



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin



**Gender and Cash Transfer: Implications of intra-household decision making processes on nutrition in the SNNP Region of Ethiopia**

*A preliminary research paper submitted by*  
**Linda Lumbasi**

MDP Dublin, [lumbasil@tcd.ie](mailto:lumbasil@tcd.ie), +353-89-9835115

**August, 2016**

## **Gender and Cash Transfer: Implications of intra-household decision making processes on nutrition in the SNNP Region of Ethiopia**

### **Abstract**

*Currently in its fourth phase (July 2015-June 2020), Ethiopia's Productive Safety Net Program (PSNP) is one of the largest social protection programs in Sub-Saharan Africa. The program provides cash and/or food transfer in exchange for labour-intensive public work or as direct support for labour constrained households. Previous PSNP impact assessments indicate the success of the program in reducing poverty, improving food security and increasing household level diet diversity. However, despite strong evidence suggesting visible progress, poverty, malnutrition and vulnerability remain high in Ethiopia. This study sought to find out the implications of intra-household decision making on household nutrition specifically for pregnant and lactating women and children under the age of two. Using a mixed methods approach, the study looked at gender in the cash transfer process and found that the implications of intra-household decision making on nutrition was not significant enough. More significant were factors such as the amount and timeliness of the cash transfers, which spouse collects the transfers and the availability of the recommended nutritious foods. Based on the findings of the research conducted in two districts in the Southern Nations, Nationalities and Peoples (SNNP) region of Ethiopia, this paper provides recommendations on how to improve nutrition for PSNP beneficiaries.*

### **1. Background**

Currently in its fourth phase (July 2015-June 2020), Ethiopia's Productive Safety Net Program (PSNP) is one of the largest social protection programs in Sub-Saharan Africa (UNICEF, 2015; Central Statistics Agency (CSA), 2014). The program provides cash and/or food transfer in exchange for labour-intensive public work or as direct support for labour constrained households. Direct support beneficiaries constitute about 20% of the PSNP caseload and include orphans, pregnant and lactating mothers, elderly households, and other labour-constrained households such as those with people living with HIV and AIDS, and the majority of female-headed households with young children (MoA, 2014). Through the PSNP intervention, the government of Ethiopia is trying to offer long term support against food insecurity to its most vulnerable people.

### **2. Problem Statement**

Several studies have shown that cash transfers have positive impacts on the well-being of members of poor households (Yablonski and O'Donnell, 2009; Miller, 2008; Srinidhar and Duffield, 2008; Dufflo 2000b). These benefits include helping to reduce the incidence of preventable diseases, increasing access to health care, improving maternal welfare, enhancing food security and improving nutrition levels both in dietary quantity and quality (Yablonski and O'Donnell, 2009; Berhane et al., 2015). In line with these findings, previous Ethiopia PSNP impact assessments indicate the success of the program in reducing poverty, improving food security and increasing household level diet diversity (FMoH/UNICEF/EU, 2016; Ministry of

Agriculture (MoA), 2014; Safety Net Support Facility (SNSF), 2013). However, despite strong evidence suggesting visible progress, poverty, malnutrition and vulnerability remain high in Ethiopia (MoA, 2014). Specifically, malnutrition remains high with 40%, 9%, and 25% of children stunted, wasted, and underweight respectively (CSA, 2014). Similarly, too many women of child-bearing age (approximately 26% in 2011) are undernourished (BMI<18.5) and anaemic (Hb<12 g/dl) (FMoH/UNICEF/EU, 2016), a serious concern since research shows that a malnourished woman is more at risk of giving birth to a malnourished child and children of malnourished mothers are often malnourished themselves (UNICEF, 2012; FMoH/UNICEF/EU, 2016).

Ethiopia's PSNP program targets the most vulnerable members of the community who among others, include women in male headed and female households, and polygamous households (MoA, 2014). Though gender equity is one of the principles guiding implementation of PSNP, provisions intended to enhance women's equal participation and increase their full benefit have not been fully realized (MoA, 2014). A 2008 *Contextual Gender Analytical Study* of the PSNP highlighted several gender issues within the program including the fact that pregnant and lactating women are not treated systematically despite their special needs, women in male headed households are less able to access resources than women in female headed households, and males, particularly those in polygamous households have far greater power than women (Government of Ethiopia (GoE), 2008). All the above factors hinder women and by extension their households, from achieving the intended benefits of PSNP. This is supported by existing literature on gender and cash transfers which suggest that women are less likely to be able to control the use of cash within the household compared to certain types of in-kind assistance (*foodstuff, seeds etc*) (Slater and Mphale, 2008); men are more likely to use the cash for expenditures such as alcohol (Slater and Mphale, 2008; MoA, 2014); and women tend to spend more on the welfare of the children (Handayani, 2013). Such findings support the need for further analysis on intra-household gender dynamics in the implementation of cash transfers programs such as Ethiopia's PSNP.

While several factors such as PSNP program design, size and timeliness of the cash transfers, and recipients using the money for purposes other than food security (MoA, 2014) could limit PSNP's efforts to improve food security and enhance household level diet diversity, this study assumed that intra-household gender dynamics in allocation of cash transfer resources to household nutrition has significant implications.

### **3. Research Objectives**

The following were the research objectives:

1. To assess the gender dynamics of intra-household decision making processes with regards to allocation of cash transfer resources.
2. To assess the implications of gender dynamics in intra-household decision making processes on household nutrition particularly on children under the age of two and pregnant and lactating women.

#### **4. Research questions**

The study sought to answer the following research questions:

1. How do intra-household gender dynamics influence decision making on allocation of resources from social cash transfers?
2. What are the implications of the gendered nature of intra-household decision making processes on household nutrition particularly on children under the age of two and pregnant and lactating women?
3. What are the gender barriers and facilitators in intra-household decision making processes for using cash transfers for nutrition?

#### **5. Scope**

The study focused on two Woredas (Districts) in the Southern Nations, Nationalities and Peoples (SNNP) region of Ethiopia. These are Halaba and Shasego. The SNNP region was chosen for the following reasons: (i) it is ranked fifth in stunting nationally and with high levels of micronutrient deficiencies for both women and children under five (CSA, 2011) (ii) funded by Irish Aid, UNICEF is currently piloting the integrated Nutrition and Social Cash Transfer Program in the region (UNICEF, 2015). The members in this region were therefore deemed representative of the most vulnerable food insecure communities in Ethiopia.

#### **6. Methodology**

The study employed a mixed methods approach. Mixed methods research involves the collection and analysis of both quantitative and qualitative data in a single study (Johnson and Christensen, 2008; Saunders et al., 2007). Qualitative method was the primary form of data collection and data was collected using In-depth individual interviews, Key Informant Interviews and Focus Group Discussions. To supplement the primary data as necessary, existing datasets will be used as a source of secondary quantitative data. In addition, the study will involve a review of literature on cash transfers, gender and nutrition including PSNP reports, GSD Impact Assessment report (2013), the 2014 Ethiopia Demographic Mini Health Survey (EDMHS), and the results of UNICEF's recently concluded impact evaluation. The mixed methods approach was considered most appropriate for the study because it provides an opportunity to maximize the strengths of both methods such as a greater understanding of the specific context in the case of qualitative data and generalizability in the case of quantitative data (Singleton and Straits, 1999).

#### **7. Target group**

The target population in the study was constituted by a sample of married men and women in PSNP households. Specifically, male headed PSNP beneficiaries who are expecting a child, and or with a child under the age of two. For comparison purposes, some Non-PSNP households were also included in the sample.

#### **8. Sampling**

The participants were selected through random sampling and *Table 1* below shows the final sample for the study.

<b>SAMPLE SIZE</b>	
<b>SHASHEGO</b>	<b>HALABA</b>
<b>9</b> PSNP Households	<b>7</b> PSNP Households
<b>1</b> Non-PSNP Household	<b>4</b> Non-PSNP Household
Total: <i>20 Individual Interviews</i>	Total: <i>22 Individual Interviews</i>
<b>4</b> KII's: WoLSA Head, PSNP Focal Person, Social Worker, SCT Coordinator	<b>3</b> KII's: Social Worker, SCT Coordinator, Gender and Social Development Focal Person
	<b>2</b> Focus Group Discussions, 1 Male group (10pax) and 1 Female group (11pax)
<b>REGIONAL KII'S</b>	
1. Gender, Social Development and Nutrition Regional Coordinator (Food Security Office)	
2. Regional Program Coordinator, Social Cash Transfer Pilot Program (ALSA, SNNPR)	
3. M&E Specialist, UNICEF SNNPR Office	

## **9. Data presentation and analysis**

### **9.1. Demographic characteristics**

This section presents a summary of the demographic characteristics of the participants. A total of sixteen (16) PSNP households were interviewed making that a total of thirty two (32) individual interviews. Of these, seven households were from Halaba and nine households were from Shashego. For comparison purposes, five (5) Non-PSNP households were interviewed with one household from Shashego and the remaining four households from Halaba. Two focus group discussions of PSNP beneficiaries, one for men and one for women, were also held. The male group had 10 participants while the female group had eleven participants (two wives from a polygamous household).

The socio-demographic characteristics of the interviewees are summarized in *Table 2* below:

<b>DEM. CHARACTERISTIC</b>	<b>PARAMETERS</b>	<b>PSNP (%); N=32</b>	<b>NON-PSNP (%); N=10</b>
<b>Gender</b>	Male	50	50
	Female	50	50
<b>PSNP Category:</b>			
<b>Men</b>	Public Works	47	-
	PDS	3	-
<b>Women</b>	Lactating	38	40
	Lactating+CMC	6	-
	Pregnant	3	10
	PDS	3	-
<b>Age</b>	26-35	56	60
	36-45	38	40
	46-55	3	-
	Above 55	3	-
<b>Length of time in PSNP</b>	5 Months	56	-
	5yrs, 5 mths	25	-
	10yrs, 5 mths	19	-
<b>Family size</b>	Less than 6 Members	12	25
	6 Members	19	25
	7 Members	38	25
	More than 7 Members	31	25
<b>Number of Children</b>	Less than 4 Children	12	25
	4 Children	19	25
	5 Children	38	25
	More than 5 Children	31	25

<b>PSNP Beneficiaries per H/H</b>	2 Members	25		-
	3 Members	50		-
	4 Members	12.5		-
	5 Members	12.5		-

## 9.2. Preliminary research findings

The study was divided into three sections i.e. Gender and household income, Cash transfers and Nutrition.

### i) Gender and household income

The following aspects were considered under Gender and household income:

- Sources of household income;
- Spousal roles in generating household income;
- Decision making on household income and expenditure;
- Prioritization of household needs.

The objective of the section was to identify the main sources of household income and establish the role of both spouses in the generation of household income hence participation in decision making on its expenditure. In this section the respondents were also required to prioritize four household needs (food, medication, education and clothing) to establish whether men and women would rank them differently given the available income.

From the interviews, it was evident that the main income generating activity for most of the respondents is Agriculture/farming. In practice, the respondents are engaged in small scale farming where they produce food for their own consumption and sell the surplus. They have small farms so it does not necessarily bring in sufficient income. As a result, the cash transfer income has become as important and in some cases more important than the agriculture income, as we shall see in the cash transfer section. Other sources of household income include casual labour whereby some of the respondents work on other people's farms for a fee and petty trade (i.e. small shop and selling produce from home garden).

The second aspect considered was the responsibility of the spouses in generating household income. In most of the households it was the husband that was engaged in the income generating activities i.e. farming, Public Works and casual labour. Some of the reasons presented for the husbands working alone included:

- *“when wife was healthy she would also do casual labour but now lactating”*
- *“she was helping me before she got pregnant”*
- *“wife cares for children, not participating in farming”*

On the other hand, there was one case where it was only the wife that was engaged in generating income for the household and the reason given was:

- *“my husband is old and a bit weak”*

Besides the above, there were cases of both spouses engaging in income generating activities and others of children assisting in the same.

After establishing the sources of household income and the roles played by the spouses in generating it, we enquired about decision making on how to spend the household income. Majority of the respondents stated that they decide jointly. This view was supported by the Focus Group Discussions where all respondents in both the women and male groups said they decide jointly. It is difficult to establish whether joint decision making is a common trend among PSNP beneficiaries or is unique to this group of respondents. However, from the household interviews there was one case where the husband decides alone without consulting his wife. When asked why, the husband said *“Because I know what is needed in the household and can manage wisely what we have than my wife”*. When asked the same question, the wife said *“He wants to become dominant in everything instead of discussing and deciding jointly as a household”*. There was no case where the wife makes sole decisions on expenditure of household income.

To assess the implications of gender and household income on nutrition the respondents were requested to prioritize several household needs i.e. Food, Medication, Clothing and Education. All households had food as their first priority. Most households had medication as their last priority. This is probably the case because medication is only relevant when one is sick. As such, two households that had sick people ranked medication as their second priority. The most common ranking was Food, Clothes, Education and Medication. There was no major gender difference in the prioritization of household needs implying that given the same income both men and women would prioritize food.

## **ii) Cash transfers**

The following aspects were considered under cash transfers:

- Primacy of the cash transfer as a source of household income
- Access to and control of the cash transfer income
- Amount and timeliness of the transfer
- Decision making on expenditure of cash transfer income

The objective of the section was to assess the implications of the cash transfers on household nutrition. This was done by enquiring about the primacy of the cash transfer as a source of household income, assessing who has access and control over the cash transfer and decision making on expenditure of the cash transfer income. The timeliness and amount of the cash transfer was presumed to have an implication on household nutrition hence was also investigated.



In response to the question on who receives the cash transfer we had respondents indicating husband only, both husband and wife and few cases of wife only.

The reason given by a husband whose wife collects the transfer was:

- *“I am not listed in Public Works as household head so she is responsible for receiving the transfer. I also have health problem”*

The following were some of the reasons given by women who collect the transfer on behalf of their households:

- *“when husband is busy”;*
- *“because the husband is not available (polygamous case, husband collects with second wife)”;*
- *“I am responsible to do this because I participate in public works”;*
- *“because I am busy with home activities so I don’t have time to go receive the money”;*

Reasons by those where both husband and wife collect the transfer include:

- *“We alternate depending on who is available”;*
- In one of the households the husband said *“we both receive because we are all the same”* while the wife said *“we think that both husband and the wife are the same”*.

As a follow up, the respondents were asked if they were happy with their spouses collecting the cash transfer and some of them had the following to say:

- *“yes, because even if he receive money we discuss on the way how to spend it, I am happy”;*
- *“yes, the money comes home and we decide together how to spend”;*
- *“Yes, there is no difference whether myself or my wife collect the transfer”.*

The above responses confirm the fact that most households decide jointly on how to spend the household income.

However, the timeliness and amount of the transfer were a matter of great concern in both districts. Most of the respondents in Shashego have received 3 months pay while most of those in Halaba have received 4 months pay. On the other hand, majority of the respondents in Halaba receive the same amount while in Shashego it is not the case. Most of the beneficiaries do not know the reason for the differing amounts.

On the primacy of the cash transfer, majority of the respondents consider the transfer very important and they had this to say:

- *If the cash transfer had not been it would have been difficult for us to purchase food because we did not have cash in hand*
- *Because I have seen a change in my life since the transfer. We now have more (money) to spend on food*

- *Before SCT we were not sure about the next meal but now we are assured of 3 meals.*

Others considered the transfer 'somehow important' due to the following reasons:

- *"It is somehow important because we spend most of it on food. When we have food we can spend it on other things like education and medication".*
- *"Even though it saves our lives when we are in need of food for survival, it does not solve all our household problems".*
- *"Even though the money is not sufficient it is better than begging because it helps us satisfy our basic need of food".*

Implications of amount of transfer and timeliness include:

- *"We have to borrow and when the transfer comes it is not enough to repay that"*
- *"We become food insecure during those periods when the money delays"*

The above circumstances are more difficult on pregnant and lactating women and children under 2 who require proper nutrition.

### **Decision making on cash transfer income**

Majority of the respondents said they decide jointly and there was no contradiction in responses between spouses despite being asked separately. There were few cases where the husband decides alone and only one case where the wife decides alone. Below are two sample cases:

#### ***Case 1: Household 7, Halaba***

##### ***Husband decides alone on cash transfer expenditure***

In this household, it is only the husband that decides how to spend the household income and cash transfer income. When asked why he decides alone, the husband responded: *"because I know what is needed in the household and can manage wisely what we have than my wife"*. Asked why her husband decides alone, the wife responded: *"because he is dominant in the home and does not give me a chance to discuss on how to spend. He wants to become dominant in everything instead of discussing and deciding jointly as a household"*. The implication of the above scenario on the household is evident when the wife is asked how they spent the last cash transfer. She says, *"I don't know the details of how the last transfer was spent because we don't discuss such issues-he decides by himself and take whatever action he wants. Because of this I even complained to Kebele chairman"*. When asked whether she is happy with her husband collecting the transfer, the wife responded *"I don't feel happy because he does not give me a chance to receive the transfer"*. However, when asked whether she would prefer someone else to collect the transfer instead of her husband, she said *"I don't want someone else to receive the transfer even if I am not happy with my husband's dominant behavior"*. When it comes to food, the husband is served first because *"he wants to be served first and I cannot argue with him"*.

## **Case 2: Household 1, Shashego:**

### **Wife decides alone on cash transfer expenditure**

“She participates in PW and also she takes the payment because I am old to go there and here”. When asked about the amount and timeliness of the transfer the husband responded: “I give all responsibility to my wife so I have no information on that to say yes or no”. When asked what they ate the previous day the husband only knew what he ate (bread and cabbage) but had no idea what his spouse (lactating) and the children ate. With regards to decision making on utilization of the transfer the wife admitted that she decides on how to spend the money but the husband is not happy about it.

### **iii) Nutrition**

The following aspects were considered under household nutrition:

- Household diet before the social cash transfer program
- Current household diet using FAO’s guidelines for measuring household and individual dietary diversity
- Diet for pregnant and lactating women and children under the age of 2
- Gender and household nutrition i.e. who is served first? Who eats the best part?
- Nutritional knowledge and application

Notably, most of the households were having at least three meals a day. However, most of the households interviewed lacked nutritional diversity. Majority of the households were having local bread (made out of maize flour) with either coffee or cabbage three times a day. Similarly, there was no distinction in what was eaten by either pregnant or lactating women and children under the age of two – everyone eats the same food. Cultural practices such as serving the husband first or the best part also limits access to nutritious foods for PLW’s and children under the age of 2. This presents a nutritional challenge since PLW’s and children under the age of 2 require a special diet. Even in cases where there was a malnourished child, the families still fed them the same food as the others. In some cases the families are provided with *PlumpyNut* (a nutrient rich mixture for malnourished children) by the government but parents end up feeding all the children thus limiting its availability to the malnourished children that require it most.

## **10. Preliminary Conclusions and Recommendations**

The implication of gender and intra-household decision making on nutrition is not significant enough. Other factors such as insufficient income, timeliness and amount of the cash transfers, family sizes, nutritional knowledge and the capacity to apply what is learnt, and access to the recommended foods have more significant implications on household nutrition especially for PLW and children under the age of 2.

There is need to enhance the nutritional uptake of the beneficiaries by promoting initiatives such as access to seeds of nutritious foods.

There is no difference in what is consumed by PLW's and children under the age of two. There is need to empower women to take control of their diet during pregnancy and lactating periods.

The provision of *PlumpyNut* by the government is a good initiative for households with malnourished children but there is need to ensure that it is being consumed by the malnourished children.

As much as the cash transfer is considered very important by most of the respondents, there are challenges in the administration of the program such as delayed payments and deduction of amounts received. It is not surprising that the cash transfer was considered less important by others. This calls for continuous review of the PSNP wage rate, measures to improve the timeliness of the transfers and overall administration of the program.

Almost 50% of the respondents have been in the program for more than 5 years. There is need to support livelihood and asset building initiatives, and income generating activities among the beneficiaries to reduce over-reliance on the cash transfers.

Being a new component of the program, there is need for further research in exploring the integration of nutrition into the PSNP program. This includes addressing issues such as cultural practices, access to nutritious foods, improving the participation of men in BCCs and going beyond behavior change to practically empower the women as relates to nutrition, link with other programs aimed at improving household nutrition.

## **References**

- Central Statistical Agency (Ethiopia), (2014). *Ethiopia Demographic and Health Survey 2014*. Addis Ababa, Ethiopia
- Berhane, G. et al. (2015). *Evaluation of the Social Cash Transfer Pilot Programme, Tigray Region, Ethiopia: Endline Report*. International Food Policy Research Institute, Washington DC
- Central Statistical Agency (Ethiopia) and ICF International (2011). *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF International.
- Duflo, E. (2000b). *Grandmothers and Granddaughters: Old-age pensions and intrahousehold allocation in South Africa*. MIT Department of Economics WorkingPaper 00 05, Cambridge, USA, MIT
- FMoH/UNICEF/EU (2016). *Situation Analysis of the Nutrition Sector in Ethiopia: 2000-2015, Policy Brief*. Ethiopian Federal Ministry of Health, UNICEF and European Commission Delegation: Addis Ababa, Ethiopia
- Government of Ethiopia, (2008). *Contextual Gender Analytical Study of the Ethiopia Productivity Safety Net Program (PSNP)*. Helm Corporation, Ethiopia
- Handayani, S. (2013). 'Conditional cash transfers – are they helping to promote gender equity?' *Asian Development Blog*. Available at <http://blogs.adb.org/blog/conditional-cash-transfers-are-they-helping-promote-gender-equity>
- Johnson, B. & Christensen, L. (2008). *Educational research: quantitative, qualitative and mixed*

*approaches* (3<sup>rd</sup> ed.). Thousand Oaks CA: Sage.

Miller, C., Tsoka, M. and Reichert, K. (2008). *Impact Evaluation Report: External evaluation of the Mchinji Social Cash Transfer Pilot, Boston*. Boston University School of Public Health and the Centre for Social Research, University of Malawi

Ministry of Agriculture (2014). *Productive Safety Net Program Phase 4 (PSNP 4) Enhanced Social Assessment and Consultation Report*. Addis Ababa, Ethiopia

Safety Net Support Facility (2013). *GSD Impact Assessment Report*. Addis Ababa, Ethiopia

Saunders, M, Philip, L., & Adrian, T. (2007). *Research methods for business students*. UK: Prentice Hall.

Singleton, R. & Straits, B. (1999). *Approaches to social research* (3<sup>rd</sup> ed). New York: Oxford University Press.

Slater R. and Mphale M. (2008). *Cash transfers, gender and generational relations: evidence from a pilot project in Lesotho*. Overseas Development Institute, London

Srinthar,D. and Duffield, A. (2006) *A Review of the Impact of Cash Transfer Programs on Child Nutritional Status and some Implications for Save the Children UK Programs*. London, Save the Children UK

UNICEF (2015). *'Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer in SNNP Region' UNICEF Progress Report to Irish Aid*. Addis Ababa, Ethiopia

UNICEF (2012). *Integrated Social Protection Systems: Enhancing Equity for Children*. UNICEF Social Protection Strategic Framework. New York: UNICEF

Yablonski, J. and O'Donnell, M. (2009). *Lasting Benefits: The role of Cash Transfers in Tackling Child Mortality*. London: Save the Children UK