What it involves: Cash transfers are social protection programmes often targeted to women in a household with the aim of reducing poverty, building human capital (e.g. sending girls to school) and enhancing food security. They operate in more than 40 countries, primarily in Latin America and increasingly in Africa and Asia, and are estimated to reach over a billion people from low- and middle-income countries. A number of these programmes provide a cash grant to the household conditional upon certain pro-social behaviours, such as women giving birth in institutional settings, keeping girls in school, ensuring children are immunized and reducing risky sexual behaviours (verified by STI tests). These are known as conditional cash transfers.

Summary of the evidence: There is increasing evidence that cash transfer programmes generally improve child health outcomes and uptake of services for pregnant women and children as well as increase school enrolment for girls (78, 79). A literature review of cash transfer programmes and their impact on prevention of sexual transmission for HIV suggests that they may hold promise in reducing sexual risk behaviour, particularly among adolescents and young women in low- and middle-income countries, by addressing structural risk factors such as poverty (80). Two cluster-randomized trials, from Malawi and the United Republic of Tanzania, show that cash transfers – conditional on keeping girls (aged 13–22) in schools and on young adults (aged 18–30) remaining free from STIs respectively – can reduce STI and HIV prevalence and risky sexual behaviours (81, 82). However, these trials do not examine reductions in violence, nor do they challenge unequal power relations between men and women. The assumption is that enrolment and retention in schools would have a transformative effect on health-related behaviours of girls (for example by incentivizing girls to delay childbearing or marriage).

Conditional cash transfers have been criticized as placing an undue burden on women and perhaps exposing them to backlash from family and community members (80, 83). A few cash transfer programmes have examined partner/domestic violence as an outcome (28, 84). For example, evaluations of Mexico’s PROGRESA/Oportunidades programme showed that while there was increased spousal violence in the short term, in the long term (i.e. five to nine years after the start of the programme) there was no difference in spousal violence rates among those women who participated in the cash transfer programme compared to those who did not (85, 86). A cluster-randomized controlled trial that examined the impact of Ecuador’s cash transfer programme for mothers on domestic violence found ambiguous results. For women with more than primary school education, cash transfers decreased intimate partner emotional violence, but for women with primary school education or less, the effect of the cash transfer depended on their education relative to their partners (86). See Annex 1.2 for examples of conditional cash transfer interventions.

Conclusion: The effectiveness of this idea for reducing violence against women is unclear because the evidence from Latin America is mixed and is based on weak evaluation designs. While conditional cash transfer interventions with strong evaluation designs from sub-Saharan Africa are promising in relation to improving HIV outcomes, they do not measure outcomes related to violence against women.
### Annex 1.2. Examples, programming idea 2: Cash transfers – conditional and unconditional

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<td>PROGRESA/Opportunidadess Mexico (85, 86)</td>
<td>Mothers of 25 million children from poor communities in rural Mexico – targeted to those with children attending primary and lower secondary school</td>
<td>Cash transfers from US$7 to 62.50 directed to mothers in eligible households, conditional upon children's school attendance, health checks and participation in health clinics for all family members</td>
<td>Non-experimental design (no comparison group) – two serial cross-sectional household relationships surveys in 2003 and 2006. Analysis compared beneficiaries to non-beneficiaries</td>
<td>Results of 2003 survey, measuring short-term impact: beneficiaries 33% less likely to experience physical partner violence than non-beneficiaries, but 60% more likely to receive threats of violence and emotional abuse from partners. Results of 2006 survey: no difference in violence outcomes between beneficiaries and non-beneficiaries. Small cash transfers decreased violence by 37%, but violence increased in households where woman entitled to large transfers. Limitation: Lack of baseline data; non-randomization; selection bias; no HIV outcomes, and violence, women’s empowerment or gender equality not explicit objectives.</td>
<td>In households where men had higher levels of education (and presumably more egalitarian gender attitudes) and where cash transfers involved small amounts, there was a decrease in violence. However, in households where men held more traditional gender attitudes and where the amount of cash transfers to women were large, men’s primary breadwinner status was threatened resulting in men trying to reassert their authority through the use of violence. In the long term, however, the intervention did not seem to have either a benefit or a negative impact in terms of prevailing violence among beneficiaries.</td>
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<td>Bono de Desarrollo Humano (BDH) Ecuador (84)</td>
<td>In 2003, BDH was rolled out gradually to all mothers from households in the two lowest wealth quintiles in the entire country</td>
<td>Cash transfers of US$15/month, which were meant to be for mothers whose children met certain health and schooling requirements. However, in practice, these conditions were not implemented, making BDH an unconditional cash transfer.</td>
<td>Cluster-randomized evaluation; 118 parishes from 6 provinces (3 coastal and 3 highland) randomized into treatment (79 parishes) and control groups (39). Baseline survey conducted in 2003–2004 with 3426 eligible mothers of which, only 2354 women living with partners eligible for the analysis on domestic violence. Follow up conducted in 2005–2006 with 2028 women living with partners of which, only 1254 were asked domestic violence questions. Outcomes: lifetime physical violence, current emotional violence, male controlling behaviour all stratified by education.</td>
<td>The cash transfer programme had no effect on any of the outcomes of domestic violence or controlling behaviours for mothers with six years or less of education. For mothers with more than six years of education, the cash transfer significantly decreases the likelihood of emotional violence by 8% and male controlling behaviours by 14%. For mothers with more than six years schooling, but who have less education than partners, the cash transfer leads to an even larger significant decrease in emotional violence by 27%, controlling behaviours by 17%. There is no significant effect of the cash transfer programme on physical violence for any group of mothers.</td>
<td>Like other studies on associations between women's income and domestic violence, this one is ambiguous about the impact of a cash transfer-based economic empowerment on partner violence. The impact of cash transfer on domestic violence may be driven by the household dynamics, community and other contextual factors. The study authors conclude that increasing women’s income may lead to opposing forces where, for some women who have outside marriage options, it may improve the relationship, but for others, their partners may use violence in order to exert even more control.</td>
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**Results & Limitations**

**Conclusions**

**Intervention and Location**

**Description of Beneficiaries**

**Content of Intervention**

**Evaluation Design & Outcomes**

**Results & Limitations**

**Conclusions**