



Sticks or carrots? Conditional cash transfers and their effect on child abuse and neglect

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In recent years, conditional cash transfer (CCT) programs have gained unprecedented popularity in the fight against poverty, and can now be found across the globe. Experience is most long-standing and widespread in Latin America, with almost every country in the region running a CCT program.

CCT programs aim to break the intergenerational cycle of poverty by making cash transfers conditional upon certain requirements that promote human capital development. Conditions largely pertain to education, health, and nutrition for children and include school enrollment and attendance, immunization and regular health check-ups, and weight monitoring.

Programs have been widely applauded for their positive effects on various outcomes for children and short- to medium-term poverty. They are considered particularly appropriate in a context with demand barriers that limit or provide unequal access to services such as education and health care.

An overwhelming and growing body of evidence supports claims that CCT programs do indeed positively benefit households and children. In their paper from 2009, Ariel Fiszbein and Norbert Schady show that CCT programs in Latin America increase household consumption and reduce poverty, particularly when transfers are generous. In a systematic review of CCT programs in low- and middle-income countries, Mylene Lagarde, Andy Haines, and Natasha Palmer point to the positive effects of CCTs on care-seeking behavior, immunization coverage, anthropometric measures, and health status. Cash transfers (including conditional transfers) in Malawi were found to have helped reduce rates of early marriage and HIV infection, and a CCT program in Honduras had a positive effect on routine pediatric examinations and growth-monitoring visits for children.

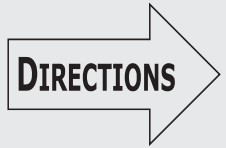
Evidence with respect to linkages between CCT programs and child protection outcomes is most widely available with respect to the issue of child labor. A 2012 review by Marco

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Sanfillipo, Chris de Neubourg, and Bruno Martorano reported a reduction of the incidence of child labor numbers of hours worked for both boys and girls, often going hand-in-hand with an increase in primary and secondary school enrollment and attendance rates.

CCT programs also hold promising potential for other areas of child protection, including improvement in quality of care, prevention of loss of parental care, and reductions in early marriage. As such, CCT programs are often considered an important intervention in the toolkit for *child-sensitive social protection*.

Notwithstanding the rigor of evaluations that highlight the benefits of CCT programs, few attempts have been made to think “outside the box” and investigate negative side effects or perverse incentives that may negatively affect children or adults. It is a common feature of impact evaluations – they assess the anticipated impact of programs but hardly ever allow for considering what goes on outside of the *theory of change* to investigate unintended side-effects, either good or bad. Because issues of child protection, with the exception of child labor, tend not to feature in theories of change of CCT programs, the potential effect on child abuse and neglect – and child protection more broadly – is rarely considered.

A recent review undertaken by Armando Barrientos, Jasmina Byrne, Juan Miguel Villa, and Paolo Pena from the Brooks World Poverty Institute and the United Nations Children’s Fund (UNICEF) Office of Research confirmed the need for more information. According to their report, of 79 impact evaluation reports on social transfer programs, 58 were found to consider the impact on child labor, 36 assessed the effect on schooling outcomes, five assessed the impact on child marriage, and three considered family separation.

Three elements of CCT programs are key with respect to their potential impact in terms of child protection, namely (1) conditions, (2) cash, and (3) supply of services.

Conditions: Putting the Cart Before the Horse?

Conditionality is the defining feature of CCT programs and is a debated topic when it comes to designing and implementing social protection programs. Arguments in favor and against rest not only upon evidence as to what works but also upon ideological, political, and moral considerations.

Conditions in CCT programs essentially serve to nudge recipients to behave in a certain way because they are not trusted to behave that way if the cash was provided to them without such conditions. The evidence that this is indeed the case – that recipients behave more desirably when the cash is conditioned – is few and far between.

Both conditional and unconditional (cash) transfer programs have been found to improve outcomes for children and families, but there is little research that shows that such effects can be attributed to the element of conditionality in particular. The imposition of conditions may or may not amplify the transfers’ positive effects. For example, although CCTs in Malawi were more effective than unconditional cash transfers in keeping adolescent girls in school, there was no difference in rates of school enrollment, early marriage, and HIV infection.

Notwithstanding the potential positive effects, the imposition of conditions can also lead to unforeseen negative side effects and perverse incentives with repercussions in terms of child protection. For example, a 2004 paper by Saul Morris, Rafael Floris Pedro



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Olinto and Juan Manuel Medina of Brazil's Bolsa Alimentacao (Feeding Allowance) program indicated that the program led to some children being kept underweight to guarantee qualification for benefits that were tied to children being below a particular weight. Similar concerns were raised in an evaluation of a food voucher program in Dabaab refugee camp in Kenya in which the receipt of benefits depended on the number of children in the household being malnourished.

These experiences point toward the risk of associating the receipt of benefits with negative outcomes for children (e.g., having your child classified as underweight or malnourished). An evaluation of Nicaragua's CCT program, however, found that conditions based on positive outcomes (e.g. the child having gained enough weight) can equally give rise to perverse incentives. Some children were overfed in a last-minute attempt to avert suspension of benefits due to children not having gained enough weight.

This creation of perverse incentives is not exclusive to conditions related to nutritional outcomes. A program in Hungary with cash being conditional upon school attendance compelled mothers to send their children to school even when they are ill. In Romania, the introduction of a condition in the country's child benefit program led to hidden dropout: children would only attend school intermittently but were not reported as absent by the teachers because the teachers' salaries were, in part, tied to the number of children enrolled.

Concerns have also been raised about the potential *substitution effect* that conditions aimed at promoting gender equality may cause; that is, if a condition specifies that girls are to be enrolled in or attending school, boys may be taken out of school to fulfill the domestic chores

or work outside of the household previously undertaken by girls.

Another type of condition placed on the receipt of transfers involves work. Public work programs in particular have grown in popularity in recent years, in part because they are believed to counteract *dependency syndrome* and the notion of beneficiaries getting something-for-nothing. This work requirement can have quite distinct positive and negative effects for children.

Work requirements for adults in public work programs can also have adverse impacts on care for children. Results from many studies point towards increased school enrollment and attendance rates and a decrease in hours worked in different types of paid and unpaid work by children. However, there is also evidence that suggests an increase in the hours of work for children, particularly girls, to substitute for the adult that is now working outside of the household. For example, studies of Ethiopia's Productive Safety Net Program (PSNP) by Scelo Zibagwe, Themba Nduna and Gift Dafuleya in 2013 and John Hoddinott, Daniel Gilligan and Alemayehu Seyoum Taffesse in 2010 find a substantial degree of substitutability, with school attendance rates for younger girls (aged 6–10) dropping and the numbers of hours spent on domestic work going up.

Other productivity-enhancing programs, such as microcredit or microfinance schemes, led to similar effects with children being required to take on more domestic chores to compensate for their parents' increased absence from the household. Findings from a cash-for-work emergency relief program in Ethiopia suggest that the creation of assets associated with the receipt of cash requires children to provide labor supply for the utilization of those assets, most notably livestock and land. Some studies have found this increase to go



at the expense of school enrollment and attendance, but more often a child sacrifices his or her leisure time. When caregivers go to work, children may go without adult supervision for hours each day. Such impacts can be counteracted through appropriate child care arrangements at the public works location. Guidelines for such arrangements have been formulated for large public works schemes, including Ethiopia's Productive Safety Net Program and India's Mahatma Gandhi National Rural Employment Guarantee Scheme (actual implementation, however, has been limited to date).

Most programs are more successful in operationalizing provisions for pregnant women and lactating mothers that exempt them from work for a fixed period of time. For example, a cash-for-work program in Ethiopia allows mothers to continue receiving their allowance while staying at home with their newborn children for up to 10 months. The program has resulted in increased breastfeeding and more time spent with children. By comparison, women in neighboring areas without the program were forced to separate from their newborns soon after giving birth to go to work.

People's own preferences in terms of receiving transfers with or without the attachment of conditions are also far from evident. Although some researchers and practitioners emphasize that recipients of cash transfers perceive conditions as being empowering and as providing opportunities for improved livelihoods, others raise concerns about CCT programs encouraging paternalism, reinforcing inequalities, and limiting people's freedom to choose.

Indeed, the imposition of conditions implies a power transfer that can put children and their caregivers in a vulnerable position. Someone has to attest that conditions were met (e.g. a teacher must confirm school attendance; a doctor must sign a vaccination card). Although there is no evidence of systematic abuse of such power, the potential implications of such power transfers when imposing conditions should be considered, particularly with respect to children. Their lack of autonomy and relative voicelessness make them particularly vulnerable to the abuse of power, and conditions may reinforce and perpetuate their vulnerable position rather than lessen it.

Cash: A Wolf in Sheep's Clothing?

The positive effects of providing regular and reliable cash payments have now been widely documented (see, for example, the 2010 book, *Just Give Money to the Poor*, by Joseph Hanlon, Armando Barrientos, and David Hulme). Cash transfers are seen to help reduce poverty and inequality, improve educational and health outcomes for children, and lift demand-side barriers to access to services. The role of cash transfers is also increasingly being considered in relation to children's care issues, notably, in relation to the quality of care, prevention of loss





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of parental care, and incentivizing of kinship or foster care.

Indeed, poverty and lack of resources can greatly undermine carers' abilities to provide quality care to children. It is widely recognized that economic hardship leads to high stress levels, which can negatively affect the quality of care children receive. It is also likely to limit the amount of time a parent or carer can spend with his or her children, often forcing older children to supervise and care for younger siblings. The inability to make ends meet may also require children to engage in household production or work outside of the household at the expense of their schooling or other developmental activities.

Cash transfers can work toward ameliorating that stress and reduce the need for negative coping strategies. For example, as highlighted by Armando Barrientos and colleagues, the receipt of cash through CCT programs allowed mothers in Mexico and Colombia to reduce their hours of paid work outside of the house, thereby avoiding having to leave their children unsupervised at home and providing opportunities to spend time with their children.

Monetary incentives or other transfers are also thought to influence children's care by preventing the loss of parental care and supporting preferred options for alternative care, most notably foster or kinship care. Poverty is an important factor in children losing parental care. Parents migrating in search of employment opportunities leads to family separation, and the inability to make ends meet may cause families to take desperate measures such as sending their child to be raised in an institution. Poverty may also cause children to leave the house in search of better care or work elsewhere. Cash transfers might prevent families from adopting such strategies.

When loss of parental care cannot be averted or reversed, it is widely acknowledged that kinship support, foster care and formal adoption are more appropriate and preferable options to residential care. However, potential kin, foster, or adoptive caregivers may lack the resources necessary to care for an additional child(ren). The overextension of already poor host households is considered one of the major constraints in terms of the provision of informal care for children, and the lack of proper financial support is a reason for a dearth of foster carers in many regions. A Save the Children cash transfer program in Goma in the Democratic Republic of Congo that was directed at supporting foster families in caring for separated and unaccompanied children – many of whom were previously members of armed groups – was successful in providing many of such children with family-based care. Many countries faced with large number of orphans are contemplating the option of cash transfer payments to providers of informal kinship or foster care.

Despite cash transfers' potentially positive effects, on various aspects of children's care, evidence is slowly emerging that these mechanisms may also lead to unforeseen perverse incentives. One notable concern is the so-called commodification of children. Although the promise of cash in return for care can provide the necessary support to families allowing them to provide kinship or foster care, it may also result in poor care or abuse or neglect of children. In Botswana, for example, social workers indicated that in some cases carers are motivated by monetary incentives only and have no intrinsic or actual interest in caring for a child.

Experiences with Save the Children's cash transfer program in the Democratic Republic of the Congo suggested that an important element to success was the training of carers and the explicit agreement to a code of conduct by



families. A description of program outcomes in a 2012 review by the Cash Learning Partnership (CaLP) on how cash transfers can protect children from violence, abuse, and exploitation indicated that in settings where such additional measures were not taken, children were far more likely to become the victim of abuse and exploitation. The use of a written code of conduct was thus considered an important tool in ensuring an adequate level of care and commitment.

More generally, the notion that placement in a (extended) family environment is in a child's best interest should not be taken for granted. Although the level of relatedness can play an important role in a person's willingness to care for a child, with stronger blood relationships being linked to greater willingness to and higher quality of care, the motivation for and nature of care provided to children is by no means self-evident. For example, property grabbing – whereby orphans lose their inherited property to other family members, including to those members acting as their carers – is not an uncommon phenomenon in Africa. Experiences in Mozambique have indicated that if foster carers are not adequately selected or prepared, children are more likely to experience abuse and neglect.

The size and nature of the effect of transfers on children's care also depends on program design and context. Although the prospect of regular receipt of cash may instill confidence in carers, the requirement to comply with conditions or be an active program participant may compound rather than reduce stress. This compounding of stress holds particularly true for female carers because the responsibility for complying with education- and health-related conditions is often borne by women. The ways in which CCT programs build on and perpetuate women's roles as main caregivers

can reinforce gender inequalities rather than improve women's empowerment, as argued by Rebecca Holmes and Nicola Jones in their 2013 book on gender-sensitive social protection.

Even if caregiver stress is reduced, it might not automatically translate into higher quality of care and better outcomes for children. The implementation of a Village Savings and Loans Association scheme in Burundi, for example, showed that the reduction of household poverty in and of itself did not lead to better outcomes for children and that awareness and sensitization was crucial.

Services: Lifting Barriers or Creating Unmet Needs?

Lack of Availability of Services

The supply of services is a key component of any CCT program because a basic requirement for the receipt of benefits is for program participants to make use of particular services (e.g., education, health). As most studies have shown, much of a CCT program's success hinges on the availability of and access to high-quality services. For this reason, it is widely recognized that CCT programs are not a suitable option in supply-constrained contexts, and therefore, CCT programs are less commonly implemented in Sub-Saharan Africa.

Nevertheless, the appeal of CCT programs sometimes overrides such supply constraints. In reference to South Africa's Child Support Grant (CSG), for example, draft regulations suggested making receipt of the grant conditional upon school attendance despite the fact that poor school attendance in South Africa was the result of a lack of schools and limited space in classrooms.



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The imposition of conditions in a supply-constrained context does not only undermine the programs' ability to break the intergenerational transmission of poverty, it can also have far-reaching negative effects in terms of child protection. In Mexico, for example, compliance with school- and health-related conditions poses a great problem for indigenous people as services are often not available in the remote areas that they live in. Households in rural areas in Mexico were required to move to urban centers in order to comply with the condition of secondary school enrollment. Beneficiaries of CCT programs in such supply-constrained contexts can be said to experience a double disadvantage; not only do they have few or weak services to their disposal, they are also being punished for their inability to use such services.

Lack of Quality Services

In addition to concerns about availability of services, concern has also been raised regarding the quality of services. Quality services are imperative to ensure that programs have the desired impacts in both the short- and long-term. The focus on improving availability of and access to services has not always resulted in improving quality of those services. Examples from different contexts show that a rapid expansion of services has been given higher priority than development and capacity building among those implementing the services. Volunteers in Child Protection Community Committees (CPCCs) in Mozambique, for example, struggle with identifying and addressing complex problems of child protection that go beyond the denial of basic needs. More complex problems remain undetected or are not appropriately addressed. This capacity gap is confounded by the lack of resources in the statutory social workforce

to provide the required administrative and technical support to the CPCCs.

In terms of CCT programs making receipt of transfers conditional on school attendance, Fernando Reimers, Carol DeShano da Silva and Ernesto Trevino argue in a 2006 working paper that an assessment of the impact of such programs should look beyond school attendance and rather pay attention to schooling outcomes. They point to the perverse political economy of CCT programs, whereby the promotion of school attendance diverts attention away from necessary educational reforms. In many contexts, it is not school attendance that is required to improve children's educational outcome but rather an improvement in educational services, including teacher training, selection, and promotion.

Beyond the lack of desired impact, poor quality services can also lead to child protection violations. Limited training of service providers (e.g., teachers, social workers, community volunteers), may inadvertently lead to harmful practice. In addition, stress caused by heavy workloads and shortage of staff can have repercussions in terms of child protection. Low teacher-pupil ratios in schools, for example, may lead teachers to engage in harsher forms of child disciplining.

Lack of Availability of Complementary Services

Complementary services over and above those on which receipt of transfers has been made conditional (e.g., coaching, awareness raising, social support) can form the key in addressing household power dynamics, gender inequality and care for children. The need for complementary services that promote gender equity is a pertinent illustration of the value-added of complementary services. The direct



provision of cash to women is often thought to lead to empowerment and reduce gender inequality. Despite positive effects, evidence shows that much more needs to be done to break entrenched patterns of gender inequality. Many programs target women in their role as mothers and primary caregivers, which has been touted as empowering for women and disparaged for reinforcing and perpetuating patterns of gender inequality. Indeed, very few social protection programs make explicit provisions for informal care, with even fewer programs addressing engendered patterns of care.

Experiences with transfer programs across the globe suggest that cash in and of itself cannot change the power dynamics within a household or change traditional gender patterns. Evaluations of the Child Support Grant (CSG) in South Africa and a CCT program in Indonesia, for example, have shown that although the receipt of the transfer by women can be empowering, entrenched gender patterns prevent any alleviation of women's care burden or improvement of income-earning activities outside of the home. A direct transfer of cash to women in Mexico and Nicaragua was even found to increase domestic violence, as evidenced by Manuela Angelucci and by Sarah Bradshaw and Ana Quiroz Viquez in 2008. Although findings hold particularly true in the short term and when transfers consist of larger amounts, there is no solid evidence suggesting that this effect reverses in the longer run.

The need for complementary services to address engrained patterns of inequality and disadvantage also extends to children. Many evaluations have shown that although cash transfers, both conditional and unconditional, can increase school attendance, decrease child labor, and improve health seeking behavior for children, they have limited effect in addressing underlying attitudes and beliefs

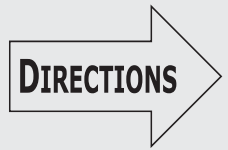
regarding harmful practice for children in the future. In contexts where early marriage and child labor are strongly entrenched in local tradition, for example, a (conditional) cash transfer program is more likely to have a positive impact in the long-run when coupled with sensitization and awareness raising.

Complementary social services can also play an important role in counteracting discrimination. For example, experiences with a cash transfer scheme in Goma showed that children in foster families were less likely to be subjected to abuse and neglect if transfers were complemented by a code of conduct that was discussed and developed together with a social worker. Also, participants in the Village Savings and Loans Associations in Burundi were less likely to subject their children to harsh forms of physical and verbal disciplining when taking part in discussion modules complementing the program.

Discussion

Despite the wealth of knowledge on CCT programs, there is little evidence about the impact of such programs on child abuse and neglect and child protection more generally. The consideration of CCT programs and other social protection programs in terms of the elements of conditions, cash, and supply of services do, however, allow for a number of assertions.

For one, the imposition of conditions should undergo far more scrutiny than it has thus far, particularly in terms of the potential effects on children. The current discourse on conditionality of programs largely emphasizes positive effects. It often fails to acknowledge the potentially damaging consequences, which



may outweigh the supposed benefits of conditionality.

Indeed, the imposition of conditions can lead to unintended consequences following parents' actions to ensure compliance and avoid losing benefits. Strategies such as overfeeding children prior to weight assessments and sending sick children to school to meet attendance criteria counteract the positive benefits that the very conditions aim to achieve.

Also, conditions can be a cause of considerable stress for parents and caregivers. Payments as part of CCT programs often constitute a considerable part of family's income, and households will go to great length to secure that income. Lack of available services to comply with such conditions or misunderstandings about the actual conditions in place can reinforce and exacerbate stress levels. A clear understanding of CCT programs' criteria and processes and their potential side effects by both program implementers and recipients is crucial for reducing any negative side effects or perverse incentives.

The provision of cash or other forms of transfers holds promising potential for children's care. Indeed, supporting families' abilities to make ends meet can prevent the loss of parental care, improve quality of care, and encourage preferential care options. It is imperative, however, not to turn a blind eye to the potential perverse incentives. For example, in the situation of using transfers to motivate participation in kinship or foster care, although the provision of material support might present the necessary additional means for families to care for a child that is not their own, it might also constitute an income-earning strategy with detrimental effects for children. Thus, such efforts should be administered with caution.

Finally, the availability of and access to high-quality services is imperative for the success

of CCT programs, particularly given that the theory of change is built on the use of services like education and health care. In terms of child protection, services are crucial for two reasons. First, the provision of high-quality services by skilled professionals and volunteers will prevent child protection violations that result from lack of awareness and poor training. Second, complementary services – above and beyond those that are part of CCT programs – have the potential to tackle structural causes of child protection violations by addressing harmful attitudes, behavior, and beliefs. Although the strong focus on rapid expansion of services seems to undermine quality assurance, the establishment of the infrastructure can be considered a positive starting point.

Conclusion

In sum, there is no doubt that CCTs, along with unconditional cash transfers and other social protection programs hold great potential for improving children's lives. Such opportunities should be taken advantage of to their full potential. However, the current debate around CCT programs is in danger of being romanticized, whereby the potential for perverse incentives or negative side effects is ignored. It has been argued that child-sensitive social protection needs a nuanced perspective, rather than being based on assumptions about what we think works and does not work for children. This includes the link between social protection and child protection outcomes. What is needed is an injection of a healthy dose of realism.

A crucial step in gaining better insight into the links between CCT programs and child protection outcomes is not merely to do more research, but rather to do research that goes beyond the parameters as set by CCT



programs' theories of change and that critically assesses the pathways through which conditions are adhered to and program outcomes are reached. Such research requires an acknowledgment that child protection outcomes are not only shaped by the interventions directly (i.e., the provision of cash or the condition of school attendance or regular health check-ups) but also, or maybe primarily, by the design and implementation features of those

interventions. As long as the potential effect, foreseen and unforeseen, of these features is not adequately considered, the picture regarding the link between CCT programs and child abuse and neglect will remain partial, and programs run the risk of causing as much harm to children as they do good.

Keywords: conditional cash transfers; child abuse and neglect; social protection programs

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