

INTIMATE PARTNER VIOLENCE

INCORPORATING BEHAVIOURAL ADD-ONS INTO CASH TRANSFER PROGRAMMES

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With heightened risk to all groups due to the economic and health related stress caused by the COVID-19 pandemic, thinking about the implications of any social protection programme for already high-risk populations is crucial. In this document, we focus on how governments and non-governmental organisations (NGOs) operating in low- and middle-income countries (LMICs) can incorporate evidence on the impact of cash transfers on intimate partner violence (IPV) into the design of cash transfers programmes in order to prevent increase in IPV against women.

KEY TAKEAWAYS

Some cash transfer studies find a decline in physical IPV while others find no change.

- Majority of the studies that find a decline are of conditional cash transfers (CCTs) and it is not clear whether it is due to conditionality, add on programmes, or differences in context.

There is limited but promising evidence from Bangladesh and Kenya that add on programmes may be important since there is no change in IPV with cash transfer alone.

- However, there is no evidence yet on delivering these add on programmes without in-person contact.

More research is needed to better understand whether targeting women as the main recipient for a cash transfer programme will improve IPV, as compared to giving it to the man or splitting it.

Exploratory analysis in some studies show that some groups of women experience an increase in IPV. The characteristics of the groups of women who experience an increase in violence differ across studies: some with “little or no education” and whose husbands were “drinkers”, when women had primary or less schooling but at least as much as their partners, or for those with actual or predicted high levels of IPV against them at baseline.

Policymakers considering cash transfer programmes should be particularly mindful of the potential negative effects on vulnerable women. To better understand the impact a cash transfer programme has on IPV, implementers delivering cash should consider incorporating standardised questions in monitoring and evaluation plans as soon as it is safely possible to do so. Surveys should ensure to guard respondent privacy and safety. This might necessitate waiting to be able to do in person surveys as per UN Women [recommendations](#). It might be possible to adapt in-person techniques such as Audio Computer Assisted Interviewing for use on the phone (see [here](#) for how to implement it in-person) but since it is has not been tested, it would require careful piloting.

THE IMPACT OF COVID-19

Economic security and emotional well-being are understood to be a key pathway to IPV ([Buller et al., 2018](#)). The Covid-19 pandemic is likely to affect both, with declines in income as people, particularly daily wage earners, face a dramatic loss in income. This in turn increases stress levels, adding to the health related worries caused by such a health crisis. These are further compounded by the nature of the lockdowns in response to the pandemic requiring isolation and greater time spent at home.

Women and girls, an already vulnerable group, will face worsened conditions in the home and are at an increased risk of violence.¹ Globally, one in three ever-partnered women report at least one incident of experiencing physical or sexual violence in their lifetime ([WHO, 2013](#)). In addition, across the developing world, rates of IPV are higher, in the range of 25-60% in a 6-12 month period (Mahmud, Orkin & Riley, 2020; [Hidrobo and Fernald \(2013\)](#); [Roy et al., 2019](#)).

There is already some evidence of an increase in violence due to the pandemic: according to [United Nations reports](#), in Lebanon and Malaysia, calls to helplines have doubled and in China tripled, as compared to the same month last year. In South Africa², there is a 37% increase in the weekly average of cases being reported to the police as compared to last year. This adverse consequence of the pandemic and the ensuing lockdown is being highlighted in the media globally.³ On 5 April, the United Nations Secretary-General António Guterres called on governments to prioritise prevention tactics in their COVID-19 response plans to combat the rise of violence against women and girls.

WHAT CAN WE LEARN FROM EXISTING EVIDENCE?

In a recent working paper, [Peterman et al., 2020](#) present a comprehensive review on the pathways linking pandemics and violence against women and ideas for specific strategies to avoid additional detrimental impacts, such as bolstering violence-related response and expanding social safety nets.⁴ Given that a choice social protection tool in response to the pandemic appears to be cash transfers, we focus here on what we can learn from existing evidence on the impact of transfers on IPV against women to inform potential behavioural add-ons to reduce the risk of IPV against women.

1. GENDER OF RECIPIENT

Many cash transfer programmes by governments and NGOs tend to target women as recipients even if the transfer is for the household ([Almaas et al., 2018](#); [Roy et al., 2015](#)). Of currently available evidence, the only study to vary experimentally whether the primary male or female in the household receives the transfer is [Haushofer et al., 2019](#). They show that targeting women as the main recipient

¹ UNFPA. March 2020. [Covid-19: A Gender Lens: Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality](#).

² Dailymaverick. April 2020. <https://www.dailymaverick.co.za/article/2020-04-06-how-might-the-covid-19-lockdown-affect-public-safety-in-sa/>

³ Guardian. March 2020. "[Call for Fund Domestic Violence Victims During Covid-19](#)." NY Times. April 2020. "[A New COVID-19 Crisis: Domestic Abuse Rises Worldwide](#)."

⁴ The World Health Organisation has also released recommendations for the health sector. March 2020. "[COVID-19 and Violence Against Women](#)."

of a cash transfer reduces both physical and sexual IPV compared to no transfer. The same study also finds that targeting men results in a smaller decrease in physical violence than targeting women but has no effect on sexual violence nine months after the transfers. This suggests that targeting women might be more effective in reducing IPV against women. However, there appears to be considerable differences in these effects within certain populations who received cash transfers (see below for further discussion). There may be a case for policymakers to split the transfer between spouses potentially to help mitigate any conflict as a result of the transfers. This strategy has however not been empirically tested and more research is needed to understand if it works.

2. IMPACT ON IPV IN SUB-GROUPS

The impact of cash transfers on IPV women is generally that it reduces IPV against women ([Buller et al., 2018](#)). The majority of studies that find a decline in the incidence of physical IPV are conditional cash transfers while two-thirds of the studies on unconditional cash transfers, which have recently gained popularity, especially in Africa, find no change ([Baranov et al., 2020](#)).⁵ It is not clear whether this is due to conditionality, add on programmes, or differences in context. Some studies show that there is an increase in violence due to a cash transfer on some groups of women, particularly those who are vulnerable though this is not conclusive and mostly exploratory (see Table 1). With heightened risk to all groups due to the pandemic, identifying and thinking about the implications of any social protection programme on high risk groups is important.

Table 1: Increase in violence against women due to cash transfers in vulnerable groups ⁶

Study	Target population (men/women/both)	Finding on average	Finding for vulnerable groups	Vulnerable group definition
Angelucci, 2008 Mexico CCT	Women	No effect (aggressive behavior while drinking)	30% increase	Husbands were drinkers, had a low level of education or no education and the transfers were large
Hidrobo and Fernald (2013) Ecuador UCT (designed as CCT)	Women	No effect (emotional IPV)	0.09 increase	Women with primary or less schooling and at least as much schooling as their partners

⁵ This is consistent with very recent evidence (not covered in the review) that there is no effect, on average, on an index calculated as the combination of “gender violence index and a gender attitudes index” in a study analyzing large unconditional cash transfers in Kenya ([Egger et al., 2019](#)).

⁶ Early evidence from two studies in Kenya (Mahmud, Orkin & Riley, 2020 and Haushofer, Mudida & Shapiro, 2019) also find similar results. Women with predicted or actual high levels of IPV at baseline experienced an increase in IPV as a result of a UCT. Since the working paper for these studies is not publically available yet, we do not include them in the table.

3. ADD ONS TO CASH TRANSFERS

A recent study in Bangladesh was able to isolate the effects on IPV against women of 1) a cash transfer alone compared to 2) a bundled programme⁷ that include cash transfers and complementary activities like group based training with the transfer. [Roy et al., 2019](#) show that the decrease in violence persists after a cash transfer ends in the group who also received a behaviour change communication intervention⁸ but not in the group that only received the cash transfer. Early evidence from another study in Kenya also finds that adding a one time video-based intervention to an unconditional cash transfer significantly reduced IPV, as compared to giving cash alone (Mahmud, Orkin & Riley, 2020). While the two interventions are quite different, both studies hypothesize that a possible pathway for impact is self-beliefs or women's threat point, which helps by increasing the woman's perceived ability to change her situation ([Brody et al., 2017](#)). There is potential to include add ons to cash transfers that aims to boost women's self-beliefs using IVR or phone calls, though this has not been tested yet.

WHAT ELSE CAN HELP

Finally, those implementing cash transfer programmes should consider incorporating the standardised Demographic and Health Surveys domestic violence module⁹ questions in monitoring and evaluation (M&E) plans as soon as it is safely possible to do so. UN Women recommends not directly collecting data on violence experienced by women unless this is done in person (see [here](#)). Given the sensitive nature of the questions, respondent privacy is crucial. However, it might be possible to ensure this using Audio Computer Assisted Interviewing (see [here](#) for how to implement it), which could be implemented over the phones provided they have touch buttons. Since this has not been tested yet, it would be important to pilot and adapt it carefully to ensure respondent privacy before use. Questions will allow implementers to better track the scope of IPV as well as understand the effectiveness of prevention tactics.

⁷ Most studies evaluate bundled cash transfer programmes that include complementary activities and so are unable to isolate the effect of the cash transfer from that of accompanying features.

⁸ This is a group based intervention covering basic nutrition, control and prevention of micronutrient deficiencies, infant and young child feeding practices, health care, maternal nutrition, and hygiene and is believed to have improved the social ties and social capital of the women since they met weekly.

⁹ The latest DHS Questionnaire Modules for domestic violence can be found here: <https://dhsprogram.com/publications/publication-dhsgm-dhs-questionnaires-and-manuals.cfm>

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