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# Does the conditional cash transfer program empower women? Evidence from Ain El-Sira, Egypt

**Hassan H. M. Zaky**

The American University in Cairo (AUC), School of Humanities and Social Sciences, S.A.P.E. department, Psychology unit and the Social Research Center, and Cairo University, Faculty of Economics and Political Science, Department of Statistics, Egypt

**Email address:**

hzaky@aucegypt.edu

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**Abstract:** Several developing economies have introduced conditional cash transfer (CCT) programs, which provide money to poor families contingent on certain behavior, usually investments in human capital, such as sending children to school or bringing them to health centers. The approach is both an alternative to more traditional social assistance programs and a demand-side complement to the supply of health and education services. Unlike most development initiatives, conditional cash transfer programs have been subject to rigorous evaluations of their effectiveness using experimental or quasi-experimental methods. Evaluation results for programs launched in Colombia, Honduras, Jamaica, Mexico, Nicaragua, and Turkey reveal successes in addressing many of the failures in delivering social assistance, such as weak poverty targeting, disincentive effects, and limited welfare impacts. There is clear evidence of success from the first generation of programs in Colombia, Mexico, and Nicaragua in increasing enrollment rates, improving preventive health care, raising household consumption, and empowering women. Given the available data from Ain El-Sira in Egypt, this study contributes to the limited if not unavailable evidence on the impact of CCT on poor Egyptian families behavior with respect to various aspects such as female work, empowerment, violence, and family planning. This study will use the several data collection activities that were conducted in Ain El-Sira. There were a baseline survey before the implementation of the CCT program, mid-line survey (after 13 months of implementation) and monthly progress data collection for the 162 selected families.

**Keywords:** Conditional Cash Transfer Program, Female Empowerment, Egypt, Intervention Evaluation, Pre and Post Comparison

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## 1. Introduction

Conditional Cash Transfers (CCT) have grown in popularity since the success of Mexico's Oportunidades (formerly Progresa) that became a model for other countries in Latin America and other developing countries. The wider goals of CCTs have worked on changing the behavior of poor households. Although the main thrust was not women, a key feature of CCT programs was to promote female empowerment. Empowerment is defined as women's "choice, agency and power" to challenge their subordination through self-actualization, bargaining power and decision making power (Razavi, 1999; Sharma, 2008).

The claim that CCTs empower women in any given context has been a strong mechanism in gaining international support for CCTs (Shah, 2012). Giving cash

directly to women is justified in the literature since women are inclined to be more responsible than men to spend the cash subsidy on their children and for the benefit of their children (Bradshaw and Viquez, 2008). This emerged the "maternal model of care" by Molyneux (2006). However, some argue that this approach does little to suggest that women's individual needs are built into program design, and women are seen as instruments in development only (Latapi and de la Rocha, 2009). Adato (2006) argues there is difficulty in ascertaining whether women's new autonomy can be related to the CCT program or rather due to out-migration of males.

Owing to these different arguments, this study contributes to the limited if not unavailable evidence on the impact of CCT on poor Egyptian families' behavior with respect to various aspects such as female work,

empowerment, violence, and family planning. In different words, the research question does CCT, considered as a monthly exogenous income received by a beneficiary mother, positively affects her empowerment.

## 2. Data and Methodology

This study relies on the data available from the Ain El-Sira Experiment. This experiment was carried out in a Cairo slum to test the possible gender gains that could be made explicit in the CCT program in Egypt as a tool of social protection (Sholkamy, 2011). This program was undertaken by the Ministry of Social Solidarity in Egypt and its partners with the technical and research support of the Social Research Center of the American university in Cairo and the Pathways of Women's Empowerment. The objective of the program was to apply a CCT program in one urban area in Cairo as a pilot and a learning model for future scale-up implementation. The Ain El-Sira pilot program began with a baseline survey from which 163 families were selected to be included in the program based on some poverty criteria developed by the Ministry. These 163 families were given the CCT amount on monthly basis for 24 months. A follow-up survey in April 2011 was conducted after 13 months of start-up on the same families. The results presented in this study are the comparison of the progress achieved during the 13 month-period between the baseline and the follow-up surveys. Almost eighteen families either dropped out from the program or were lost to follow-up. The remaining families (145 families) are included in this analysis. It should be also noted that several cases of no response are detected in several questions. Accordingly, the number of families varies in the

analysis. The main issues for analysis here were mainly related to women's work, decision making within the family, violence against women, feeling of security, and children frequency of missing school

## 3. Results

Women are asked about their work at the beginning of the two-year period and later at the midline follow-up after one year (the 13<sup>th</sup> month). About 36 percent of women report that they were involved in work during the month preceding the survey at the base line compared to more than 40 percent after one year. The results also show that about 14 percent of the women were not working at the beginning of the program but were active after the start-up of the program. Not many non-working women were involved in a small project at home, however the results indicated that the share of those involved more than doubled during the period from below 6 percent to more than 12 percent. Among those who were involved in work during the 12<sup>th</sup> month period, half of them were working in a constant or permanent job (48.6 percent, 35 women). Among those 35 women, almost one-half of them were not working before or just worked in a seasonal job at the baseline. Although, the CCT program has shown some influence on women's work in the form of more female participation in work activities characterized by solid/permanent work, however, results show that the number of working days in the previous month decreased 20 percent from 20 days in the base-line survey to 16 days in the follow-up survey. Same results are shown for the number of working hours per day, as indicated in Table 1.

*Table 1. Work*

	Yes in Baseline		Yes in follow-up	No to yes	N
Work in previous month (%)	36.2		40.4	13.5	141
Have a small project (%)	5.7		12.4	9.5	105
Mean Working days last month	20.32	(P-value=0.015)	16.42		38
Mean working hours per day	7.44	(P-value=0.026)	6.44		38

The results clearly show that relatively fewer women think that it is the right of husband to hit his wife. At the baseline survey, more than one-half of the women reported that the husband has the right to hit his wife. On the other hand, this percentage decreased as almost one-third of the women in the follow-up survey reported that it is the right of the husband to hit his wife. Just below one-third of the women changed their views from agreeing to disagreeing to this right during the period of 13 months of CCT implementation (McNamara's test p-value =0.01). This result is supported by the fact that fewer women in relative terms were being always hit by their husbands (23 percent and 11.5 percent in the baseline and follow-up surveys respectively). It is clearly evident that women are getting more positive and getting help after any domestic violence.

Just above one-quarter of women who were exposed to violence reported they sought help during the baseline compared to almost 50 percent in the follow-up survey. They mainly sought the help of their parents. Those who positively changed their behavior towards seeking help where almost one-third among the women who were exposed to any type of violence during the one year period of observation (p-value of McNamara's test=0.01), as shown in table 2. Another sign of positive personality change, data are not shown, is that more women in relative terms submitted a request or complain to a government agency. The baseline indicated that just above one-quarter of women (26.8 percent) submitted a request or a complaint compared to more than one-third (38.7 percent) at follow-up. Almost one-quarter (23.9 percent) of all women had

reported not filing anything at the baseline but reported that they filed a request/complaint at follow-up (McNamara's test p-value= 0.04).

*Table 2. Violence against women*

	Baseline (%)		Follow-up (%)	Yes to no (%)	N
Is it the right of husband to hit wife (% Yes)	50.7	(P-value=0.01)	34.6	29.6	142
Husband always hits wife	23.0	(P-value=0.01)	11.5		139
Husband hits wife sometimes	11.5		12.9		139
Did wife go to someone for help after violence?(% Yes)	27.3	(P-value=0.01)	48.5	No to yes 33.3	33

Women are clearly gaining grounds in decision making process within the family. Both surveys included several questions about who makes the decision (wife, husband, both, or others) in a number of family issues. These issues include buying food, buying children clothes, buying the wife's clothes, buying children books and paying school fees, buying small things for home, buying expensive things, medical treatment for children, the wife's medical treatment, children allowance, and finally problems in school. Table 3 presents the percentages of wives who solely made the decision in those 11 issues. On average the decision making score of the wife increases significantly (paired t-test p-value=0.01). In 10 out of 11 issues, the wife

gains grounds in decision making. The greatest improvement in the wife's decision making is in the issue of school problems (from 59.9 percent to 88.7 percent). The least improvement is in the children allowance (from 73.8 percent to 75.9 percent). The general result indicates that the wife has more authority or autonomy to go outside the home and deal with the outside world, as indicated by the great improvements in the wife's decision making with respect to school problems, buying her own clothes, children's private lessons and her own medical treatment. The only issue that she lost ground in is buying expensive things (from 54.6 percent to 46.8 percent).

*Table 3. Decision making within the family*

Wife solely makes decision about:	Baseline (%)		Follow-up (%)	N
Buying Food	78.7		89.4	143
Buying Children clothes	73.0		80.9	143
Buying her own clothes	76.6		90.8	143
Buying children books and paying school fees	68.1		81.6	143
Buying small things for home	85.1		87.9	143
Buying expensive things	54.6		46.8	143
Medical treatment for children	68.7		73.7	143
Self medical treatment	71.6		85.1	143
Private lessons	65.2		80.9	143
Children allowance	73.8		75.9	143
Problems in school	59.9		88.7	143
<b>Decision making score</b>	7.7	(P-value=0.01)	8.5	143

Women participating in the program have been asked about their feelings of safety and security with respect to various items, namely their own house, personal life, family life, ability to satisfy children needs and then how their relationship with their neighbors was. Regarding their security and safety at home and personal life, the results do not indicate significant change between the baseline and the follow-up surveys as indicated in Table 4. On the other hand, the women's perspective of their own family life safety significantly increased from 77.5 percent in the baseline survey to 83.1 percent in the follow-up survey. Almost one-quarter (23.9 percent) of the respondents changed their feelings towards safety and security from

feeling insecure in the baseline survey to feeling safe and secured in the follow-up survey (McNamara's test p-value = 0.01). Regarding relationship with neighbors, almost one-fifth of the respondents reported no relationship with neighbors in both the baseline and follow-up surveys, as shown in Table 4. The shift is clearly shown among those who had at least good relationship with their neighbors. More women reported very good relationship and less women reported just good relationship. Almost 40 percent of women reported very good relationship in the follow-up survey while just below 50 percent (47.9 percent) reported just good relationship in the baseline survey.

**Table 4.** Feelings of security and relationship with neighbors

	Baseline		Follow-up	No to yes	N
Secure in house (% yes)	66.7		65.2		141
Secure in personal life (% yes)	66.2		64.1		142
Secure in family life (% yes)	77.5	(P-value=0.01)	83.1	23.9	142
Secure to satisfy children needs (% No)	14.8	(P-value=0.01)	29.5	Yes to no 22.5	142
Relationship with neighbors					
Very good (%)	21.1	(P-value=0.01)	39.4		142
Good (%)	47.9	(P-value=0.01)	29.6		142
No relationship (%)	21.8		18.3		142

Regarding women's reproductive behavior, it is evident that the program has no significant effect on the use of contraception. Among those women who were not pregnant and did not want to get pregnant, almost all women were using contraception, above 90 percent in both surveys, as shown in Table 5. The only change was that the husband gained some ground in the follow-up survey to jointly decide with his wife the use of contraception. The results indicate that the likelihood for the wife to share with the husband the decision to use contraception increased from 41.4 percent in the baseline survey to 64.3 percent in the follow-up survey.

**Table 5.** Use of contraception

	Baseline	Follow-up	N
Current use (% yes)	93.8	92.2	64
Decide about use of contraception			
Wife only (%)	44.3	25.7	70
Wife + Husband (%)	41.4	64.3	70

Finally, women were asked about the number of days their children were absent from school during the period between the baseline and the follow-up surveys. For this particular question women were followed up on monthly basis to check on their children frequency of absent days from schools. As shown in Table 6, it is evident that both the number of children absent as well as the mean number of days absent during the past month did decrease during the program implementation. In the first month, 220 children were absent during the month with a mean of almost five days. The number of children decreased to one-third in the second month. After six months, only 7 children were absent. After one year, only one child was absent for three days.

**Table 6.** Number of children and mean number of days absent from school during the previous month

Month	Number of children absent	Mean number of days absent
1	220	4.86
2	73	5.71
6	7	4.00
12	1	3.00

## 4. Discussion and Some Concluding Remarks

CCTs have been remarkable in a variety of ways. It is considered to be the most evaluated intervention in the developing countries (Fiszbein and Schady, 2009). The first generation of CCT programs in Columbia, Honduras, Nicaragua, and Mexico enforced the use of sturdy evaluations as a key element for informing program design and expansion. Almost all programs used randomized case-control designs as the main evaluation methodology underpinning a large-scale experiment. Program impact are measured by assessing whether a program changes the mean value of an outcome variable among participants compared with what the outcome would have been had they not participated. Randomized case-control designs involve the random assignment of individuals into the two groups. When randomization is not feasible, a quasi-experimental design is used to generate a comparison group through alternative means. For example, evaluation in Mexico's Oportunidades program used a random assignment case-control group comparison. Evaluation was done by organization external to the program. Data from the evaluation were made available to the public in the Internet for verification and that others could replicate. Impact evaluation in Mexico ranged from education, nutrition, consumption patterns, poverty, investment and savings behavior. Longer-term effects on education outcomes such as completed schooling and test scores were also evaluated (Baez and Camacho, 2011; Behrman, Parker and Todd, 2011).

Egypt CCT program certainly does not allow such type of evaluation. There is no randomization involved. Families were chosen in Ain El-Sira based on some poverty criteria developed by the Ministry. There is no control group to compare with. What is available is only, the status of families before the start-up of the program and then after 13 months of the starting-up the program. Nevertheless, the program did impact the joining families and in particular the women. Egypt's CCT impact is no different from that of other countries.

The literature indicates that CCT could have mixed results. Women benefit directly from the improved obstetrical and reproductive health care and health information that form an integral part of the programs. Many report that taking part

increases their sense of empowerment, their standing in their local communities, their access to health and nutritional information, and in some cases, their decision making power within their own households. Some have used the extra income to start tiny businesses. A few have built on the contacts and experiences gained at CCT-related meetings to organize and press local political demands. On the other hand, participation imposes obligations on individuals often already heavily burdened with work, which many participants perceive to be stringent. Because the programs provide a new source of money that is controlled by women, they can upset authority relationships in patriarchal households, sparking conflict between spouses and exacerbating domestic violence (Bradshaw and Viquez, 2008).

Ain El-Sira results confirm many of these findings. Similar to Molyneux (2006) but not similar to Camacho & Rodriguez (2012) study in Colombia, women in Ain El-Sira show some signs of more inclination to work during the 13 month period between baseline and follow-up surveys. They certainly are more resistant to domestic violence. Significantly, less women approve husband hitting after the program and more women are outspoken about any violence. After the implementation of the program, the beneficiary mothers have higher probability of being the sole decision taker compared to the father. This power is even evident in decisions related to matters handled outside the home such as children problems at school.

The findings and the impact of the CCT program are important in their own right. They are indicative of potential benefits to women status in Egypt and even positive benefits to children schooling attendance. They are also indicative of the importance of a sound research design and adequate implementation.

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