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Social Protection and Access to Public Services in the Age of Conditionality

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Few global health and development interventions have captured the imagination of governments, NGOs, and private foundations in quite the same way – and to the same extent – as conditional cash transfers (CCTs). World Bank president Jim Kim bestowed the ultimate praise upon the Peruvian CCT program *Juntos* for its impacts on malnutrition and economic growth: “We’re going to say to every country in the world that has a problem with stunting, we’re ready to bring you the Peru formula. We’re willing to provide financing for these conditional cash transfers. CCTs are great anyway. They help poor people. They stimulate the economy, they are a great thing to do.”¹

Conditional cash transfer (CCT) programs involve the use of cash incentives to encourage poor households to adopt health and education seeking behaviours. In practice, CCTs typically target mothers as the recipients of the cash and those responsible for meeting program conditions, which are sometimes referred to as ‘coresponsibilities.’ Conditions frequently involve children’s attendance at school and regular health appointments and vaccinations, and pregnant women’s use of prenatal services. If the conditions are not met, the mother may not receive the cash benefit.

In 1997, two countries had conditional cash transfer programs in the form we know them today (Mexico and Brazil). By 2017, sixty-seven countries had implemented at least one CCT.² In Latin America alone CCTs reach over 135 million people.³ Even at the level of coverage, the gender implications of this are striking: with the remarkable uptake of CCTs by countries all over the globe, more low-income women have been granted access to social protection than ever before.

Numerous other social protection tools attach conditions to social benefits, though these other tools are less widely discussed than CCTs. Furthermore, the use of conditions is not limited to low and middle income countries; conditions are used in national social protection systems as diverse as Australia, Brazil, Canada, Egypt, Indonesia, Peru, Sweden, Tanzania, the UK, and the US.

This paper draws on the growing evidence base on social protection and conditionality in countries across income contexts. While it references the use of conditions with various social policy tools, it focuses on the kind of CCT program described by the World Bank President, because they are particularly relevant to the theme of the 63rd CSW: *social protection systems, public services and sustainable infrastructure for gender equality*. First, CCTs are an increasingly significant component of national social protection systems, and are widely touted as one of the most effective social programs on the planet for reaching poor households. Second, CCTs drive demand for public services such as healthcare and education. Finally, women’s ability to meet program conditions is often limited by their access to other kinds of infrastructure, especially transportation, potable water, sanitation, and electricity.

¹ Interview with The Guardian, August 11, 2016.

² World Bank. 2017. *Closing the Gap: The State of Social Safety Nets, 2017*. Washington, DC: World Bank Group.

³ Stampini, M., and L. Tornarolli. 2012. *The Growth of Conditional Cash Transfers in Latin America and the Caribbean: Did They Go Too Far?* Washington, DC: Inter-American Development Bank.

This paper thus addresses a critical question for the 63rd CSW: What implications does an increasingly conditional approach to social protection have for gender equality, if we consider women's access to quality public services and infrastructure? The paper attends to this question through four sections. First, it introduces the concept of conditionality, and considers why it is an increasingly popular policy tool. Next, the paper turns to the evidence base, exploring on one hand the data driving the use of conditions; and on the other, what feminist research shows us about the unintended consequences. The paper concludes with reflections on how social protection could better reflect the realities of women's everyday lives and be placed in the service of achieving SDG5.

What is conditionality?

The practice of attaching conditions to social policies is not new, but it is gaining in popularity. There are three types of conditions used in relation to social protection policies: *status conditions*, which are used to establish eligibility (e.g. access to a benefit may be conditional upon residence in a particular area, on age, or on gender); *needs conditions*, which relate to the reason why someone would make a claim to the benefit (e.g. beneficiaries may be required to demonstrate that their level of income falls below an established threshold); and *conduct conditions*, which outline specific behavioural requirements attached to receipt of the benefit (e.g. a potential beneficiary may be required to demonstrate that they have sought out work, or refrained from taking drugs).⁴ Many programs use multiple kinds of conditions in tandem. *Conduct conditions* are the focus of this paper because of their increasing popularity, and their orientation towards women's conduct, especially in the context of global health and development goals.

When conditions are used to provoke changes in people's behaviour, they are frequently accompanied by punitive enforcement measures. If the condition is not met, the benefit may be suspended or permanently revoked. In the case of CCTs, when mothers do not comply with the conditions that their children regularly attend school and health appointments, or if they fail to use prenatal care services, they may be removed from the program.

In some instances conditions are not rigorously enforced, as is the case in the Brazilian CCT program, where state officials conceive of conditions as a mechanism by which to gain an understanding of shortfalls in public service provision.⁵ Non-compliance is understood as a "flag of additional vulnerability" and beneficiaries who do not comply are in the first instance provided with additional, individual social supports. In other CCT programs, women's compliance with conditions is closely monitored and the state does not make a link between non-compliance and service quality; conditions must be met, service quality notwithstanding (a point elaborated below).

Why impose conditions?

Conditions are imposed for a wide range of technical and political reasons, some progressive and others regressive.⁶ For example, many researchers argue that conditions are imposed in order to win and retain

⁴ Watts, B., & Fitzpatrick, S. (2018). *Welfare Conditionality*. New York: Routledge.

⁵ Bastagli, F. (2000). Conditionality in Public Policy Targeted to the Poor: Promoting Resilience *Social Policy and Society*, 8(1), 127–140.

⁶ Watts and Fitzpatrick (2018).

public support for social spending.⁷ This line of thinking assumes that a voting public prefers to see poor people demonstrate deservingness (a willingness to improve) for benefits. That said, to date there is no conclusive evidence that conditions have ever led to greater political support for social spending in the low- and middle-income countries where CCTs are most prevalent.⁸

Conditions are also frequently related to austerity measures. When strict conditions are applied, fewer people will receive the benefit, which in turn reduces costs to the state. For instance in the 1990s in the US, politicians' promises to reduce the number of welfare recipients effectively dovetailed with the strict use of a variety of conditions, with the result that far fewer people benefit from welfare today than in the past. However, a global perspective suggests that austerity is not a universal motivation for imposing conditions. In high income countries that historically invest heavily in social protection such as Denmark, conditions are used to justify and protect the safety net.⁹ Another justification for imposing conditions is to help people make better decisions for themselves, their children, and society more broadly. This logic holds that people often struggle to make what experts deem to be sound long-term investments, particularly when they live in difficult contexts. In the global south and north, conditions may be linked with genuine intentions to deter people from self-harm or from harming their children, or to achieve commonly held goals of social cohesion or development (e.g. requiring immunization has positive benefits for society at large).¹⁰ There are a number of criticisms of this approach, including that it locates the drivers of poverty in the 'misguided choices of poor people,' rather than emphasizing the structural state of affairs that sustain deeply rooted inequalities.¹¹

In the case of CCTs, health and education related conditions are intended to build human capital and thus to promote resilience among poor households. To be precise, children and adolescents are typically the intended beneficiaries of CCTs—even in the case of prenatal services, the intended beneficiary is the 'unborn child'.¹² Given these aims, the fact that women are typically given cash and expected to meet conditions, has led a number of feminist scholars and activists to critique a blatantly instrumentalist approach to women.¹³ As Maxine Molyneux aptly put it, CCTs position women as a means to an end, as:

⁷ Fiszbein, A., & Schady, N. R. (2009). *Conditional cash transfers: reducing present and future poverty*. The World Bank.

⁸ Kidd, S. (2016). *To Condition or Not to Condition: What is the Evidence?* Development Pathways, No. 20.

⁹ Watts and Fitzpatrick (2018).

¹⁰ Watts and Fitzpatrick (2018).

¹¹ See for instance: Molyneux, M., Jones, N., & Samuels, F. (2016). Can cash transfer programmes have 'transformative' effects?. *The Journal of Development Studies*, 52(8), 1087-1098; and Bradshaw, S., & Viquez, A. Q. (2008). Women beneficiaries or women bearing the cost? A gendered analysis of the Red de Protección Social in Nicaragua. *Development and Change*, 39(5), 823-844.

¹² Molyneux, M. (2006). Mothers at the service of the new poverty agenda: progresas/oportunidades, Mexico's conditional transfer programme. *Social Policy & Administration*, 40(4), 425-449. See also: Jenson, J. (2009). Lost in translation: The social investment perspective and gender equality. *Social Politics*, 16(4), 446-483.

¹³ See for example: Bradshaw, S., & Viquez, A. Q. (2008); Cookson, T. P. (2018). *Unjust Conditions*. Oakland, CA: University of California Press; Molyneux (2006); Tabbush, C. (2010). Latin American women's protection after adjustment: a feminist critique of conditional cash transfers in Chile and Argentina. *Oxford Development Studies*, 38(4), 437-459.

“mothers at the service of the state.” They also risk creating a perception of “bad motherhood” when women are unable or unwilling to comply.

Benevolent or strategic intentions notwithstanding, imposing conditions can have serious unintended consequences, many of which are deeply gendered. Evidence of these consequences is growing, and ultimately the design of social protection systems should reflect this evidence base.

What does the evidence say?

It is fair to suggest that the current enthusiasm for conditionality stems at least in part from the large body of evidence that casts Latin American CCTs in a positive light. Indeed, CCTs are among the most evaluated social programs on the planet, as evaluations are commonly built into program administration at the outset. Most of this evidence is quantitative, much of it generated with experimental methods such as randomized control trials, or quasi-experimental methods. This literature is largely concerned with measuring primary program objectives related to household consumption and the uptake of health and education services.

While acknowledging some variation related to program design, the existing quantitative evidence tells us that CCTs are, overall, effective and efficient mechanisms for altering the health- and education-seeking behaviour of poor households. CCTs are effective at increasing utilization of health services and increasing household food consumption.¹⁴ Where conditions have been imposed with the goal of reducing maternal mortality, they have effectively increased pregnant women’s use of health services, including antenatal care and in-facility births.¹⁵ Studies also show that CCTs are effective at increasing school enrolment.¹⁶ In all cases, there is some variability related to gender, age, ethnicity, and location, but overall the evidence indicates a positive uptake.

The evidence is also very clear that CCTs provide important material support to poor families.¹⁷ In Egypt, a CCT program provided mothers with the resources to pay for food and family leisure activities, and to save up for home improvements.¹⁸ In Peru, women reported that the bi-monthly cash stipend was “a little bit of help” in a political economy that made it extremely difficult for rural people to profit off of farming, or find decent paid employment elsewhere.¹⁹ Research from Mexico found that women relied

¹⁴ See for example: Attanasio, O., et al. 2005. *The Short-Term Impact of a Conditional Cash Subsidy on Child Health and Nutrition in Colombia*. London: Institute of Fiscal Studies; and A. M. H. C. de Oliveira. 2008. “Avaliando Resultados de um Programa de Transferencia de Renda: O Impacto do Bolsa-Escola sobre os Gastos das Famílias Brasileiras.” *Estudos Economicos* (Sao Paulo), 38 (2): 235–265.

¹⁵ See for example: Lim, S., et al. 2010. “India’s Janani Suraksha Yojana, a Conditional Cash Transfer Programme to Increase Births in Health Facilities: An Impact Evaluation.” *The Lancet* 375 (9730): 2009–2023; Glassman, A., et al. 2013. “Impact of Conditional Cash Transfers on Maternal and Newborn Health.” *Journal of Health, Population, and Nutrition* 31 (4, S2): S48–S66.

¹⁶ Cardoso, E., and A. P. Souza. 2003. *The Impact of Cash Transfers on Child Labor and School Attendance in Brazil*. Working paper, Vanderbilt University.

¹⁷ For a review, see: Kabeer, N., and H. Waddington. 2015. “Economic Impacts of Conditional Cash Transfer Programmes: A Systematic Review and Meta-analysis.” *Journal of Development Effectiveness* 7 (3): 290–303.

¹⁸ Sholkamy, H. (2011). *How Can Social Protection Provide Social Justice for Women? Pathways of Women’s Empowerment*.

¹⁹ Cookson, T. P. (2018). *Unjust Conditions*. Oakland, CA: University of California Press. Available Open Access.

on the CCT in a context where unemployment was high and the available jobs come with hours (10-12 per day) that are prohibitively long for women with children.²⁰ The cash also helps mothers cover the costs of feeding, clothing, and equipping children with school supplies when their fathers migrated to the US or Canada and had not yet been able to send home remittances. In all of these cases, however, the positive impact is related to the benefit received, not the condition that was imposed. *Unconditional* cash transfer programs provide similar positive effects on women's ability to purchase goods for their families.

Despite these positive effects, even the proponents of CCTs raise some concerns. First of all, the jury is out with respect to which components of CCT programs – the conditions, the cash, or the messaging – produces positive effects. Generalized claims about the positive economic impacts have been questioned on the basis that most evidence to this effect comes from the Mexican program and may not hold for other countries.²¹ Research also increasingly draws a question mark over long-term outcomes, for which the available evidence is at best mixed and remains largely inconclusive.

It is clear that in addition to pushing people to *use* services, the *quality* of those services also influences the substance and durability of positive outcomes.²² For instance, even in cases where CCTs have had significant positive impacts on use of antenatal care services and in-facility births, researchers emphasize the need for women who attend health facilities to receive at least minimum- quality obstetric care. As we shall see below, the qualitative evidence base has been particularly illuminating with regard to the relationship between social protection and women beneficiaries' experiences of accessing public services and infrastructure.

Looking beyond CCTs, a landmark mixed-methods study of welfare conditionality in North America, Australia, and Europe recently found that the evidence for conditions is quite mixed.²³ While imposing conditions can certainly reduce the number of people relying on social safety nets, it is unclear whether those people have actually managed to overcome poverty (which the researchers see as unlikely), or if they have fallen through the cracks due to their inability to meet stringent conditions. This is the case in welfare-to-work programs common in the US and UK, and also in interventions to reduce homelessness or to improve child welfare. In Australia, a conditional program to improve childhood immunization rates is largely regarded as successful, but a similar intervention to boost school attendance did not register a significant impact.²⁴

Perhaps the most troubling evidence concerning conditional welfare programs, across high- and low-income country contexts, has to do with unintended consequences. In their review of welfare conditionality in high-income country contexts, Watts and Fitzpatrick found “considerable evidence of

²⁰ Haenn, N. (2018). Mexican Anti-poverty Program Targeting Poor Women May Help Men Most. *News Deeply*. Published July 24, 2018.

See also: Radel, C., Schmook, B., Haenn, N., & Green, L. (2017). The gender dynamics of conditional cash transfers and smallholder farming in Calakmul, Mexico. *Women's Studies International Forum*. Vol. 65 pp. 17-27.

²¹ Kabeer and Waddington (2015).

²² Cecchini, S., and F. V. Soares. (2015). “CCTs and Health in Latin America.” *The Lancet* 385 (9975): e32–e34.

²³ Watts and Fitzpatrick (2018).

²⁴ Taylor, D.R., Gray, M., Stanton, D. (2016). New conditionality in Australian social security policy. *Australian Journal of Social Issues*, 51(1), 3-26.

financial hardship and material deprivation imposed by sanctions on some welfare recipients, particularly those who are most vulnerable, as well as significant impacts on mental and physical health, and some suggestion of ‘scarring effects’ that damage relationships between service providers and service users.”²⁵ While this study did not focus on the specifically gendered impacts of conditionality, a robust body of evidence from CCT programs provides these insights.

Unintended Gendered Consequences of Conditionality

1. Poor quality services: Conditions are often imposed to encourage use of health and education services in poor communities where uptake is historically low. In theory, conditionality can be used to improve service provision. However, in practice, CCTs are typically administered and studied in isolation from these public services, not to mention the infrastructure that beneficiaries must access in order to arrive at them. In some cases, agreements are signed between government bodies to coordinate the CCT program and its related services, such as health and education. Yet these agreements among government agencies are not always implemented in practice.²⁶

In some cases, subsidies are granted to service providers and performance-based mechanisms are used to stimulate improvements to service provision.²⁷ Yet increased demand for services has infrequently resulted in improvements to service supply. Drawing on comparative social spending data from across Latin America, development economist Lena Lavinas illustrated that while many CCT programs have increased demand services, governments and CCT funders such as the World Bank have not met that demand with a proportionate investment in service supply:

It is true that total social spending has risen sharply in Latin America. Between 1990–91 and 2008–09, according to ECLAC, average annual per capita expenditure went from \$318 to \$819, and the size of social spending as a share of GDP rose by 6.6 percent, accounting for 63 percent of all public expenditure in 2008–09, as against 45 percent in 1990–91. The trend certainly looks very positive. Nevertheless, this growth has been unbalanced: monetary benefits have registered greater increases than other modalities of public provision, such as spending on education, healthcare or housing. . . . [M]onetary income transfers—either contributory, as in pensions, or means-tested benefits—accounted for over half the overall increase in public social spending, rising as a share of GDP by 3.5 percent between 1990–91 and 2008–09. *By contrast, spending on health rose by only 1 percent over twenty years, and on housing by a mere 0.4 percent* (emphasis added).²⁸

As Lavinas aptly states, there is a “flagrant contradiction in governments establishing CCT programs that require medical visits, when they have made little effort to provide better public healthcare.”

²⁵ Watts and Fitzpatrick (2018), p.112.

²⁶ Cookson (2018).

²⁷ Bastagli (2009).

²⁸ Lavinas, L. (2013). “21st Century Welfare.” *New Left Review* 84 (November–December): 5–40.

In practice, this means that women are pushed to confront poor quality services, including staff shortages in clinics,²⁹ and stock outs of medicines and other medical supplies that are vital for dealing with such serious medical events.³⁰ For rural women in particular, arriving at clinics that are located far from their homes requires overcoming infrastructural barriers such as lack of transportation and roadways, and often going on foot. Women may arrive to a clinic only to find it closed, and are then expected – as the conditions require - to return until she finds it open and her compliance can be registered. This can entail long bouts of walking and waiting for attention from health staff, school staff, and CCT staff.³¹ Beyond the gross wasting of women’s time, there are also far more serious implications to incentivizing the access of poor quality services: research in Mexico found pregnant or post-partum women faced risk of physical harm or even death when they showed up at clinics that were too poorly resourced to help them in cases of haemorrhaging or other obstetric complications.³²

In Peru, mothers who had been protesting an ongoing “teacher shortage” wittily suggested that perhaps the teachers’ attendance should be monitored.³³ Research on the Egyptian CCT noted that “women are often pushed into accessing poor quality services without voice or choice, in order to continue receiving what are usually very precious, yet small cash payments.”³⁴ While CCTs are based on the notion of ‘co-responsibility,’ it is overwhelmingly the case that it is only households – women – who are sanctioned for non-compliance. When services are poor, the state does not suffer punitive measures itself.

2. Discrimination, abuse, and shame: The experience of discrimination and shame is evidenced in low, middle, and high income country contexts. CCT recipients report being treated poorly by service providers on account of their poverty, ethnicity, and language.³⁵ This should not be surprising, given that discrimination and abuse against poor women and especially those who are indigenous or of an ethnic or racial minority was well documented prior to the implementation of CCT programs.³⁶ While women who are able to meet the conditions may feel pride in having earned the benefit, those who cannot may experience shame.³⁷

A study examining the difference between conditional and unconditional cash transfers in Malawi found that the CCT had an unintended negative impact on adolescent girls’ mental health – “increased

²⁹ Molyneux, M., and M. Thomson. 2011. *CCT Programmes and Women’s Empowerment in Peru, Bolivia and Ecuador*. CARE International Policy Paper. London: CARE International. See also: Cookson (2018);

³⁰ Mills (2017).

³¹ See for example: Balen, Maria Elisa (2018) “Queuing in the sun: the salience of implementation practices in recipient’s experience of a CCT” in *Cash transfers, the revenge of contexts*. London and New York: Berghahn Books; and Cookson 2018.

³² Mills (2017).

³³ Cookson (2018).

³⁴ Sholkamy (2011), p.8.

³⁵ See for example: Balen 2018; Cookson 2016; 2018; Molyneux and Thompson 2011.

³⁶ See for example: Jewkes, R., Abrahams, N., & Mvo, Z. (1998). Why do nurses abuse patients? Reflections from South African obstetric services. *Social science & medicine*, 47(11), 1781-1795; and Ewig, C. 2010. *Second-Wave Neoliberalism: Gender, Race, and Health Sector Reform in Peru*. University Park: Pennsylvania State University Press.

³⁷ Arriaga, G. (2018). The hidden injuries of conditional cash transfer programs and how they can be righted. *Social Policy Association*.

psychological distress” – as the amount of the conditional transfer increased.³⁸ The researchers hypothesized that this could be because the girls felt pressure to deliver the material help to their families; others have hypothesized that they were obliged to attend schools where incidences of physical and sexual harassment were common.³⁹ The experience of shame and its deleterious effects on mental health and wellbeing were also registered among recipients of conditional programs in high-income countries such as the UK and US.⁴⁰

3. Increased work burden: The imposition of conditions increases women’s unpaid work burden, which is already higher than men’s and a persistent driver of gender inequality. Evidence shows that CCTs increase the amount of time women spend on the care and reproduction of their families.⁴¹ In Ecuador, women CCT recipients spent 41 hours per week on unpaid care work versus the 33 hours per week spent on unpaid care work by women in the same income group who were not CCT recipients.⁴² Research in Mexico found that the amount of time it took to meet conditions forced female participants into choosing between paid employment and continued receipt of a stable benefit, and women were removed from the program for failing to meet conditions while they were at work.⁴³ The increase in unpaid work burden is likely experienced differently by urban and rural women, who may have different access to public services and infrastructure. In an urban community the clinic may be located around the corner, yet in rural communities, women may have to walk for several hours to meet a program conditions. Similarly, uneven access to electricity, water and sanitation make meeting conditions related to nutrition, hygiene and health all the more challenging.

Researchers have also found that the effort required to remain in CCT programs often extends beyond the reasonable set of health and education related conditions. Women often serve as ostensibly ‘volunteer’ coordinators of CCT-related activities.⁴⁴ In Mexico, this take one to two days of work per month.⁴⁵ In rural Peru, the state relied on the unpaid labour of CCT recipients called Mother Leaders, who helped the poorly-paid frontline staff to monitor and enforce conditions. In these cases, women’s unpaid labour subsidizes the cost of implementing the CCT programs.⁴⁶

³⁸ Baird, S., De Hoop, J., & Özler, B. (2013). Income shocks and adolescent mental health. *Journal of Human Resources*, 48(2), 370-403.

³⁹ Kidd (2016).

⁴⁰ Watts and Fitzpatrick (2018).

⁴¹ CEPAL (2013). Annual Report 2012. A look at grants: Support and burden for women. Gender Equality Observatory of Latin America and the Caribbean. Santiago: United Nations; and Gammage, S. 2011. “Conditional Cash Transfers and Time Poverty: An Example from Guatemala.” In *Cuadragésima sexta reunión de la Mesa Directiva de la Conferencia Regional sobre la Mujer de América Latina y el Caribe*. Santiago: Economic Commission for Latin America and the Caribbean.

⁴² CEPAL (2013).

⁴³ Arriaga (2018).

⁴⁴ Balen (2018).

⁴⁵ Schmook, B., Haenn, N., Radel, C. and Navarro-Olmedo, S. (forthcoming). Empowering women? Conditional cash transfers in Mexico. In *Cash from the government in Latin America*. Eds. Balen, M.E. and Fotta, M. New York: Routledge.

⁴⁶ Cookson (2018).

4. Coercive implementation practices: Several reviews of CCT programs have found that beneficiaries and service providers are often misinformed or uncertain about what specific behaviours are, and are not, program conditions. For the mothers, this is often no fault of their own. As a result, the implementation and monitoring of conditions can engender a power dynamic that one observer in Peru called “development through fear.”

Research in Peru found that conditionality was frequently manipulated by local managers, government officials, other social programme workers, teachers, principals and health clinic staff to push women to do things that the CCT program did not officially require of them. In addition to the set of health and education related conditions, women also reported being required to: grow a garden (in the absence of a consistent water supply); give birth in a health clinic; keep hygiene instruments (toothbrush, soap) organized; cook for the school lunch programme; have a latrine; use the state child-care programme; participate in political parades and cultural celebrations; paint the Juntos flag on their house; contribute to the medical costs of a neighbour’s broken leg; use a smokeless stove; attend hygiene trainings; participate in a regional cooking fair; attend a literacy workshop; produce handicrafts; and “do whatever the local manager tells me to.”⁴⁷

These extra-official conditions have been called “shadow conditions” because in practice, women found them indistinguishable from what the policy actually required.⁴⁸ Shadow conditions have been documented in Colombia, Uruguay, and in Mexico, where women attended “zumba” exercise classes and participated in group walks after their doctors threatened them with removal from a CCT program.⁴⁹ In addition to wasting women’s time, this coercive dynamic undercuts the more empowering aspects of CCT programs – namely, the monetary support offered by the cash. This is significant in part because social protection has been recognized as an important tool to increase women’s autonomy from their intimate partners, their male relatives, and the state.⁵⁰ The coercive power of conditions undercuts opportunities to increase women’s autonomy. These coercive dynamics are a direct result of imposing and enforcing conditions. Gendered, ethnic and racial stratifications mean that there may be too little political will to address these coercive practices, or even to recognize them as problematic.

An example from Egypt, where a CCT was designed “from women’s point of view,” suggests that some of the unintended consequences of conditionality can be avoided.⁵¹ Program design entailed asking intended beneficiaries about the realities of their everyday lives. Coercive practices seem to have been largely avoided, because women self-report on their own compliance. Additionally, the CCT program includes collective sessions for groups of beneficiaries to create a process of internal governance and facilitate collective action among women. The social workers tasked with frontline implementation of the program are themselves mostly low-income women. These gender-sensitive features resulted at least in

⁴⁷ Cookson (2018).

⁴⁸ Cookson (2016; 2018).

⁴⁹ Schmook et al (forthcoming).

⁵⁰ CEPAL (2018).

⁵¹ Sholkamy (2011).

part from a more participatory program design process that involved feminists, academics, NGOs, social workers and women in intended beneficiary communities. In this instance, conditions enabled women to make decisions about how to spend the money that would otherwise require a male or older person authority and approval.

Looking forward: Social protection for gender equality

It is clear that conditions can mobilize women to meet development goals. Yet as the evidence in this paper has detailed, in a diverse range of country contexts, conditionality is implemented and experienced in ways that diverge significantly from policy intentions. In part, this is because programs that impose conditions are infrequently designed in ways that show concern with women's experiences or, more broadly, the relationship between poverty, vulnerability and gender inequality. Given the rich insights of feminist research, social protection programs should:

- be unconditional, which is in keeping with human-rights arguments relating to universality⁵²;
- be informed in design and evaluation by sex-disaggregated time-use surveys;
- be informed in design and evaluation by gender-sensitive, qualitative research;
- have accessible, reasonable mechanisms for women to register complaints, and have those complaints feed into program redesign⁵³; and
- be accompanied by appropriate, gender-sensitive investments in quality, accessible, and affordable public services and infrastructure.

Ensuring social protection coverage for all women and men, and all boys and girls, is a key element in achieving many of the sustainable development goals. However, SDGs 3 and 4, related to health and education, should not come at the sacrifice of SDG 5, gender equality.

⁵² Sepúlveda, C., and Nyst, C. (2012). The Human Rights Approach to Social Protection. Ministry for Foreign Affairs, Finland.

⁵³ Holeman, I., Cookson, T. P., & Pagliari, C. (2016). Digital technology for health sector governance in low and middle income countries: a scoping review. *Journal of global health, 6*(2).