palermo, and Viola 2024).

Evidence shows cash transfers do not increase fertility in Africa, or more generally in LMIC settings. Nonetheless, steps can be taken through programme design to avoid perceptions of unintended consequences and maximize the protective potential of cash transfers on fertility and pregnancies – giving women agency to enact fertility preferences and allowing adolescent girls to delay first pregnancies. First, for programmes specifically targeted to households with children, careful design of eligibility criteria, transfer amounts (for example, capping benefits to a maximum number of children per household) and programme duration (extending the eligibility age of children) can reduce perceived risks of incentivising childbearing to maintain eligibility or qualify for additional benefits. Second, messaging should clearly communicate to participants the rules and objectives of the programming, to avoid misinformation around eligibility. Lack of clear programme communication could lead women to mistakenly assume that they had to be pregnant to qualify for transfers (World Bank 2014). Third, Social Behaviour Change Communications (SBCC) activities, including gender dialogues and awareness-raising activities at pay points, can be used to provide information, and educate participants about best practices for maternal and infant health, children's education, birth spacing, or family planning. SBCC activities can strategically involve men and other influential decision-makers in the family, such as spouses and mothers-in-law. This can expose them to messages about the risk of maternal mortality and morbidity related to frequent pregnancies and influence changes in behaviour related to family planning and use of contraception. In more conservative gender settings, SBCC sessions can engage broader community members to promote, progressive social norms related to adolescent girls' and women's right to reproductive autonomy and sexual and reproductive health. Investments in healthcare services are needed in tandem with

cash transfer programme expansion, to improve accessibility and quality of family planning services, enabling couples who desire fewer children or longer birth intervals to access family planning services to achieve their goals. Fourth, cash transfer programmes can actively facilitate linkages to these family planning services among participants through cash plus initiatives (Holmes et al. 2021). Evidence shows policy makers should not fear unintended consequences around fertility and pregnancy increases – however, to maximize potential impacts on positive practices, cash transfer programming programmes should prioritize facilitating linkages to reproductive health services to allow all women and couples to plan healthy families.

Source: ©TransferProject/Ghana 2015/Michelle Mills

2.4 Myth:

Providing cash transfers to women does not really empower them, as men will still **control** how the cash is spent.

Reality:

Women in Africa generally maintain control over cash transfers and make decisions around spending cash, either alone or jointly with other household members.

In contexts that are predominantly patriarchal or have high levels of gender inequality, directing cash transfers to women is often challenged, with critics casting doubt on the ability of women to effectively navigate household power dynamics to influence how the cash is spent. Questions around whether women will be able to retain **control of cash transfers**, or whether men in the household will simply take the cash or dictate how it is used are common concerns. These are reasonable questions, as men are considered the default "head of the household" and control much of the household's financial resources in many settings. According to nationally representative surveys, women's decision-making power varies significantly across countries in the African region. For example, regionally, women in Southern Africa having the highest decision-making capacity across a set of three common household decisions (75.3 per cent), followed by those in Central Africa (65.4 per cent) and East Africa (46.7 per cent), while women in West Africa (12per cent) have the lowest decision-making capacity (Zegeye et al. 2022).[7] Thus, policy makers might assume that directing cash transfers to women is an unnecessary (and often countercultural) requirement, as men will ultimately control their use. Unfortunately, we do not have data on this hypothetical question in most nationally representative surveys. However, there are several potential enabling factors that could facilitate women's retention and control of cash transfers and decision-making power over their use. For example, programme messaging and labelling could build community and household support for women's decision-making power over the use of cash. Additionally, women may gain control when transfers are smaller in value, or when they are paid directly to women through discrete mechanisms such as through mobile money transfers or pre-paid cards.

Do women control how cash transfers are spent within the household?

To our knowledge, there is no global or regional review that summarizes evidence on **women's control of cash transfer payments**, as this requires sourcing and combining operational data from programmes, which is rarely reported in studies. However, a handful of studies in Africa have reported that women can retain control of cash transfers directed to them (Holmes et al. 2021; Carneiro et al. 2019; Aker et al. 2016). Additionally, an evaluation of a cash plus programme in Burkina Faso that provided training on financial literacy and budgeting in conjunction with cash (and other components) found that the training component may have helped to increase women's control of resources (UNICEF Innocenti – Global Office of Research and Foresight 2024). Transfer Project studies in Ghana, Mozambique, and Zambia also provide qualitative data showing that women retain control of cash transfers and subsequently have power over spending (Box 2). These studies show that it is possible in diverse settings for women to retain control over cash transfer payments.

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Box 2. Testimonials from Transfer Project qualitative data

A LEAP 1000 participant in Ghana who had received unconditional cash transfers paired with health insurance premium waivers describes retaining control over transfers and "lending" her husband funds when he was in need:

> *"You know it is the man who is supposed to support a woman with money but not a woman supporting a man with money. I can only lend him money and take it back later, but not for free … When my husband needs money from me, he only begs that I should lend him and he will pay back later. He doesn't force to get money from me. As for a woman, she doesn't always want quarrels so once she has the money and the husband wants to borrow, she will lend him."* (Female, polygamous marriage, age 36, 5 children,) [As cited on page 5 in (Barrington et al. 2022)]

A woman from Zambia's Child Grant Programme receiving an unconditional cash transfer said the following regarding dynamics around transfer use:

> *"I used to tell him and the children that the money had come and would just inform them what I wanted to use it for."* (Female, married, age 44) [As cited on page 11 in (Bonilla et al. 2017)]

Some women receiving the Child Grant (0-2 years) in Mozambique indicated gaining autonomy to spend money because of the programme, which led to them feeling less dependent on their partner's income to meet their needs. One female caregiver reported:

> *"Now I don't wait to be buy something. I buy it myself after receiving the money," and another said, "With the money I receive, I have the possibility of spending that money without using my husband's salary."* [As cited on page 47 in (Dias and Gavrilovic 2022)]

Having access to cash transfers in Mozambique also had positive changes on women's social identity, including their self-worth. For instance, one woman noted:

> *"When I receive [cash], I feel like a real woman."* [As cited on page 47 in (Dias and Gavrilovic 2022)]

To shed further light on this topic, we conduct new, secondary analysis of existing data from cash transfer impact evaluations under the Transfer Project in Ghana, Malawi, Mozambique, and Zimbabwe. We focused on data collected from female cash transfer participants in follow-up survey rounds collected after cash transfers were rolled out. We included studies that had any indicator of who controls the transfer, or who decides how the transfer is used. For example, a typical sequence of questions would be: ***"In this household, who generally decides how the payment from [programme] is used?"*** (with option to enter individual's ID), followed by a question of "***In general, who does [name] consult with when deciding how to use the payment from the [programme]"***? (wording taken from Malawi questionnaire).[8] We created and summarized indicators for when women decide on cash transfer payment use overall (she has any decision-making power), or when possible, disaggregated by her decision-making power: 1) alone, 2) jointly with spouse, or 3) jointly with another household member. We analysed data for all women and then among a sub-set of married or partnered women, as intra-household decision-making dynamics may be very different for varying household compositions (for example, widows versus married women).

Source: ©TransferProject/Ghana 2015/Michelle Mills

Table 2. Operational indicators of women's control over cash transfer payment from Transfer Project surveys

COUNTRY	CASH TRANSFER PROGRAM	YEAR (DATA)	SAMPLE SIZE	PER CENT WITH ANY DECISION-MAKING POWER	PER CENT BY TYPE OF DECISION-MAKING POWER
Ghana	Livelihood Empowerment Against Poverty (LEAP) 1000	2017	1,013 all women	96 per cent	• Decides alone: 33 per cent • Decides with spouse: 56 per cent • Decides with another person (not spouse): 8 per cent
			955 married women	96 per cent	• Decides alone: 30 per cent • Decides with spouse: 59 per cent • Decides with another person (not spouse): 7 per cent
Malawi	Social Cash Transfer (SCT) Program	2015	1,379 all women	94 per cent	• Decides alone: 54 per cent • Decides with spouse: 15 per cent • Decides with another person (not spouse): 25 per cent
			366 married women	91 per cent	• Decides alone: 29per cent • Decides with spouse: 57 per cent • Decides with another person (not spouse): 12 per cent
Mozambique	Child Grant (0-2 years)	2021	945 all women	92per cent	• Decides alone: 37 per cent • Decides with spouse: 49 per cent • Decides with another person (not spouse): 6 per cent
			821 married women	93per cent	• Decides alone: 34 per cent • Decides with spouse: 54 per cent • Decides with another person (not spouse): 4 per cent
Zimbabwe	Harmonized Social Cash Transfer (HSCT)	2017	1065 all women	91per cent	• Decides alone: Overall 45 per cent • Decides with spouse: 18 per cent • Decides with another person (not spouse): 28 per cent
			355 married women	91per cent	• Decides alone: 24 per cent • Decides with spouse: 55 per cent • Decides with another person (not spouse): 12 per cent

Notes: Authors' secondary analysis of data from Ghana LEAP 1000 impact evaluation (Ghana LEAP 1000 Evaluation Team 2018), data from Child Grant 0-2 years impact evaluation (Bonilla et al. 2022), data from the Zimbabwe HSCT evaluation (Angeles et al. 2018), and data from the Malawi SCT evaluation (Abdoulayi et al. 2016). Question(s) analysed are: "In this household, who generally decides how the payment from [programme] is used?" [with option to enter individual's ID], followed by a question of "*In general, who does [name] consult with when deciding how to use the payment from the [programme]"*?

Data from Transfer Project evaluations in four countries overwhelmingly confirm that ***women are involved in deciding how cash transfers are spent*** (Table 2). A large majority of women across countries have some say in how the transfer is spent, either by making the decision alone or with another household member (including spouses); this percentage is 91 per cent in Zimbabwe, 93 per cent in Mozambique, 94 per cent in Malawi, and 96 per cent in Ghana. Across the four countries in Table 2, the percentage of women that decide how to spend cash transfers alone ranges from 33 per cent in Ghana to 54 per cent in Malawi. Looking specifically at the sub-set of married women, the percentage that decides alone ranges from 24 per cent in Zimbabwe to 34 per cent in Mozambique. Next, among all women (including unmarried women), the percentage that decide with a spouse ranges from 15 per cent in Malawi to 56 per cent in Ghana. When restricting only to women who are married, the percentage that decide with their spouse ranges from 54 per cent in Mozambique to 59 per cent in Ghana). In Ghana and Mozambique, the percentages overall and among the married sample are very similar, as most women receiving transfers are married.

This evidence from the Transfer Project is in line with broader reviews showing that cash transfer programmes can increase **women's agency, autonomy, decision-making and control over different aspects in their life**. For example, a systematic review and meta-analysis of experimental evidence of social safety net programs in LMICs found that interventions increased women's autonomy and self-efficacy (Peterman et al. 2024). Another global systematic review showed that four out of eight studies (three in Africa) found that cash transfers increased **women's decision-making power around expenditures**, including in Uganda's non-governmental Women's Income Generating Support intervention and Kenya's Hunger Safety Net Programme (Bastagli et al. 2019). In Africa, a regional review of social safety nets found that cash transfer programmes increased women's shared or joint decision-making in 25 per cent of 159 indicators measured across 16 studies (spanning 11 countries); negative impacts were only found on 3 per cent of indicators (Peterman et al. 2019). Therefore, evidence suggests that ***cash transfer programmes can broadly increase women's decision-making power and sense of agency.***

Together, this evidence shows that ***when women are designated as the main recipient of cash, they retain meaningful involvement in decisions over cash transfer use***. Nonetheless, it also shows that other household members may also have a say in decisions involving the use of cash transfers and household budgets, depending on intra-household processes related to the management of resources. This should not be seen as a negative outcome, as joint and collaborative decision-making inside the household can be a sign of household harmony and cohesion and is sometimes even preferred by women (Seymour and Peterman 2018). Moreover, it is useful to understand how individual- and community-level characteristics such as social norms, women's literacy and educational levels, marital status, and the nature of family decision-making processes, can shape women's decision-making power in the household. Therefore, particularly in settings where there are strong gender norms that dictate that, by default, men are the heads of household, it is worth considering design factors that could more readily enable women to retain control of the cash. For example, a study of a non-governmental cash transfer pilot in Niger compared women who received manual cash payments with women who received electronic payments. The study found that electronic payments appeared to shift **intra-household bargaining** and allowed women to temporarily conceal receipt of the transfer from other household members. Ultimately, those receiving electronic payments saw larger impacts on dietary diversity and spent more on children's clothing (Aker et al. 2016). In India, a study within the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) worked with banks to open accounts for women and deposit their public works programme cash transfers directly into their own account (previously women's earnings were deposited into husbands' accounts). Depositing cash transfers directly into women's bank accounts, combined with financial literacy training, increased women's account use and labour supply (Field et al. 2021). To further facilitate increasing women's control over cash transfers, designating women as recipients can be complemented with other measures (UNICEF Innocenti – Global Office of Research and Foresight 2024), such as financial inclusion and financial literacy training, alongside SBCC with spouses and community members to promote a better understanding of women's economic role and their rights to cash and other resources. In all cases, programmes should ensure that women have access to well-functioning grievance mechanisms to report any issues arising from cash transfer receipt, including attempts from other individuals to extract or appropriate the cash benefits.

2.5 Myth:

Cash transfers directed to women will create conflict in the household and increase **intimate partner violence**.

Reality:

There is strong evidence that cash transfers are likely to reduce intimate partner violence, including in Africa. Pathways include reductions in poverty-related stress and improvements in emotional well-being of household members, reductions in conflict over daily needs, and increases in women's agency through their control over economic resources.

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Key concepts:

- **INTIMATE PARTNER VIOLENCE (IPV) AGAINST WOMEN** – any type of emotional, economic, physical or sexual violence perpetrated by a man against a woman who is a dating, co-habiting, marital or other intimate partner.
- **EMOTIONAL IPV** – psychological aggression (yelling and insults) and threats, including but not limited to threats of harm, belittling, humiliation, and threats to take away children.
- **PHYSICAL IPV** – acts of physical nature, including but not limited to being slapped, pushed, shoved; hit with a fist; being kicked, dragged, or beaten up; being choked or burnt; being threatened with a gun, knife, or weapon.
- **SEXUAL IPV –** acts of a sexual nature, including but not limited to being forced to have sex, participate in sexual acts, including by coercion or threats.
- **CONTROLLING BEHAVIOURS** – often considered a pre-cursor or risk factor for IPV, include but are not limited to isolation from friends and family; restricting access to financial resources; monitoring and restricting movement, employment, education, or access to medical care.

An often-voiced concern among programme implementers is that if women are primary recipients of cash transfers this may 'disrupt' the **balance of power** in the family, creating conflict and triggering IPV as male partners seek to (re)assert their authority in the household or gain access to the cash. This is a relevant concern, as the Africa region has among the highest rates of IPV in the world, with 27 (in Southern and Western Sub-Saharan Africa) to 44 per cent (in Central Sub-Saharan Africa) of women aged 15 to 49 years reporting experiences of physical and/or sexual IPV in their lifetime (Sardinha et al. 2022). However, cash transfers may alternatively work to counteract conflict and reduce IPV in the household. This may occur through several pathways (Buller et al. 2018; Botea et al. 2021). First, cash transfers may increase household financial standing, leading to reduced poverty-related stress, better overall emotional well-being of household members, and a reduction in negative coping strategies. Second, cash transfers may alleviate conflict over the lack of resources to meet daily needs. Third, cash transfers received by a woman may increase her **financial and social empowerment**, allowing her to reject and stand-up against potential controlling behaviours or IPV. In addition, if cash transfers decrease IPV through any of these pathways, they may also reduce prevalence of exposure to violence among children, by reducing their witnessing of IPV in the household. This in turn may trigger a virtuous cycle of freedom from violence as children grow into adulthood, reinforcing positive attitudes

towards bodily integrity and expectations of non-violence in their own romantic relationships (Peterman and Roy 2022; Abramsky et al. 2011). Taken together, these factors suggest the direction of impact could be in either direction.

What does the evidence show about whether impacts of cash transfers on IPV are positive or negative, and through what pathways do the changes occur?

Evidence from two reviews in LMIC settings show that cash transfers reduce IPV. The first review includes rigorous mixed-method studies (quantitative and qualitative) from 22 cash transfer interventions (Buller et al. 2018). Overall, 73 per cent of studies showed that cash transfer programmes reduced IPV, including 11 out of 14 quantitative studies and five out of eight qualitative studies. Among the quantitative studies, reductions ranged from 11 to 66 per cent, with particularly strong findings for reductions in **physical and/or sexual IPV**. The second review includes a meta-analysis of 14 quantitative studies, finding strong evidence that cash transfers reduce **physical IPV** (pooled effects: -4 percentage points), **emotional IPV** (pooled effects: -2 percentage points) and **controlling behaviours** (pooled effects: -4 percentage points) (Baranov et al. 2021). Across reviews, no quantitative studies found that cash transfers increased IPV overall; however, in three cases (in Mexico and Ecuador), there were increases in IPV or a proxy (aggressive behaviour) among sub-groups of women whose partners had certain characteristics, including men with low levels of education or education gaps as compared to women (Angelucci 2008; Bobonis, González-Brenes, and Castro 2013; Hidrobo and Fernald 2013).[9] In addition, one qualitative study of a humanitarian cash transfer program in Uganda found mixed effects, with overall reductions in all forms of IPV, but isolated increases in some households (Nuwakora 2014). In both reviews, nearly all studies examined programs that were exclusively or, for the majority of households, received by women. Therefore, overall evidence from LMIC settings shows that ***cash transfers received by women generally result in reductions in IPV***, often of meaningful magnitude.

The finding that cash transfer programmes can have promising impacts reducing **family conflict and IPV** also holds in Africa. For example, a regional systematic review of gender impacts of social safety nets included five studies and 28 impact indicators of cash transfers and IPV (in Ghana, Kenya, Mali, South Africa and Tanzania) (Peterman et al. December 2019). Four out of these five studies found that cash transfer programmes reduced IPV. Decreases were most consistent for physical IPV (63 per cent of indicators showed decreases), followed by controlling behaviours (50 per cent of indicators showed decreases), emotional IPV (40 per cent of indicators showed decreases), and sexual IPV (17 per cent of indicators showed decreases). No studies or indicators showed increases in IPV. For example, Ghana's Livelihood Empowerment Against Poverty 1000 programme (an unconditional cash transfer combined with a health insurance premium fee waiver), targeted to households with a pregnant women and women with children under 12 months (where cash was received by the woman), reduced the frequency of any IPV (by 0.9 to 0.11 standard deviations), and reduced overall experiences of any IPV (by 4.9 to 7.9 percentage points) among women in monogamous (but not polygamous) relationships (Peterman et al. 2022). In addition, a non-governmental conditional cash transfer programme in South Africa (HIV Prevention Trials Network (HPTN) 068) reduced experiences of physical IPV among girls aged 13 to 20 years by 34 per cent, with possible pathways of **delays in sexual debut** and reductions in the **number of sexual partners** (Kilburn et al. 2018; Pettifor et al. 2016). However, evidence from two and a half years post-programme show that these IPV reductions in the South African programme were not sustained, possibly indicating that when cash transfers ended, young women were no longer able to avoid violent partners and financial dependence (Groves et al. 2024). More recent studies, including in Mozambique and Togo, also show the promise of cash transfers for reducing IPV. Mozambique's Child Grant Programme, an unconditional cash transfer combined with community-based case management, led to significant reductions in emotional IPV and physical IPV (by 38 and 45 per cent, respectively) (Bonilla et al. 2022). In Togo, a pilot unconditional cash transfer implemented by the government found reductions in physical IPV; however, no changes in emotional IPV or controlling behaviours were found (Briaux et al. 2020).

IPV is only one form of gender-based violence, and policy makers have sometimes voiced concern that cash transfers directed to adolescents can increase their risk of sexual exploitation. However, the existing evidence largely suggests that cash transfer programmes to households either reduce the risk of **transactional sex and exploitation** among adolescent girls residing in these households or have no impacts (but do not increase the risk) (Peterman et al. 2017; Cirillo, Palermo, and Viola 2024). Moreover, most government-implemented cash transfer programmes target households (and not adolescents directly). For example, even cash-based child grant programmes that maintain eligibility into adolescence, such as South Africa's Child Support Grant, direct the transfers to the caregiver, and not the adolescent. There are some limited examples of government-run programmes directing cash grants to adolescents. For example, the Ujana Salama cash plus programme implemented within Tanzania's Productive Social Safety Net (PSSN) provided adolescents residing in PSSN households with livelihood and life skills training, mentoring, linkages to health services, and a

productive grant (UNICEF Innocenti – Global Office of Research and Foresight 2024). However, even this programme led to reductions in **sexual violence** experienced by adolescent girls, rather than increases (Palermo et al. 2021). In addition, there were no impacts of the plus programme on transactional sex (Ranganathan et al. 2022). Several non-governmental cash transfer (and cash plus) programmes in the region have targeted adolescents directly with cash transfers, including initiatives under the DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) partnership, but these interventions also have not increased the risk of exploitation, and have even reduced engagement in transactional sex in some cases (Rogers et al. 2024). Therefore, evidence beyond IPV also suggests cash transfer programme recipients are unlikely to be at increased risk of violence due to the programme.

Taken together, evidence suggests that, by improving economic security, ***cash transfers can boost household harmony, reduce conflict, and reduce IPV. Available evidence does not indicate that women receiving cash transfers directly is likely to increase IPV in a household, even where men are seen as household heads***. To ensure the protective potential of cash against IPV, and minimize any potential harm, there are numerous factors that program implementers should consider when designing and implementing cash transfers, throughout the delivery chain (Peterman and Roy 2022). Recommendations to maximize protective impacts of cash transfer programmes include: 1) providing meaningful income support (predictable transfers, adequate amounts, and adjustments for inflation to retain the real value of transfers); 2) designating women as cash recipients and building community support for women's participation in programming; 3) conducting a gender assessment to understand gender dynamics, vulnerabilities, and risks and enablers (including local women's groups that can be leveraged for support) in a specific context; 4) providing complementary programming and linkages to services (including violence response, case management, parenting programmes or access to the justice system) when linkages and plus components are likely to result in synergies with and are responsive to cash transfer programme objectives and constraints; and 5) ensuring quality implementation of programming throughout the delivery chain with staff sensitized to gendered and violence vulnerabilities of the target population (Peterman and Roy 2022). The latter could include integrating grievance and complaint mechanisms that explicitly address IPV or other violence in the delivery chain, as well as enforcing zero tolerance for violence or harassment by operational staff. When designed in a gender-responsive manner, cash transfer programmes have the potential to reduce household conflict and violence. As such, implementers should ***invest in understanding gender dynamics in the programme setting to identify entry points in programme design and the delivery chain to further ensure prevention of violence and promote gender equality***.

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2.6 Myth:

Cash transfers will reduce women's incentives to work and may encourage **dependency** on benefits.

Reality:

Cash transfers do not create a culture of 'dependency' through reducing women's participation in productive work in Africa. In fact, cash transfers generally tend to increase households' and women's productivity - even amongst the poorest - and can promote labour force participation, increase earnings, and improve job quality for women.

Key concepts:

- **LABOUR FORCE PARTICIPATION** – typically measured as any participation in the labour market, including formal or informal work, including family enterprise (or family farm); includes both part-time, seasonal work, as well as full time work.
- **PRODUCTIVE WORK INTENSITY** – measures of work on the 'intensive margin' including the number of hours worked, earnings and income or other benefits.
- **QUALITY OF WORK** – typically measured by the type of work, whether work exposes the participant to hazards, harassment or whether employment comes with additional benefits (health, unemployment, leave etc.).

A common perception among policy makers and constituents is that families and individuals who receive cash transfers will become lazy, work less, and become dependent on benefits (Handa et al. 2018). Given that women are often designated to receive cash transfers, they are more likely to bear the brunt of such stigma and negative stereotyping. For instance, in the United States, the derogatory term "welfare queens" was meant to represent the stereotype of an undeserving woman with children who abuses and benefits from government hand-outs (Demby 2013). This fear of **welfare dependency is** also present in the Africa region, where policy makers and political elites often assume that giving cash transfers to people living in poverty will make them stop working and rely on "free money" from social assistance, despite the fact that cash transfer benefits are typically modest, and values represent only a fraction of households' basic needs.[10] For example, in Malawi, a media leader was quoted as saying, "*If you keep giving the poor programmes that involve giving cash, food or subsidies, you end up breaking the hard-working nature of Malawians. At the end of the day, we will achieve laziness. People will get used and become dependent on handouts*" (Kalebe-Nyamongo and Marquette 2014). This mentality has spurred cash transfer designs that are conditional on compliance with certain behaviours (for example, health check-ups and sending children to school) or conditional on work (for example, cash-for-work or public works programmes). These conditions ensure participants are compliant with behaviours that are seen as "socially acceptable" or particularly beneficial to justify their receipt of assistance.

In contrast, there are also several logical arguments for why cash transfer programmes could have the opposite effect on work participation: namely that participants (including women) could use increased funds to make productive investments – including purchase of tools, capital investments, training, or accessing credit – to increase future productivity and income streams. By enhancing households' financial liquidity, cash transfer programmes can increase women's capacity to invest in income-generation, savings, and asset accumulation to grow their business, or overcome practical constraints (for example, investment costs, mobility, lack of childcare) to paid employment. Improved economic security can also strengthen women's psychological well-being, including self-esteem, aspirations, and confidence required to pursue strategic goals to (re)enter the labour market and seek higher quality employment.

Across Africa, there is significant policy dialogue around the need to ensure cash transfers lead to more productive investments by vulnerable households, in part, to address political economy concerns around avoiding potential welfare dependency on routine cash transfer programmes. For example, the idea of maintaining the "productivity" of programme participants was seen as important in building political support for cash transfer programmes in Tanzania, Ethiopia, and Rwanda (Hickey et al. 2019). The evidence base shows that cash transfer programmes can have positive productive effects, in particular if linked to productive services and programmes (Leight, Hirvonen, and Zafar 2024). These combined factors have instigated a trend where many cash transfer programmes have been designed or adapted to feature routine complimentary programming to promote productive endeavours.

What is the evidence on cash transfers and women's work and productivity?

Evidence from impact evaluations demonstrates that cash transfer programmes are used by poor households and women to engage and invest in more **productive activities**, (re)enter the labour force, increase earnings, and shift to more favourable or higher quality work. Evidence from two reviews suggests that cash transfer programmes do not reduce women's **engagement in work** in LMICs. A systematic review and meta-analysis of experimental evidence of social safety net programs (including cash transfer programmes) found that interventions increased women's **labour force participation** as well as the **productive intensity of work** (Peterman et al. 2024). Effects appeared to be driven by unconditional transfers, asset transfers, social care, and public works programmes, rather than conditional cash transfers and in-kind transfers. Further, in a global review of LMICs, Bastagli and colleagues (2016) found that 4 out of 16 studies showed that cash transfer programmes increased overall labour-force participation among women, and only one study (in Mexico) found a decrease (where elderly pensioners moved from paid to unpaid labour). However, no clear patterns emerged on the intensity of work (hours worked); in six out of 10 studies there were no changes, while among the remaining four, some studies showed increases, and some studies showed decreases in women's hours worked. Among girls specifically, four out of eight studies found cash transfer programmes led to reductions in work, while one (in Malawi) out of eight studies found that cash transfer programmes led to increases in participation in household chores (Bastagli et al. 2019). The latter effect in Malawi might indicate a substitution effect (between activities outside and inside of the home). These overall women-specific results are reinforced by two additional reviews of cash transfer programmes focused on LMICs that find little evidence of reduction in work effort among all adults of working age (Banerjee et al. 2017; Baird, McKenzie, and Özler 2018).

Evidence from the African continent provides a further reality-check to the myth of work disincentives. In a regional review in Africa, social safety nets were found to have positive or no effects on women's **labour force participation** (33 per cent of the 78 indicators were positive, 3 per cent were negative) and women's work intensity (21 per cent of the 68 indicators were positive, 6 per cent were negative) (Peterman et al. December 2019). This trend appears to hold for programmes that are specifically targeted to female entrepreneurs or have specific objectives around productivity, as well as those that have broader objectives and are meant for general household support. For example, two studies in Kenya targeting female micro-enterprise owners with cash transfers in one instance, and young women in Nairobi with a multi-faceted 'micro-franchising' intervention including cash transfers in the other, found the interventions increased profit, self-employment, and income (Brooks et al. 2022; Brudevold-Newman et al. 2017). In addition, in Tunisia, women receiving cash grants and training to stimulate income generating activities showed increases in the likelihood of participating in any income generating activity (3.3 percentage points) and earnings (60 per cent increase); however, effects were only seen among women who attended trainings alone (and not among those who attended with their spouses) (Gazeaud et al. 2022). The authors posited that joint attendance in the trainings may have increased men's feelings of entitlement and control over how the cash should be spent (Gazeaud et al. 2022).

Promising effects also extend to cash transfer programmes that do not have explicit productive components or objectives. For example, in Ghana, the LEAP 1000 programme increased the probability that working-age women spent time in household farming activities by 4.4 percentage points (Ghana LEAP 1000 Evaluation Team 2018). However, there were no impacts on women's time spent in other productive activities such as non-farm enterprise, tending livestock, or casual labour (except for elderly women, who were able to spend less time in tending livestock). In addition, an unconditional cash transfer in Zambia received by mothers of children under the age of five increased household **diversification into non-farm enterprises** traditionally operated by women – increasing operation of businesses by 17 and 15 percentage points after two and three years, respectively (Natali et al. 2016). A multi-country qualitative analysis of Transfer Project studies supports these favourable quantitative impacts, finding that cash transfers gave women increased choices regarding their livelihood activities – allowing shifts into productive activities, or leaving hard manual labour (casual labour for other households) to work on their own farms (Fisher et al. 2017). For example, a participant in Ghana stated, "I used to be a slave to ganyu . . . [casual labour] . . . but now I am a bit free" (page 1). Further, in Ethiopia, cash transfers enabled women to shift from begging to work as cleaners or cooks.

Two studies in the regional review in Africa found overall negative impacts of cash transfer programmes on **women's labour**. These effects were found among samples of elderly women (over the age of 60 years) in Lesotho (Daidone et al. 2014), and in Malawi, where beneficiaries were likely to be elderly (in labour constrained households) (Malawi SCT Evaluation Team 2016). As stated by a female beneficiary in Malawi, "*God has provided me with a cushion for my aching backside and a chance in life for my grandchildren*" (Fisher et al. 2017; page 1). These findings among elderly populations suggest that ***reduced hours of work should not always be seen as a negative gender equality outcome, as women in poor households may be locked into excessive hours of work, which can be harmful to their health and general well-being, particularly in older age or during key phases of reproduction*** (for example, pregnancy and lactation). Thus, cash

transfer programmes targeted to women in old age can mitigate structural inequalities, whereby women often have lower rates of access to social security (including pensions) due to lower rates (and lower intensity) of formal labour force participation. Further, among women across the life-course, an injection of cash can reduce pressure for women to work long hours and opt out of hazardous and low-paying jobs, and instead invest their time into other activities, including self-employment, own farm work, or education and social networking, which can enhance their future employability.

The ***evidence shows the myth of 'welfare dependence' does not hold up in LMICs generally or in Africa***. Cash transfer programmes ***can promote women's labour force participation, increase earnings, and improve the quality of type of work***. There are many reasons why the dependency myth is refuted, including the fact that cash transfers are rarely sufficient to cover all of women's or household's basic needs (they often cover approximately 13 to 20 per cent of pre-programme consumption), and thus, participants still require additional sources of income to care for their families and thrive. Evidence supports the hypothesis that individuals experiencing poverty have few incentives to remain in poverty and depend solely on cash transfer programmes.

To further facilitate women's economic standing and productive investment, programmes could consider providing opportunities for financial inclusion (via mobile transfers, financial literacy training, or facilitating women's opening bank accounts in their names) or productive plus components (training, linkages to extension workers, large cash grants for productive endeavours, etc.). In addition, policy makers, programme implementers, and researchers alike should be mindful that ***not all key target demographics for cash transfer programmes should be expected to engage substantially with the labour force***. This is because, in much of Africa, cash transfers are limited to the most vulnerable, many of whom face additional social and structural barriers that affect their earning potential and increase their exclusion, beyond simply being poor. For example, elderly beneficiaries, some people with disabilities, individuals who have work restrictions (such as refugees), or those affected by disasters may not be able to use cash transfers for investment or labour force purposes immediately (or at all). ***Evidence shows that participants can be trusted to use transfers in the best way possible for them, rather than be viewed with suspicion that transfers will be misused or become a source of dependency***.

Source: ©TransferProject/Ghana 2015/Michelle Mills

3. Conclusion

Policy, programme design, and financing for cash transfers should be guided by rigorous evidence, and not misperceptions or "myths". To sustainably reduce poverty, gender-related considerations must be taken into account. Gender inequalities limit women's and girls' productive inclusion in the economy, educational attainment, health, and well-being, and affect the success of programmes and policies on delivering on their multifaceted objectives. **Evidence based policymaking for gender-responsive social protection can play a key role in reducing poverty and increasing social equity for all.**

To ensure an evidence-based approach is used to inform policy, programming, and financing, and avoid pitfalls of programming based on commonly held misperceptions, there are several best practices for gender-responsive cash transfer programming that can be implemented. For example, **gender assessments** can be undertaken to understand context-specific barriers (for example, gender norms, mobility constraints, low literacy levels, low rates of ownership of cell phones and bank accounts, etc.) and enablers for women's poverty reduction, empowerment, and productive inclusion. These assessments can assist in improved gender-responsive programme design and may also be used to support advocacy for gender equitable approaches and refute attempts to centre design parameters around beliefs driven by common myths. Second, **programme design and implementation** can be tweaked to respond to potential risks identified in gender assessments. As highlighted in this evidence review and supported by operational guidance and best practices (Gavrilovic et al. 2022; Peterman and Roy 2022; FAO 2018; Staab et al. 2024), these **gender-responsive programme design options** might include:

- Cash transfers should provide **meaningful income support** (predictable transfers, adequate amounts, and adjustments for inflation to retain the real value of transfers).
- **Designate women** to receive cash and **build family and community support** for women's participation in cash transfer programming, while accommodating their multiple roles as economic agents and care providers. Consider design options that facilitate women's retention and control of transfers (for example e-payments, women's groups, and gender awareness-raising and messaging), particularly in settings where there are strong gender norms dictating men as the head of the household.
- Implement cash transfers without conditions, as **unconditional cash transfers** empower women to make their own choices about how to best improve their lives, can have larger impacts on various domains, and do not run the risk of excluding the most marginalized. This is especially true in the context of many countries in sub-Saharan Africa, and especially in rural or hard to access areas, where such a level of tracking needed for enforcing conditions may not be cost-effective or feasible.
- **Carefully design eligibility criteria, transfer amounts** (for example, capping benefits to a maximum number of children per household), and **programme duration** (extending the maximum eligibility age of children) to reduce any real or perceived risks of incentivising childbearing to maintain eligibility or qualify for additional benefits. **Messaging** should clearly communicate to participants the rules and objectives of the programming, to avoid misinformation around eligibility.
- SBCC activities, including **gender dialogues** and **awareness-raising activities**, can be used to provide information and educate participants about the importance of maternal and infant health, children's nutrition and education, birth spacing or family planning. SBCC activities should also strategically involve men and other influential decision-makers in the family, such as spouses and mothers-in-law, and/or community leaders and other gatekeepers that hold sway over gender norms and practices in the community in ways that may moderate programme effects.
- Cash transfer programmes should actively **facilitate linkages to exiting services** in communities using a gender-responsive lens, including access to reproductive health services, productive inclusion, financial inclusion, violence response, case management, parenting programmes, or access to the justice system, focusing on linkages and plus components that are likely to result in synergies with and are responsive to cash transfer programme objectives and constraints.
- Ensure **quality implementation** of programming by staff sensitized to gender equity and violence vulnerabilities of the target population.

Additionally, in routine monitoring and evaluation, as well as impact evaluations, it is important to measure and monitor uptake of benefits, coverage, adequacy, and impacts using sex-disaggregated data. This will often require an expanded scope for data collection, including individual-level indicators related to receipt of cash and impacts, as well as new measures that may not be routinely collected (for example, intra-household bargaining, decision-making, financial inclusion, etc.). This can help understand how programmes reach women and girls and inform progress related to achieving the SDGs and can also be used to learn and update programme design and implementation. Moreover, women's inclusion is important during all phases of the social protection cycle, including in developing policy frameworks, designing programs, financing, implementation, and monitoring and evaluation. Additionally, gender-responsive financing of social protection programming is critical to their scale-up and sustainability, and ultimately, their ability to sustainably reduce poverty. For example, budgeting should be gender-responsive, and choices around what programs should be funded should be informed by barriers identified in gender assessments (for example, education gaps; barriers to women's employment and productive inclusion, and subsequently, access to social security; inadequate care systems, etc.). Finally, gender-related capacity building and training of all relevant staff across the social protection cycle can help realise gender-responsive objectives of social protection. These recommendations can contribute to gender-responsive policy and programme decisions that rely on evidence rather than commonly held myths and misperceptions, with important gains for gender equality outcomes and sustained poverty reduction more broadly.

Source: ©UNICEF/UN0641754/Orina

Endnotes

1 Examples of gender-responsive social protection programme design include interventions that involve channeling cash payments to women through digital modalities, and/or include support to promote equality in gender roles and responsibilities related to paid work and care activities.

2 Established in 2008, the Transfer Project is a collaborative network between the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization of the UN (FAO), University of North Carolina, national governments, and local research partners. The overall goal of the Transfer Project is to provide rigorous evidence on the effectiveness of large-scale national cash transfer programmes in Africa and to use this evidence to inform the development of cash transfer and social protection policies and programmes via dialogue and learning. For more information, see website: https://transfer.cpc.unc.edu/

3 For the myth on women's control of cash, where published literature is lacking, we conduct new analysis of secondary data from evaluations conducted in four countries in Africa under The Transfer Project.

4 Lack of statistical significance means that we cannot conclude there are meaningful differences in impacts between the two groups (that is, conditional and unconditional cash transfers).

5 Defined as women's outcomes on a holistic range of economic indicators (labour force participation, productive work intensity, earnings or quality, unpaid care work (reverse coded), unpaid work intensity (reverse coded), savings, debt or loans, assets, and expenditures) and agency indicators (decision-making, autonomy and self-efficacy, voice).

6 However, UNICEF will maintain support to national priorities and work to support governments who choose to implement both conditional and unconditional cash transfers.

7 Decision-making capacity was defined as women having the power to make decisions (either alone or with their husband) as it relates to three questions: 1) who decides about your own health? 2) who decides to purchase large household expenses? 3) who decides when you want to visit family or relatives?

8 Due to the wording of the questions across surveys, our estimates leave out cases of women's joint decision-making on cash transfer payment use with another household member (not a spouse) when she not the primary decision maker. In most cases this percentage is very small – for example, the percentage of women who could decide about the transfer with another person but may be omitted from our prevalence figures in Mozambique could be up to 1 per cent and in Malawi could be up to 3.7 per cent larger. Because of this, our estimates for joint decision making can be taken as a lower bound.

9 Studies finding adverse effects among sub-groups all had methodological limitations, including limitations on measurement of IPV outcome indicators and in terms of study design. In two cases, studies found overall average decreases in IPV, paired with the aforementioned sub-group increases (Peterman and Roy 2022).

10 The modest cash transfer value and the depth of poverty in the region means that households are often still under the poverty line after receiving programme benefits. The African region contains the largest share of the population living below the extreme poverty line (37 per cent) and average incomes are falling in numerous countries due to conflict and economic crises, among others (Roser 2021).

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