

The unseen gender impact of conditionality: extra-official conditions

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Extra-official conditions - In Peru, as elsewhere, there is qualitative evidence that recipients of conditional cash transfers (CCTs), most of whom are women, perform a number of tasks that they understand to be required of them to receive the cash transfer but which do not actually feature in the design of the programme (for Peru, see Diaz, Huber, and Trivelli 2009; for Mexico, see González de la Rocha 2006, 129). Most often these tasks are imposed on CCT recipients by local managers who are responsible for implementation, and other empowered actors from distinct social programmes, health and education staff, and local government.

Cookson (2015) carried out extensive institutional ethnography research in the department of Cajamarca, Peru, which revealed extra-official activities required for Juntos recipients such as: having hospital births; participating in political parades; cooking for the State-run school meal programme Qali Warma; leaving their children at the State-run Cuna Más day-care centre; painting the Juntos flag on their houses; using a smokeless stove (cocina mejorada); building a latrine; keeping a vegetable garden; participating in cultural and micro-productive projects; having well-organised hygiene instruments; and contributing to the costs of a neighbour's broken leg.

While some of these tasks are potentially dangerous (trying to access a rural health clinic while in labour, with no access to transportation), others are time-consuming or stigmatising. Importantly, none of them contributes to achieving Juntos objectives. Rather, extra-official conditions highlight the exacerbation of unequal power relations in the implementation of a programme intended to provide social protection.

Implementation challenges - The challenges of accessing and implementing social protection in isolated rural areas are significant. Local managers (LMs) serve as the interface between rural women CCT recipients and the State. LMs communicate programme aims and requirements to CCT recipients, monitor compliance with conditionality and facilitate Juntos recipients' 'pay day'. Much as accessing health care and education is challenging for rural families, working conditions for programme implementers are also difficult. LMs manage up to thousands of CCT recipients spread out over rugged terrain, and must navigate the realities of scarce public investment in basic infrastructure, including transportation and mobile phone service. They often travel on foot and stay away from their families for extended periods of time. This context within which LMs work is significant to the creation of extra-official conditions. The institutional ethnography approach of the research identified four specific causes of extra-official conditions.

Under-resourced public services - According to agreements between the relevant ministries, school and health clinic staff are required to help LMs monitor CCT recipients' compliance by filling out forms used to track attendance at school and health appointments. However, in the context of budgetary constraints, health and education staff often fail to fill out the forms because they do not have time or they see it as falling outside the remit of their jobs. As a result, LMs gather attendance information themselves. This adds to the time they spend in the field, requires access to attendance records and, in the case of health, requires knowledge of medical terminology. To gain access to records and occasional

support, LMs create informal arrangements with health and education staff. For instance, LMs may agree to require CCT recipients to do 'voluntary' work for the school meal programme or give birth in health clinics.

Personal beliefs - Many extra-official conditions are viewed by LMs and other participating local authorities as benefiting CCT recipients or their families. Extra-official conditions may be viewed as improving children's nutritional health (vegetable gardens); preventing maternal mortality (clinic births); contributing to Juntos educational aims (using the day-care programme); or empowering women (micro-productive projects). To be sure, while outcomes may be disempowering or otherwise, the driving force is often rooted in good intentions.

Absence of citizen-centred accountability and transparency mechanisms - There are no appropriate mechanisms in place for Juntos recipients to file complaints or ascertain correct information pertaining to what is required of them. LMs serve as CCT recipients' central and often only point of contact with the programme. Regional Juntos offices are located far from where most recipients live. While there is a telephone number listed on the Juntos website for complaints, most CCT recipients do not own or have access to a computer. Additionally, many CCT recipients are illiterate. These factors limit or prohibit women from filing complaints.

Programme evaluations do not account for women's time - CCT programmes do not typically measure impacts on women's time. This is understandable, given the programmatic focus on children's health and education. However, the result is that critical impacts on women may be overlooked. Especially in rural areas, programme conditions add to the burden of women's unpaid care work. Extra-official conditions further increase women's time poverty. Failure to account for women's time means that debates around the appropriateness of conditionality do not sufficiently reflect women's well-being.

Bringing gender into the conditionality debate - The women who receive CCTs are already among the most marginalised. Conditionality in the context of scarce and poor-quality health services, social inequalities and rugged geographies risks deepening their marginalisation. Without adequate investment in services, conditionality can reproduce unequal power relations, exacerbate the time women spend on unpaid care, and distract from more meaningful uses of their time. Women's experiences of extra-official conditions should drive more gender-sensitive debates around the justification for conditioning social protection.

References:

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