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**INTERACTIVE EXPERT PANEL
ON THE PRIORITY THEME**

*Social protection systems, access to public
services and sustainable infrastructure for
gender equality and the empowerment of women
and girls:*

Harnessing synergies and securing financing

**Social protection and public services: tensions and synergies in the age
of conditional cash transfers**

by

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

I. YESENIA'S STORY

In July of 2013, I huddled closely with Yesenia, a mother of two and a respected community leader. We sat on a low wooden bench in the quiet green courtyard behind her modest home, high in the brown Andes mountains.

I met Yesenia while doing research on a wildly popular social protection scheme called a conditional cash transfer program. Like thousands of mothers across the Global South, she received a monthly cash benefit if she met a set of conditionalities, like sending her children to school and taking them for regular health check-ups.

I had called Yesenia earlier that morning, hoping for one last visit before I returned home. She was unusually upset when she answered the phone, and so I immediately set out for her house, collecting her young neighbor Judit along the way. We found Yesenia alone, under her Andean eggplant tree, folded over in despair. Yesenia confided that she had been diagnosed with breast cancer. Sobbing, she clutched my hand to her breast, asking if I could feel the noxious lump.

The nearest cancer treatment centre was a day's bus-ride away. Going there would mean leaving her two children behind, and her husband migrated for away for work; so who, she wept, would care for her daughters?

There was also the issue of finances. Yesenia worked as an unpaid caregiver in the government's early childhood education program. The money that she received from the cash transfer helped her provide for her children, but it wasn't enough to cover the cost of travel and lodging in another city. Even worse, if she wasn't able to meet the program's conditionalities, she risked losing that income altogether.

Later, on our way down the hill from Yesenia's house, Judit remarked to me that for women in Yesenia's shoes, "the only option is to die or hope that God saves you."

When I looked at conditional cash transfers at the level of the individual woman, it became immediately clear that Yesenia was not at all unique. Conditionalities, lauded by policymakers as the closest thing we've got to a magic bullet in development, are actually creating significant harms that go uncounted.

II. CONDITIONALITIES

Governments and donors globally are investing in these programs in order to break cycles of poverty, to build human capital, and meet the SDGs. There's lots of experimental research showing that conditionalities effectively generate demand for health and education services in places where demand is historically low.

But women's actual experiences of meeting conditionalities show that we're collecting the wrong data.

Another body of research, of which mine is a part, has separated out the cash transfers from the conditionality. We've learned that the cash helps families afford basic goods, and that this element of the programs should be celebrated, expanded and preserved.

We've also learned that imposing conditionalities has unintended consequences, inefficiencies, and hidden costs. And to meet the SDGs—and achieve gender equality—we need to address these.

So what exactly have we learned about conditionalities? Today I'll share three findings.

First: Conditionalities mask poor service quality. Studies in Latin America,¹ South Asia,² Southeast Asia,^{3,4} and Africa⁵ show that where governments use conditionalities to generate demand for health and education services, they do not adequately invest in improving service supply.

This means that things don't look so magical on the ground:

In rural places, pregnant women and mothers with children can walk for hours to reach the nearest health clinic. They often arrive to find it closed or unable to serve them because of short-staffing and absenteeism. In order to meet the program conditionalities, they have to return again, and again, until they find the clinic open.

Women send their children to school, but that doesn't guarantee them an education. In my own research a mother named Paloma organized all the parents in her village to travel to the district capital and protest a nation-wide teacher shortage. Noting the irony of the situation, Paloma suggested that maybe the government needed their own compliance monitored.

In effect, rather than empowering women to achieve better health and education, the conditionalities incentivize women to waste their own time.

The second research finding: Conditionalities create opportunities for coercion. Program conditionalities are frequently manipulated by program staff, government officials, other social programme workers, teachers, principals, and health clinic staff, who use the threat of program suspension to get women to do things that the CCT program does not officially require of them.

I call these activities "shadow conditions" because for many women the line between what is officially required and what more powerful people tell them to do is often blurry.

¹ Lavinas, L. (2013). 21st century welfare. *New Left Review*, (84).

² Dominic Montagu, May Sudhinaraset, Nadia Diamond-Smith, Oona Campbell, Sabine Gabrysch, Lynn Freedman, Margaret E Kruk, France Donnay; Where women go to deliver: understanding the changing landscape of childbirth in Africa and Asia, *Health Policy and Planning*, Volume 32, Issue 8, 1 October 2017, Pages 1146–1152, <https://doi.org/10.1093/heapol/czx060>

³ Triyana, M., & Shankar, A. H. (2017). The effects of a household conditional cash transfer programme on coverage and quality of antenatal care: a secondary analysis of Indonesia's pilot programme. *BMJ open*, 7(10), e014348.

⁴ Hadna, A. H., & Kartika, D. (2017). Evaluation of poverty alleviation policy: Can conditional cash transfers improve the academic performance of poor students in Indonesia?. *Cogent Social Sciences*, 3(1), 1295548.

⁵ Dominic Montagu, May Sudhinaraset, Nadia Diamond-Smith, Oona Campbell, Sabine Gabrysch, Lynn Freedman, Margaret E Kruk, France Donnay; Where women go to deliver: understanding the changing landscape of childbirth in Africa and Asia, *Health Policy and Planning*, Volume 32, Issue 8, 1 October 2017, Pages 1146–1152, <https://doi.org/10.1093/heapol/czx060>

On the slide you'll see shadow conditions from countries around the world. Under threat of suspension, conditional cash transfers recipients are told to participate in political parades; paint the program logo on their houses; clean public spaces; and "do whatever the local manager tells me to."

Some of these activities may be enjoyable or beneficial; others are shameful, undignified, and stigmatizing. In the absence of quality services and infrastructure, some, like giving birth in the nearest health facility—are dangerous. *All of them* are coercive and all of them drain women's time—without ensuring that the *actual development goals are met*.

The third research finding: Cash transfers provide critical economic support to individuals and families who are pushed into poverty. But conditionalities take the "protection" out of social protection, and they remove the "safety" from safety net.

What happens when opportunities for temporary paid work conflict with conditionalities? What happens when other life events—like illness—make complying with conditionalities difficult or impossible? In these cases women like Yesenia worried that they'd lose the little support that the transfer consistently provided.

We know that all over the world, in every country, women provide unpaid care for others. But what about protection for these women?

Nearly four years after Yesenia had shared her fear of being unable to care for her children, I found myself back in her courtyard. On this visit, Yesenia looked happy and strong. She had survived. Yesenia recounted how she had in the end sought treatment at the public hospital in the country's capital city.

To access care, she endured 18-hour bus rides between rounds of chemotherapy and radiation, and like the others seeking treatment, she queued out front of the hospital for hours, in the rain and in the sun, patiently waiting for care.

Yesenia also owed her survival to the unpaid care of her sister, who had migrated to the capital years previous in search of work. Yesenia's sister housed her, fed her, and nursed her throughout the course of her treatment. Yesenia's time, and her sister's unpaid labour subsidized the inadequate investments in the very system we are discussing today.

III. CONCLUSION AND RECOMMENDATIONS

The evidence suggests that mothers will go to great lengths to seek poor or non-existent care if we apply conditionalities. But that isn't going to help us meet the SDGs, and it sure isn't going to help us achieve gender equality

So what do we need to do?

Make social protection unconditional. I hope that the Commission will come up with a recommendation to this end. Studies on *unconditional* cash transfers show that they can be just as effective at enabling families to buffer some of poverty's more acute effects.^{6,7,8}

Invest in improving the quality and accessibility of public services and infrastructure, including in professional caregivers. The money exists—what we need is the political will to find it. Conditionalities, for example, are expensive to administer. Implementing unconditional cash transfers reduces costs.

And finally, we should be designing social protection systems with women's everyday lives at the centre. The voices of mothers like Yesenia and Paloma are loud, clear, and paint a telling picture of what's broken with conditionality. And it's in that kind of data where we'll learn what's required for a more just and caring future.

⁶ Kilburn, K., Handa, S., Angeles, G., Mvula, P., & Tsoka, M. (2017). Short-term impacts of an unconditional cash transfer program on child schooling: Experimental evidence from Malawi. *Economics of education review*, 59, 63-80.

⁷ Huda, T. M., Ashrafal Alam, T. T., Hasan, M. M., Khan, J., Rahman, M. M., Siddique, A. B., ... & Dibley, M. J. (2018). Mobile-based nutrition counseling and unconditional cash transfers for improving maternal and child nutrition in Bangladesh: pilot study. *JMIR mHealth and uHealth*, 6(7).

⁸ Natali, L., Handa, S., Peterman, A., Seidenfeld, D., & Tembo, G. (2016). *Making money work: unconditional cash transfers allow women to save and re-invest in rural Zambia* (No. inwopa827).