Social Protection & Gender Equality Outcomes Across the Life-Course

A Synthesis of Recent Findings
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SOCIAL PROTECTION AND GENDER EQUALITY OUTCOMES ACROSS THE LIFE-COURSE

A synthesis of recent findings
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Section 1. Introduction
The development of nationally appropriate social protection systems and measures for all is recognised as core to Sustainable Development Goal (SDG) 1: End Poverty (UN, 2021). However, while there is a wealth of evidence about the positive impacts of social protection on poverty, vulnerability, and social exclusion, we know far less about whether and how various forms of social protection can be made more gender-responsive (see Box 1) and contribute to delivering on gender equality outcomes across other SDGs. Knowledge gaps about the impacts of social protection include not only SDG 5 (Gender Equality, including freedom from gender-based violence and harmful traditional practices such as child marriage), but also SDG 3 (Health and Wellbeing), SDG 4 (Inclusive and Quality Education), and SDG 8 (Decent Work). Indeed, there are significant concerns that without more focused attention to gender dimensions, social protection programmes may inadvertently reinforce existing roles that disadvantage girls and women across the life course.

This synopsis of a rapid evidence assessment briefly summarises the recent evidence on whether and how social protection programmes in low- and middle-income countries (LMICs) can contribute to gender equality from infancy through to adulthood.

Our evidence assessment took as its starting point Bastagli et al.’s (2016) rigorous review of cash transfer programmes, which are the most common form of pro-poor social protection in developing countries (see Box 2). As our review is focussed on three social protection modalities—cash and asset transfers (including school feeding), public works programmes, and social health insurance—we then drew on more recent synthesis documents (for summaries of the post 2016 evidence base) as well as other foundational literature (e.g. Holmes and Jones, 2013; Kabeer, 2015; Chopra, 2019; Barca, 2019) (to extend beyond cash transfers). Because systematic reviews only rarely include details that speak to gender differences (or differences between majority and minority groups), we also incorporated insights from primary research. In order to maximise opportunities for distilling actionable regional and global lessons about intervention types and programme outcomes, unless there are no other sources for a particular outcome, we have concentrated on programmes that reach at least 5,000 people and are evaluated in a transparent manner, preferably using experimental or quasi-experimental methods (where possible alongside a qualitative component) with a sample of at least 500. Because longer-term impacts often take years to become visible, we have included evaluations of both current and ended programmes. We note that many ended programmes were used as pilots for current programmes and that many current programmes have shifted shape considerably over the years, as objectives and fiscal space have shifted, and good practices have become clearer. This means that different evaluations of the same programme are not necessarily directly comparable. We have been especially flexible about our inclusion criteria

Box 1: What does gender responsiveness mean?

UNICEF’s Innocenti’s (2020) Gender responsive and age sensitive social protection (GRASSP) conceptual framework maps social protection programmes onto one of five levels of a ‘gender integration continuum’. Programmes that actively exclude women or their gendered needs (e.g. mandate that they retire years before men) are gender discriminatory. Programmes that maintain the gender-inequitable status quo (e.g. require male headed and female headed households to contribute the same number of hours to public works, despite female headed households generally being more labour constrained) are gender-blind. Programmes that take account of women’s gendered needs, but do so in a way that conforms to existing gender norms (e.g. assume that women are responsible for child rearing) are considered gender-sensitive. The GRASSP framework observes that the goal of social protection ought to be to move beyond mere sensitivity to actively responding to women’s and men’s gendered needs (gender-responsive) and even addressing the root causes of gender inequality (gender-transformative)—by striving ‘to transform discriminatory and harmful social and gender norms that affect women’s and girls’ capabilities and empower them to exercise their agency and live to their full potential’ (p. 11, emphasis added). While the framework acknowledges that a ‘diverse set of risks also accrue to men and boys’ (p.8), there is limited attention to what these risks are and how social protection might address them, owing to the reality that patriarchal gender norms leave girls and women disproportionately disadvantaged across domains.
in two main cases: humanitarian contexts, where evidence is thinner and methods are necessarily less rigorous, and in regard to experimental programmes with an explicit gender focus, where programme and sample sizes are often limited.

Evidence is organised around four themes—1) education and learning, 2) health and nutrition, 3) protection from age- and gender-based violence, exploitation and neglect and 4) economic empowerment—and within those themes as far as possible by broad life stage: early childhood (under 5 years), middle childhood (5–9 years), adolescence (10–19 years) and adulthood (20+).

For each theme we first present the broader evidence on how social protection is contributing to progress, before

Box 2: Overview of social protection programming

While social protection encompasses a wide array of policies and programmes including parental leave and unemployment insurance, this review is more tightly focused on only three types of pro-poor programmes: cash and asset transfers, public works programmes, and social health insurance. Even within this subset of programmes, however, programmes are highly diverse, which significantly limits scope for synthesising findings in any meaningful way.

Cash and asset transfers are the largest and most diverse set of programmes. They include cash and assets (generally food) provided at the household level to improve consumption; stipends, scholarships, or assets (such as uniforms or bikes) provided to children (or their families or schools) specifically to improve access to education, and school feeding programmes. Within this broader category of social protection:

- **Aims vary**—In Latin America, where some programmes date to the 1990’s, an overarching objective of many programmes is the development of children’s human capital (to reduce intergenerational poverty). In sub-Saharan Africa, where most programmes are a decade younger, programmes are primarily focused on improving food security and resilience (including addressing the needs of the HIV-affected).

- **Targeting varies**—While Tanzania’s Productive Social Safety Net (PSSN) and Kenya’s Cash Transfer for Orphans and Vulnerable Children (CT-OVC) both target poor households, Kenya’s programme is aimed specifically at those fostering orphans and other vulnerable children.

- **Programme participants vary**—In Latin America, women/mothers are generally primary recipients of cash; in sub-Saharan Africa, primary recipients are more varied (some programmes target households, some target caregivers, and some target women directly). In addition, it is not uncommon for education-specific programmes to benefit adolescents directly.

- **Benefits vary**—Indonesia’s Program Keluarga Harapan (PKH) and Bolivia’s Bono Juancito Pinto (BJP) both provide cash, but transfers from the former are worth 15-20% of household consumption while those from the latter are worth only 3%. In further contrast, India’s mid-day meal scheme provides lunch to nearly 1.3 million school children and in Zambia the World Bicycle Relief provides bicycles to adolescent girls to help them get to school.

- **Conditions vary**—The Philippines’ Pantawid Pamilyang Pilipino Program (4Ps), similar to most Latin American cash transfer programmes, has hard health and education conditions that must be met in order to receive benefits; Jordan’s Hajati is labelled for education but compliance is not monitored; and South Africa’s Child Support Grant, like most cash transfers programmes in sub-Saharan Africa, is unconditional.

- **Implementers vary**—Although most programmes are funded and implemented by national governments, some (e.g. Lebanon’s Multipurpose Cash Grant) are implemented by donors, some (e.g. West Bengal’s Kanyakshree) are implemented by state governments, and some are run by NGOs (e.g. Camfed is working in a variety of sub-Saharan countries).

Public works programmes are most often focused on improving immediate consumption and provide cash or food in exchange for labour. These programmes, which are far less common, but include Ethiopia’s Productive Safety Net Programme (PSNP) and India’s Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), tend to be relatively similar in that jobs are generally: physically demanding, seasonal, create infrastructure beneficial to the general public, and take some account of women’s more limited capacity while pregnant and breast-feeding.

Social health insurance is aimed at helping the poorest afford health care. Social health insurance is sometimes linked to flagship cash transfer programmes (e.g. Ghana’s Livelihood Empowerment Against Poverty (LEAP) or the Palestinian National Cash Transfer Programme (PNCTP)) and are other times organised at the community level (e.g. through India’s Self Employed Women’s Association).
turning to gendered effects and recommendations for gender-responsive policy and programming.

Where the evidence permits, we attend to differences for especially marginalised populations with this gender lens, including ethnic minorities, refugees, those with disabilities, and lesbian, gay, bisexual, transgender and queer (LGBTQ+) groups.

This synopsis is organised as follows:
- Sections 2–5 present evidence according to each of the four themes.
- Section 6 presents cross-cutting evidence on how social protection can support people in humanitarian contexts.
- Section 7 presents our conclusions and recommendations.

Figure 1: What positive outcomes might social protection contribute to?

<table>
<thead>
<tr>
<th>Early childhood</th>
<th>Middle childhood</th>
<th>Adolescence</th>
<th>Adulthood</th>
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<tbody>
<tr>
<td><strong>EDUCATION</strong></td>
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<tr>
<td>• Improved cognitive and non-cognitive development</td>
<td>• Reduced mortality</td>
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<td>• Improved access to early childhood education</td>
<td>• Improved feeding practices and diet</td>
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<td>• Improved on-time primary enrolment and educational expenditures</td>
<td>• Reduced stunting</td>
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<td>• Improved attendance and more time to study</td>
<td>• Improved uptake of vaccinations</td>
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<td>• Improved learning and grade progression</td>
<td>• Reduced illness</td>
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<td>• Improved grade/primary completion</td>
<td>• Improved access to health care</td>
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<td>• Improved access to, success in, and completion of secondary school</td>
<td>• Reduced health expenditures</td>
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<td>• Improved access to, success in, and completion of post-secondary education</td>
<td>• Improved SRH knowledge</td>
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<td>• Reduced sexual debut and reduced risk taking</td>
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<td></td>
<td>• Improved uptake of contraception and maternal care</td>
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<td><strong>HEALTH AND NUTRITION</strong></td>
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<td>• Reduced mortality</td>
<td>• Reduced child abuse and neglect</td>
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<td>• Improved feeding practices and diet</td>
<td>• Reduced time in risky environments</td>
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<td>• Reduced stunting</td>
<td>• Reduced child labour</td>
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<td>• Improved uptake of vaccinations</td>
<td>• Reduced FGM/C</td>
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<td>• Reduced illness</td>
<td>• Reduced child marriage</td>
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<td>• Improved access to health care</td>
<td>• Reduced risky sex</td>
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<td>• Reduced health expenditures</td>
<td>• Reduced SGBV</td>
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<td>• Improved SRH knowledge</td>
<td>• Reduced IPV</td>
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<td>• Delayed sexual debut and reduced risk taking</td>
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<td>• Improved uptake of contraception and maternal care</td>
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<td><strong>PROTECTION</strong></td>
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<td>• Reduced child abuse and neglect</td>
<td>• (Eventual) higher odds of employment</td>
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<td>• Reduced time in risky environments</td>
<td>• (Eventual) higher income</td>
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<td>• Reduced child labour</td>
<td>• Improved options for/higher rate of savings</td>
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<td>• Improved risk management</td>
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<td>• Reduced child marriage</td>
<td>• Better access to assets and inputs</td>
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<td>• Reduced risky sex</td>
<td>• Improved intra-HH gender relations</td>
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Section 2. Education
2.1 How might social protection support gender equality in education?

Understanding how social protection can support gender equality in education requires looking at a myriad of factors, in part because the diverse indicators used to measure education outcomes are intricately intertwined and become more so as children grow up and move through school, with what constitutes a measure of success at one age then becoming an antecedent of success at an older age (see Figure 2). In many low- and middle-income countries (LMICs), neither girls nor boys have access to quality education. A positive contribution to gender equality in those environments is improving access and uptake—keeping more children in school for more years and supporting them to develop the basic learning competencies and life skills they need for adulthood. Second, the gender patterning of educational disadvantage is highly variable. Globally, despite focused attention on girls’ education as the ‘World’s Best Investment’, girls remain significantly less likely to have access to primary school than boys. On the other hand, on a global basis, and despite girls’ historical disadvantage, boys’ enrolment in secondary school now lags behind that of girls. Global patterns, however, hide marked regional variation, with boys advantaged over girls across levels in sub-Saharan Africa and South and Central Asia and girls advantaged over boys across levels in Latin America and the Caribbean and East and Southeast Asia. Also, even within education levels, indicators must often be deconstructed in order to be understood: for example, girls’ poorer completion of primary school may be due to lower initial enrolment, higher dropout rates or both. Finally, while globally, poverty and living in a conflict-affected context—rather than gender—are the primary reasons why children are denied an education, interactions between these three factors tend to leave the poorest girls most at risk of losing out, even in countries that are otherwise making good progress towards equity. Although the learning crisis impacts both girls and boys, in some LMICs (e.g. Jordan and Uganda) girls outperform boys while in others, boys outperform girls (e.g. Ethiopia and India).

Figure 2: Positive outcome indicators for education and learning

1 In the Middle East and North Africa, boys hold enrolment advantages at the primary and lower-secondary levels, but girls are much more likely to be enrolled at the upper-secondary level.
2 Intersectionality also complicates the picture, with girls from marginalized groups further disadvantaged.
2.2 What does the recent evidence say about how social protection supports education and learning?

Early childhood (under 5 years)
Recent evidence, primarily from Latin America but also from Africa, suggests that social protection delivered in early childhood can have substantial impacts on educational outcomes—especially cash transfers, and in particular when they are closely paired with a ‘plus’ component that focuses on parenting skills. Critically though, in terms of understanding programme impacts, many outcomes do not become visible until children are older and have entered—or even completed—formal education. Evidence shows that:

- Social protection can improve young children’s cognition and access to preschool—and ultimately children’s enrolment in and progression through primary and secondary school.
- Impacts are derived through improved nutrition, reduced poverty, reduced parental stress, improved caretaking practices, and better access to preschool.
- Non-effects are primarily the result of programmes’ failure to capitalise on the first 1,000 days of life in ways that speak to the varied needs of young children—that is, programmes tend to emphasise nutrition and physical health and ignore the importance of stimulation.

Middle childhood (5-9 years)
The evidence base on the impacts of social protection (especially cash transfers) on children’s educational outcomes continues to grow more robust, as newer programmes are evaluated and older programmes’ longer-term effects become visible. Indeed, drawing on global evidence some researchers have concluded that cash transfers - unconditional and conditional - are one of the two best ways to ensure that children have access to education (the other being building schools). It is important to highlight the caveat that conditions come with various issues and costs—including further disadvantaging those unable to comply; not being possible in many environments due to monitoring capacity and costs; and the incentive effect sometimes being rivalled by simple labelling of cash as for a specific purpose. That being said, there is a growing body of evidence, primarily from Latin America but also from Asia and North Africa, where programmes are mainly conditional, that conditions tend to improve educational impacts, through incentivising uptake and encouraging families to invest in children’s longer-term futures over immediate household needs. Similar evidence from Eastern and Southern Africa looking at unconditional transfers also show their critical impact in addressing economic barriers to accessing education services. Compared to cash transfers, there is significantly less research on the impacts of public works programmes, school feeding and health insurance. The evidence that does exist touches on both access and learning outcomes and trends towards positive. Looking across social protection modalities, evidence shows that:

- Social protection can improve children’s enrolment, attendance, and eventual educational achievement. It also increases households’ educational spending and the time allotted for children to study. With the caveat that learning outcomes are far more dependent on the quality of education than is access, evidence is also growing that social protection can improve children’s test scores.
- Impacts accrue through relieving consumption constraints (which can offset both the real and opportunity costs of education and shift how caregivers prioritise girls’ versus boys’ education), improving children’s capacity to learn and participate (via reduced hunger, improved nutrition and health, reduced stress and better mental health, higher aspirations, more time to study, etc.), and directly incentivising uptake through conditions or labels.
- Non-effects are the result of supply side deficits, inadequate size of benefits and duration of support (especially for the most vulnerable), unpredictable and irregular payment delivery, inequitable access to programming, and overly narrow programme objectives that fail to explicitly frame for longer-term...
educational outcomes (rather than reduced poverty and improved consumption).20

Adolescence (10-19 years)
A growing body of global evidence highlights that the effects of cash transfers on adolescents’ educational outcomes tend to be significantly greater than the effects on younger children. This is primarily because the real and opportunity costs of educating adolescents, who face competing pressures to earn (boys) and marry (girls) are higher.21 The effects of asset transfers (especially bicycles to facilitate school attendance), school feeding and health insurance also appear positive.22 However, public works programmes can be detrimental to adolescents’ schooling because of substitution effects.23 Evidence shows that:

- Social protection can improve transitions to secondary school, reduce absenteeism, encourage parents to allow more time for homework, and improve grade completion, learning outcomes and graduation rates.24 Programming that supports adolescent girls’ education not only reduces their odds of child marriage but can have cascading positive impacts on younger siblings’ education.25
- Impacts accrue by relieving financial constraints and supporting adolescent agency and commitment to education. Evidence suggests that conditioning achievement and completion—rather than attendance—can amplify impacts.26
- Impacts are limited by supply-side deficits, poor targeting, transfers that are too small, and a failure to target both parents and adolescents with information about the value of education.27

2.3 What does the recent evidence say about how social protection contributes to gender equality outcomes in education?

Early childhood
- With the caveat that education for all is recognised as central to achieving gender equality, there is no evidence that speaks to how social protection delivered in early childhood might directly improve gender equitable learning outcomes, despite some theoretical linkages related to son preference. Instead, concerns centre around the way that programmes focus on women as mothers and caregivers, potentially at the expense of their time and opportunities for individual empowerment.28

Middle childhood
- Outside of humanitarian contexts, most social protection programmes impact girls’ and boys’ educational trajectories in broadly similar ways.29
- However, household (including composition and livelihood), community, and national contexts are critical and can shape social protection programme impacts on primary school-aged girls and boys.30 For example, in some countries, such as Honduras or Bolivia—where boys are not perceived to need education to participate in the ‘brawn’ economy or when the opportunity costs of sending boys to school cannot be borne—social protection has larger impacts on girls’ education than boys’. In other countries, such as South Africa or Lesotho—where girls are more likely to be enrolled and learning than boys—social protection has larger impacts on boys’ education than girls’.
- Given that globally, girls are more likely to be out of school than boys at primary level, what stands out in terms of social protection’s gendered impacts on childhood educational outcomes is the overall lack of evidence that programmes disproportionately support girls’ access (though as noted above they do support access to education for girls and boys). Though one would hypothesise that gains for girls ought to be easier to capture, this is not borne out by evaluation findings to date. Indeed, of the evaluations that directly compare programme impacts on girls and boys and find a difference, our evidence assessment suggests that boys tend to be advantaged. This is partly because there are too few evaluations, and too few social protection programmes, in the countries in which girls are especially likely to be denied an education.
- Some evidence, primarily from sub-Saharan Africa, suggests that school feeding programmes—especially those that provide girls with take-home rations—may be especially effective at closing gaps that disadvantage girls at primary school level (though it should be noted...
that providing girls with take home rations also improves boys’ enrolment.\textsuperscript{31}

### Adolescence

Programme impacts and impact pathways often diverge during adolescence, as children begin to take on (or are prepared by their families and communities to take on) adult roles.\textsuperscript{32} On the whole, where evidence suggests that social protection impacts adolescent girls’ and boys’ access to education and learning in different ways, that evidence again speaks most strongly to girls’ recent educational progress.\textsuperscript{33}

- For boys, the opportunity costs of education grow rapidly during adolescence, due to real trade-offs with paid work.\textsuperscript{34} Trade-offs are rendered even less favourable where labour market realities limit the value of boys’ continued education (for example, in humanitarian contexts such as Jordan and Lebanon where refugees face labour market restrictions) or where school is perceived as ‘un-manly’ (for instance, in South Africa and the Caribbean).\textsuperscript{35} Social protection can improve adolescent boys’ access to education—but it becomes increasingly important to take into account boys’ higher opportunity costs, which may require ‘plus’ programming that helps boys and their parents understand the longer-term returns of investing in schooling and directly addresses the ways in which traditional masculinities can truncate boys’ trajectories.

- Categorising costs for adolescent girls is more difficult—especially given that in an increasing number of countries (especially in Latin America and the Caribbean and East and Southeast Asia) girls are more likely to be enrolled at secondary level than boys.\textsuperscript{36} In some contexts, costs are monetary, with families less willing to invest in girls’ education because girls are not seen as future breadwinners.\textsuperscript{37} In other contexts, costs represent time. While the bulk of research suggests that the opportunity costs of educating girls are lower than those of boys—as domestic work is typically easier to arrange around (and combine with) school than boys’ paid work (albeit at the cost of learning and time for other important activities that support girls’ wellbeing)—this is not always the case (and may be shifting due to the COVID pandemic and climate change, with, for example, spill-over effects on water and fuelwood collection times).\textsuperscript{38}

- In many LMICs, pubertal changes begin to limit girls’ access to education, due to both social norms (about appropriate roles for girls) and girls’ limited access to services and support. Some girls drop out due to early marriage or pregnancy, and others drop out to follow social norms that dictate their need to remain ‘honourable’ and thus marriageable.\textsuperscript{39} Global evidence is clear that programming—especially cash and asset transfers—can protect girls by simultaneously covering the real costs of education and providing them with a social status (that of student) that buys time before the social pressures around marriage become unavoidable.\textsuperscript{40} The programmes that are most successful in raising girls’ educational trajectories appear to work by generating ‘positive externalities’ that shift gender norms as transfers offset real costs.\textsuperscript{41}

- In some contexts, conditions can help offset girls’ (or boys’) educational disadvantage, but must take account of costs, context (such as possibility of further marginalising the less advantaged) and could consider targeting girls and boys—not just parents—in line with their evolving capacities.\textsuperscript{42}

- While the bulk of evidence suggests that targeting men versus women as primary beneficiaries does not impact children’s educational outcomes, research from Mexico, Bolivia, and Lesotho has found that targeting women may sometimes harm adolescent girls, because women family members can be even more vested in maximising boys’ future earnings than men, due to patriarchal norms and systems of inheritance.\textsuperscript{43}

### 2.4 Implications of the evidence base for how to use social protection to support education and learning outcomes that contribute to gender equality

1. Start with a vulnerability assessment to identify similarities and differences between groups of children (for instance, by sex, disability status, ethnic group, LGBTQ). Critically, in terms of gender equality, it is important to carefully map girls’ and boys’ access to and success in education—paying attention to initial enrolment, attendance, repetition, progression, educational
attainment and dropout—to identify which children are vulnerable to what factors and when.

2. **Given that education is associated with more equitable attitudes and practices, scale up support**, reaching more children with more benefits for more time.

   - **Do not ‘silo’ early childhood education (ECE).** To ensure that children matriculate into primary school ready to learn, use social protection programming to encourage and incentivise parents to engage and stimulate their young children and enrol them in preschool (where possible). Early learning should be prioritised on a similar footing to health and nutrition objectives—and should be designed to support gender-equitable socialisation.

   - **Ensure that transfers are large, regular and predictable enough** to offset both real and opportunity costs—especially as children grow older and as the economic and social costs of education increase and diverge by gender.

   - **Directly address the higher practical and social barriers often faced by the most marginalised, by levelling support** so that the most disadvantaged children and adolescents (including girls, minorities, and those with disabilities) get the most support (for instance, higher stipends or solar lights to enable evening study).

   - Depending on context, as children become adolescents **consider supplementing household-level support with adolescent-targeted support**—which can have the added advantage of increasing young people’s agency and empowering girls.

   - **Invest in school transport**, which in many contexts is especially important for adolescent girls. Where possible, **invest in bicycles**—which may reap a double dividend in that they improve girls’ access to school (via reduced time and risk of violence) as well as shift gender norms about girls’ mobility.

   - **Scale up school feeding**, ideally providing food at the beginning of school shifts to maximise children’s attention spans and offering take-home rations to girls in contexts where their participation lags.

   - **Scale up health insurance** for children and their parents—something that has particular implications for girls given that they are more likely to be tasked with the care of ill siblings or to have to take on more domestic responsibilities if their mother is ill.

   - **Where public works programmes are the preferred modality, ensure that programmes provide childcare** that simultaneously protects girls’ and women’s time and meets children’s needs for stimulation—and also have **monitoring systems in place that limit risks of children participating in public works instead of parents.**

   - **Invest in ‘plus’ programming** alongside more traditional social protection modalities—starting with inexpensive awareness-raising/information on the importance of education for girls and boys that is targeted at parents and adolescents, including parenting education (for parents) and life skills (for children and adolescents), and ideally incorporating direct attention to harmful gender norms.

   - **Be aware of gender differences and how they shape impacts and impact pathways**—designing interventions that address the antecedents of inequality, such as paid work for boys and child marriage and unpaid work for girls. Where possible, interventions should attempt to generate social pressure to support a shift in behaviour towards equal access to education for girls and boys, by using public ceremonies to distribute assets for girls, such as bicycles.

3. **Invest in better and more disaggregated data**—not only do we know little about how social protection can support the schooling of children with disabilities or children from minority groups, but many evaluations still fail to disaggregate findings by age and sex. There is also scant research on programme modalities beyond cash transfers, and there is too little data available from the countries (e.g. Chad and Guinea) with the largest gender gaps in favour of boys.
Section 3.
Health and nutrition
3.1 How might social protection support gender equality in health and nutrition?

How might social protection support gender equality in health and nutrition?

With maternal health central in the evidence base on social protection and health—both for its own sake and because mothers’ health and nutrition determine child outcomes—many health indicators are inexorably gendered (see Figure 3). In other ways, however, attention to gender and gender equality is absent from social protection evaluation evidence relating to the health sector. Indicators of food security, for example, are often captured only at the household (rather than the individual) level. In addition, indicators of children’s outcomes (such as mortality and stunting) are rarely disaggregated by sex, sometimes even in contexts where there is reason to believe that girls may be particularly disadvantaged due to cultural practices. Boys’ and men’s roles in reproductive and child health are not systematically considered. These gaps limit our ability to draw conclusions about the contribution of social protection programming in supporting gender equality in health and nutrition.

3.2 What does the recent evidence say about how social protection supports health and nutrition?

Early childhood (under 5 years)

Nutrition interventions targeted during the first 1,000 days after conception have proven essential to reduce stunting among young children and shaping child (and ultimately adult) health (see Box 3). The effectiveness of these nutrition interventions may be further enhanced through cash transfer or public works programming that improves household food security by increasing affordability of nutritious foods and dietary diversity as well as uptake of health services (perhaps especially—with caveats—when uptake of those services is directly conditioned). Health insurance may also improve child health outcomes, by covering general health costs and by protecting individual or household budgets from catastrophic health shocks that can force people into negative coping mechanisms and deeper poverty but evidence is not only thin, but often contradictory. Evidence shows that:

Figure 3: Positive outcome indicators for health and nutrition
Social protection can contribute to reduced under-five mortality by improving household food security and feeding practices and uptake of preventive (such as skilled delivery and vaccinations) and curative services. In some cases (perhaps most often in Latin America and Asia), it also improves young children’s growth.

Impacts are derived through reduced poverty (and improved consumption), targeting the first 1,000 days, and ‘plus’ programming aimed at behaviour change directed at care (e.g. feeding practices and care-seeking).

Non-effects—which for many programmes include the anthropomorphic indicators that improved diet ought to impact—are primarily the result of too little attention to (un)healthy environments, supply-side deficits (e.g. poor quality health services or providers that do not take adequate account of cultural preferences), insufficient value of the transfer (or insurance), and insufficient information and out-reach to the most vulnerable.

Middle childhood (5-9 years)
There is limited evidence that addresses how social protection can improve health and nutrition outcomes in middle childhood as opposed to early childhood, largely due to evaluations’ focus on the educational outcomes of school-aged children. That said, research from LMICs around the world suggests that both cash and school feeding can improve longer-term outcomes for children.

Positive impacts require that transfers are large enough vis-à-vis household consumption and can be further enhanced if accompanied by information aimed at shifting specific parenting practices. School feeding programmes have the potential to improve targeted dietary behaviours. As above, there is limited and mixed evidence about the impacts of health insurance.

Adolescence (10-19 years)
Evidence on the impact of social protection programmes on adolescent health is also scarce, outside of impacts on sexual and reproductive health. This is in keeping with the broader limited visibility of adolescents within the sector. There is, however, evidence—primarily from sub-Saharan Africa—that unconditional cash transfers can reduce risky sexual behaviour (especially for girls) and mixed evidence that it can reduce boys’ substance abuse.

Evidence shows: Social protection can reduce risky sexual behaviours and improve adolescents’ knowledge of SRH, which can translate into reduced rates of adolescent pregnancy and sexually transmitted illnesses (STIs), including HIV. Social protection can also improve adherence to anti-retroviral (ART) protocols, improving the health of HIV+ adolescents.
Impacts are derived through reduced poverty, plus programming aimed at behavioural and norm changes for caregivers and adolescents, keeping adolescents (especially girls) in school and linking adolescents with health care services. Non-effects are primarily the result of supply-side deficits, including those that render services ‘un-friendly’ to adolescents; inattention to the social norms that shape adolescent health, especially sexual health; and evaluations that are not designed to track individual adolescent outcomes.

(Reproductive) adulthood (10+ years)
With very few exceptions, social protection programmes designed to improve adult health focus on improving maternal (and ultimately infant) outcomes—given that becoming a mother in the Global South remains unacceptably dangerous in many countries. It is common for cash transfer programmes (especially in Latin America) to require that pregnant women attend antenatal clinics and deliver in facilities with skilled birth attendants and a few programmes (such as India’s Janani Suraksha Yojana) specifically focus on maternity care (rather than poverty-reduction), by providing vouchers to expectant mothers and providers.

With evidence from sub-Saharan Africa suggesting that social assistance do not commonly improve women’s nutrition, direct prenatal and postnatal nutrition supplementation is also common. Evidence on the impacts of health insurance is again thin and mixed, with a recent systematic review concluding that there is a dearth of research—especially on health and financial outcomes (as opposed to care utilisation). Evidence shows:

- Especially in Latin America and Asia, social protection contributes to improved maternal nutrition, uptake of maternity care, and reduced maternal mortality. It can also improve contraceptive uptake. Despite concern, evidence indicates that cash does not support men’s substance use. Indeed, there is some evidence that cash may even reduce it, perhaps because of a labelling effect, because women have more control over resources.
- Impacts are derived through relieving financial constraints (including by covering the cost of transport), incentivising skilled care and facility delivery, improved outreach and follow-up by health workers, and ‘plus’ components aimed at behavioural change. Non-effects are primarily the result of supply-side deficits (e.g. services are too far, are of poor quality, or are not insufficiently sensitive to cultural preferences), onerous conditionalities (especially where services are distant), and limited attention to the gender norms that disadvantage girls and women, in terms of both their access to resources within the household and their demand for services.

3.3 What does the recent evidence say about how social protection contributes to gender equality outcomes in health and nutrition?

- Early childhood: Despite evidence that social protection can contribute to improved health for young children, there is no evidence that addresses how programming might directly contribute to gender equality, despite some evidence that this might be needed (for example, due to son preference). Indeed, no studies disaggregate by child sex.
- Middle childhood: Despite the potential for increasingly divergent health outcomes between girls and boys, due to son preference and gendered activities (for example, boys having more accidents because they have greater mobility), only a few recent studies disaggregate outcomes by child sex. One, in Kenya, found that a UCT improved boys’ health more than girls’, with no explanation posited by the authors. Another, an Indian CCT designed to address son preference and targeting mothers as beneficiaries, found that cash can shift mothers’ valuation of girls as well as lead to improved uptake of health services for girls (fathers were not included in the study).
- Adolescence: Although contexts vary, risky adolescent behaviour (such as early sexual debut, drug use or exploitative [transactional] sex) tends to be gendered, suggesting that social protection could take an increasingly individual—and gendered-- approach during the second decade of life. This is especially true of ‘plus’ components aimed at behaviour change (though the provision of information as well as
through enhanced linkages with services), but may also be required of core programming given that there is evidence that impact pathways also diverge during adolescence. There is evidence, for example, that cash reduces girls’ (including those living with HIV) risky sexual behaviour more than boys’ (suggesting that girls take risks to alleviate poverty and boys take risks to demonstrate masculinity) and that girls’ SRH outcomes more sensitive than boys’ to improved access to education.73

Adulthood: Cash transfers paired with ‘plus’ programming that provides health information and affords women with the opportunity to discuss their gendered needs as individuals (rather than treating them solely as mothers) can improve uptake of maternal and sexual and reproductive health services, which is a core gender equality objective.74

3.4 Implications of the evidence base for how to use social protection to support health and nutrition outcomes that contribute to gender equality

1. Capitalise on the first 1,000 days, ensuring that adolescent girls and women are well nourished before and during pregnancy, and that mothers, infants and toddlers have all necessary nutritional support and healthcare.

2. Sustain and scale up cash transfers and health insurance to continue reducing death and illness among under-fives.

3. Aim broader:
   - Ensure that social protection programmes are better aligned with the most common context-specific causes of ill-health and death across the life course.
   - Step up transfers and school feeding, reaching more people with more sustained support.
   - Expand culturally sensitive health insurance/waivers, taking into account the barriers which can prevent enrolment, and covering the cost of transport to medical services and medication.

4. Use ‘plus’ programming to address the social determinants of health:
   - Ensure that parents—mothers and fathers—receive information on feeding and care practices, care seeking, and hygiene and sanitation, and directly address gender norms and how they may shape context-specific cultural practices that may disadvantage girls or boys (and women or men).
   - Teach children how to eat well and stay healthy—by pairing health education classes with provision of healthy school meals and/or take-home rations and spaces for active place.
   - Ensure that adolescent girls and boys are provided with comprehensive health and sexuality education, as well as services that support good health, including sexual and reproductive health. Take care to directly address the gender norms that leave girls and boys vulnerable to different health risks.
   - Support women’s gendered needs with ‘plus’ components that focus not only on women’s and children’s health needs (such as delivery options and feeding practices) but on gender norms more broadly (such as reducing violence and promoting empowerment).
   - Make visible (including to men themselves) and support men’s gendered needs, by shifting the masculine norms that leave them vulnerable to risks such as substance use and prevent them from accessing timely health care.
   - Work with healthcare providers to ensure that they know how to communicate accurate knowledge to people of all ages and are comfortable discussing sensitive topics.

5. Ensure that increased demand for health services is matched by improved supply—working to support systems to scale up both ‘hard’ health infrastructure (such as clinics and ambulances) as well as investing in strengthening provider capacity to improve the quality of services.

6. Invest in disaggregated data that makes gendered health outcomes more visible, and target programmes accordingly.
Section 4.

Protection from age- and gender-based violence, exploitation and neglect
4.1 How might social protection support gender equality in terms of protection from violence, exploitation and neglect?

Both within and outside of the home, age- and gender-based violence, exploitation and neglect are linked to stress stemming from economic and physical insecurity and to social norms regarding generational and gender power dynamics.\textsuperscript{75} How social protection might contribute to reducing protection risks varies by age and specific risk (see Figure 4). To tackle violence in the household, social protection interventions can contribute to relieving the financial stress that can be a driver of child maltreatment and child labour as well as child marriage and intimate partner violence (IPV) (which harms children as well as women).\textsuperscript{76} To reduce women’s risk of IPV, social protection interventions additionally can contribute to ameliorating intra-household conflict and empower women.\textsuperscript{77} Many programmes target women as beneficiaries (to shift household gender dynamics) and can include a series of complementary or ‘plus’ components to address drivers of violence, exploitation and neglect-- such as, parent-education courses (aimed at shifting discipline strategies and raising awareness about discriminatory gender norms) and/or empowerment sessions (aimed at enhancing girls’ and women’s economic and social empowerment).\textsuperscript{78} To tackle violence in the community, including peer violence and gender-based violence (GBV), programmes can contribute to keeping children and adolescents in school. This reduces the time they spend in risky environments. Programmes can also contribute to economically and socially empowering girls and women, which reduces their need to rely on exploitative/transactional sex or marriage for economic security.\textsuperscript{79} Social protection can also contribute to preventing the exclusion and neglect of those with HIV, by ensuring households are sufficiently resourced to provide adequate care.\textsuperscript{80} Social protection programmes have also worked hand in hand with the social workforce and strengthened case management to ensure that individuals and households can be referred to and access a wider array of critical systems and services, including those that contribute to addressing their protection vulnerabilities.\textsuperscript{81}

Figure 4: Positive protection outcome indicators
4.2 What does the recent evidence say about how social protection supports protection from violence, exploitation, and neglect?

Early childhood (under 5 years)
Evidence on the relationship between social protection and child protection outcomes in early childhood indicates that reduction in exposure to violence and other harm is generally a secondary or tertiary effect of interventions targeting household poverty and parenting practices. There is emerging evidence that seeks to identify causal pathways where there are correlations between social protection interventions and reduced incidence of violence in early childhood (which is primarily the result of maltreatment by caregivers, often for perceived disciplinary reasons). Additional pathways that emphasise positive parenting practices and improving caregivers’ mental health show strong potential, especially if linked with cash or asset transfers. In South Africa, for instance, parent education programmes developed by the World Health Organization (WHO) and UNICEF were able to reduce young children’s exposure to violence by improving caregiver mental health and reducing household stress by bolstering families’ economic resilience through financial planning workshops.65 A case management approach, whereby dedicated social workers can tailor social protection to families’ needs, has also shown strong potential for addressing underlying vulnerabilities that contribute to household violence. Chile’s Solidario (a holistic social protection approach that includes cash) collaborates with the Foundation for the Promotion and Development of Women to link families to social services. The Pantawid Pamilyang Pilipino Program (4Ps cash ‘plus’ intervention) in the Philippines employs similar linkages to parenting classes that have shown a positive shift in women’s attitudes toward physical violence, with female participants less likely to agree with any justifications for violence against women (men’s attitudes were not measured).64, 65

Middle childhood (5-9 years)
Although exposure to community violence increases with age as children begin spending more time unsupervised outside the home, the majority of protection outcomes in middle childhood mirror those in early childhood, with violence in the household at the hands of caregivers the dominant concern.66 Social protection entry points are accordingly similar, with programmes targeting economic resilience and caregiver mental health at the household level in order to improve parents’ attitudes and practices.67 Social protection also contributes to school enrolment, which reduces the time that children spend with peers in more risky contexts as well as their participation in child labour, which emerges as a factor (especially for boys) in middle childhood and increases during adolescence. For children living with HIV, many of the same risks are magnified due to additional health and care needs, discrimination and stigmatisation, especially in sub-Saharan Africa.68 While younger children can be at risk of GBV, evidence linking GBV to social protection is less robust in childhood than in adolescence, especially evidence with a gender lens.

Adolescence (10-19 years)
Social protection programmes that aim to contribute to adolescent wellbeing are concerned with a range of child protection outcomes. These include the range of outcomes in the early- and middle-childhood stages (see above) as well as outcomes linked to increased risks associated with the transition to adulthood—including domestic and sexual violence, IPV, exploitative/transactional sex and child marriage. In sub-Saharan Africa, cash and asset transfers (including those specifically targeted at girls) as well as financial planning classes have demonstrated efficacy in reducing young people’s exposure to physical violence, adolescent girls’ exposure to GBV as a result of risky sex (including exploitative intergenerational and transactional sex) by facilitating their economic independence.69 While programming focused purely on poverty alleviation is less effective in mitigating child marriage, targeted support for girls’ secondary education through cash and in-kind transfers has successfully delayed marriage for girls across contexts, from India, Bangladesh and Nepal to Uganda, Colombia, Mexico and Pakistan.70 Household-level cash transfer

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5 We recognise that while school enrolment is viewed as a pathway for reduced exposure to violence, school can also be an unsafe environment for children and adolescents due to peer and teacher violence. However, the literature does not establish strong linkages between social protection and a reduction in school violence.
programming can also reduce reliance on child labour, both for pay and in the home, by reducing the need for additional income and increasing enrolment, which can offset time spent participating in domestic labour. However, programme design and (individual-level) monitoring is crucial, as interventions focussed on livelihoods have the potential to cause labour substitution effects, leading to the risk of unintended increases of child labour.

**Adulthood (20+ years)**

The contribution of social protection to violence-, abuse- and exploitation-related outcomes in adulthood primarily involve reduced incidence of GBV, through the same cash and ‘plus’ mechanisms as in earlier life stages. Programmes in LMICs around the world demonstrate potential for primary prevention in the form of economic empowerment through cash transfers (to reduce household stress) in concert with better linkages to services and gender sensitivity trainings delivered through ‘plus’ programming (to contribute to shifting power dynamics).

For instance, by combining cash transfers with mentorship trainings, the TASAF cash plus programme in Tanzania was able to reduce violence perpetrated by male youth by 6.3 percentage points. Sensitivity programming that involves women and men, including gender transformative mentorship, group-based trainings and positive gender norms change programming shows strong potential for reducing IPV, and while evidence remains limited, the literature suggests that it could be especially effective when paired with cash transfers through three interrelated pathways: (1) economic security and emotional well-being; (2) reduced intra-household conflict; and (3) women’s empowerment.

Protection programmes that include case management can also address the social vulnerabilities that contribute to IPV, such as substance abuse.

**4.3 What does the recent evidence say about how social protection contributes to gender equality outcomes in terms of protection from violence, exploitation, and neglect?**

- **Early childhood:** There is limited robust evidence available on how social protection might improve gender equality in terms of protection outcomes in early childhood. Interventions focus predominantly on gender equality outcomes among caregivers to reduce IPV in households, which is a risk factor for child maltreatment and neglect.

- **Middle childhood:** In contexts where families prioritise boys’ education, social protection that contributes to increasing girls’ enrolment can reduce girls’ disproportionate engagement in unpaid domestic labour. Gender-differentiated outcomes can depend on whether households are headed by males or females. While the reasons are not always clear, a likely factor is that female-headed households are more frequently single-parent or skip generation and therefore more labour-constrained. In Lesotho, for example, cash transfers received by male-headed households saw an increase in girls’ schooling compared to female-headed households, with boys’ labour shifting from agriculture to domestic work, possibly to compensate for girls’ reduced labour participation.

- **Adolescence:** Social protection can contribute to outcomes in the adolescent life stage by seeking to mitigate a myriad of risk factors for physical violence among peers and GBV, including economic insecurity and harmful gender norms, through economic interventions, life skills trainings and gender-positive mentorship and group classes. The preponderance of programming targets outcomes for girls, who are more vulnerable to violence—especially GBV—given that prevailing social norms normalise such violence in many contexts.

- **Gender norms also place adolescent girls at particular risk of child marriage in many LMICs, with poverty acting as a risk multiplier when caregivers (or girls themselves) turn to child marriage as a way to ease the household’s financial burden (or improve girls’ own economic status), a coping strategy particularly prevalent in sub-Saharan Africa. Although child marriage is seen as a means of achieving security, it puts girls at increased risk of exploitation, gender-based violence and health risks including adolescent pregnancy and (in some cases) HIV.**
In other contexts where husbands’ families are traditionally responsible for providing for women, caregivers can see child marriage as an expedient way to reduce their own economic burden, though it also puts early-married girls at risk of violence. Life skills and gender equality training such as gender transformative mentoring can support shifting social norms away from this harmful practice, especially when paired with cash and asset transfers and financial literacy trainings. In Bangladesh—which has one of the highest rates of child marriage in the world—a financial incentive for delaying marriage, paired with empowerment programming, has had a marked impact on age at first marriage.

Finally, programming to reduce violence against adolescent boys, which is most often perpetrated by peers in the community, appears largely ignored by social protection programming, outside of efforts to improve participation in education.

**Adulthood**: Social protection programming can achieve positive outcomes in reducing adult women’s experience of IPV through improving economic security and mental health at the household level, thereby reducing intra-household conflict, including in polygamous households. A recent systematic review demonstrated that in over 70% of the 22 quantitative and qualitative studies reviewed, cash transfers to poor households reduced intimate partner violence. Only one study in Nigeria has shown average increases in IPV, with an increase in sexual IPV found 12 months after the programme ended in villages receiving only cash (in contrast to decreases in sexual IPV in cash plus livelihood villages), perhaps indicative of the importance of shifting social norms particularly in socially conservative settings.

Evidence also shows that ‘plus’ components including women’s empowerment programming, community-based interventions and non-violent conflict resolution trainings can contribute to reducing women’s experience of violence. Masculinities programming is increasingly being implemented as part of cash ‘plus’ programming, and new research-action programmes in Brazil are currently ongoing, premised on evidence showing such programming can shift harmful gender norms and reduce IPV. Women’s and children’s vulnerabilities are magnified in humanitarian contexts, and emerging evidence shows that cash plus programming pairing payments with mental health services can reduce intrahousehold stress and provide support to survivors. Where the situation on the ground is more dynamic and intra-household relationships are under significant stress, programmes must be appropriately sensitive. In Raqqa, Syria, in 2017—where over half of married women had experienced IPV—a short-term cash transfer programme improved women’s decision-making power, but although female recipients valued the transfers, levels of IPV had actually risen by the endline phase of the study, likely because programming did not address the complex intra-household gender dynamics that leave women at risk of violence. The outcomes of this intervention highlight the extent to which outcomes can depend on design features.

4.4 Implications of the evidence base for how to use social protection to support protection outcomes that contribute to gender equality

**Across Contexts**

Conduct careful risk assessments—attending to age, gender, marginality, and intersections—to inform policy and programming choices.

**Household Violence**

1. **Implement sustained economic support through cash or asset transfers** to improve women’s economic security and bargaining power in order to support reductions in the incidence of IPV (which also harms children), as well as reducing economic stressors that can lead to violence against children. Ensure that economic empowerment efforts are sensitive to local gender contexts, are properly delivered and monitored to avoid exposing women to risks of male backlash (within households or broader communities).

2. **Pair cash transfers with ‘plus’ components** tailored to the context-dependent risks children face, including:
   - positive parenting training to promote non-violent, gender-sensitive discipline strategies;
   - gender equality training (for women and men) at individual and community levels to raise awareness and shift attitudes around GBV.
3. **Use case management to connect beneficiaries to other benefits and services** that can provide survivors with the support they need (such as emergency housing, psychosocial support and healthcare), and address the underlying social vulnerabilities for adults that increase the risk of household violence (such as substance abuse) as well as provide children with the psychosocial support that can mitigate the negative child behaviours that may reinforce negative parenting behaviours.

**Sexual and gender-based violence outside the home**

4. **Consider pairing empowerment programming with cash or in-kind/asset transfers** for girls and young women to improve their agency, bargaining power and economic standing to reduce their being forced to engage on exploitative/transactional sex as a coping mechanism.

5. **Use cash/asset transfers to incentivise girls’ education and address economic drivers of child marriage**—pairing economic programming with plus components that address the risks of child marriage and support girls to resist marriage through social and legal action.

6. **Target girls and boys, parents, service providers and communities with ‘plus’ programming that broadly addresses gender norms and GBV.**

7. **Implement rapid and flexible cash-based economic interventions** to provide urgently needed relief in the dynamic crisis situations that magnify women’s and children’s vulnerabilities.

**Child labour**

8. **Ensure that cash or in-kind transfer amounts are sufficient to offset the real and opportunity costs of education,** to reduce child labour (as well as to reduce the time the children spend in risky situations outside of school).

9. **Develop community-based interventions,** including parenting classes, to **shift the social norms** that leave girls responsible for a disproportionate share of domestic and care work.

**Violence in and around school and the community**

10. **Strengthen counselling and support services in schools,** especially where in-kind transfers target educational outcomes, to improve awareness around all forms of violence (including sexual) at school.

11. **Develop ‘plus’ programming for boys and men,** including teachers, aimed at promoting non-violent and positive masculinities.

12. **Engage communities to reduce the stigma surrounding positive HIV status** in order to reduce the risk of peer violence and time spent in unsafe environments.
Section 5.

Economic empowerment
5.1 How might social protection support gender equality in economic empowerment?

The key outcome areas related to economic empowerment captured in evaluations of social protection programmes are: (1) financial inclusion; (2) employment; (3) enhanced income; (4) asset endowments; (5) strengthened risk management (e.g., access to credit and savings; employment diversification); and (6) improved intra-household gender relations (see Figure 5). With respect to intra-household gender relations, decision-making power in the household is a frequently cited indicator. However, it is also important to consider other factors that drive or undermine intra-household gender dynamics that may impact economic empowerment. These include mobility outside of the household, time allocation that accounts for time spent on unpaid care and domestic work, and access to and control of economic resources.

5.2 What does the recent evidence say about how social protection supports economic empowerment?

Childhood (under 15 years)

Cash transfers (CTs)—including conditional cash transfers (CCTs)—that seek to build children’s human capital (primarily through improved health and education) can potentially have long-term impacts later in life. Although the evidence base is nascent, there are some long-term evaluations (specifically of CCTs from Latin America) that have tracked individuals who benefited from programming as children, to understand how they are faring later in life in relation to employment outcomes. There is no evidence, reflecting the inclusion criteria laid out in the introduction, that speaks to the impacts of other social protection programme modalities (including unconditional CTs) on children’s eventual (in adulthood) employment.

![Figure 5: Positive outcome indicators for economic empowerment](image-url)
This is likely since Latin American CCTs were launched earlier than other programmes elsewhere.

Evidence shows that children’s exposure to CCTs has mixed results on their eventual employment when they transition to older adolescence and young adulthood, with some studies showing no impacts and others showing positive impacts and with varied impacts for young men and women (there is no evidence that CCTs reduce children’s eventual employment). Evidence suggests that the timing of exposure to a CCT is critical to how its effects are accrued. Earlier exposure is associated with enhanced impacts, in part because it leads to increased education and in part because it affects girls’ reproductive health outcomes (e.g. delayed sexual debut/childbearing), which, in turn, can affect their economic empowerment outcomes.

Highlighting the critical importance of quality services to longer-term outcomes, evidence also suggests that exposure to both demand-side (e.g. vouchers to households) and supply-side incentives (e.g. subsidies to health clinics and school aimed at improving quality) is more effective in increasing children’s eventual labour force participation than addressing demand-side constraints alone.

In terms of non-effects, evidence shows that poor quality education, credit constraints and low demand for skilled labour can limit income. In some contexts, this is also true—for boys—of increased levels of education, as more schooling is not necessarily aligned with labour market needs. Women’s more limited (compared to men) labour force participation and lack of experience in the labour market due to systematic gender inequality also drive non-effects.

Adolescence/youth (15-25+ years)

There is a growing body of evidence, primarily from developmental and fragile contexts in sub-Saharan Africa, which demonstrates that cash transfers (including lump-sum cash grants), public works programmes and graduation-style interventions contribute to economic empowerment outcomes for adolescents and youth (who in some countries include those under the age of 35).

Evidence shows that cash transfers support young people to shift away from irregular work that undermines their economic empowerment, demonstrating a move away from poor work conditions. Public works, cash transfers and graduation programmes can lead to increased earnings for youth. Public works programmes can lead to a rise in female labour force participation (for those old enough to work). Graduation interventions, although they often fail to address the underlying drivers of poverty and exit beneficiaries too early in the process, can support young women to establish non-farm enterprises and enhance financial inclusion through the formation of savings groups.

Evidence shows that impacts accrue by tackling multiple constraints that include a combination of all or some of the following: cash grants, skills training, supervision and guidance to establish/run a business, and active promotion of a savings culture. Targeting, or establishing quotas for, adolescent girls and young women and the transfer level also drive impacts.

Non-effects arise in part due to inadequate attention to addressing market failures that marginalise female youth, while low quality education and low demand for skilled labour can limit income.

Adulthood (25+ years)

Recent evaluations highlight the economic empowerment impacts of social protection programmes in adulthood across several outcome areas. In both developmental and fragile state contexts from around the world, and with the caveats noted above regarding programme risks, graduation programmes that largely target women have demonstrated highly promising short- and medium-term effects, including on ownership of assets. Unconditional cash transfers (UCTs) also show medium-term promise, with programmes improving ownership of productive assets (although the evaluation evidence does not necessarily specify who in the household owns the assets and sometimes finds that men tend to own more valuable assets). Evidence on the effects of social pensions on labour supply (including composition of work) varies by context, but available studies that report gendered results...
from an economic empowerment perspective are limited and mark an area ripe for further research. Evidence on public works programmes is also thin, despite the popularity of such programming. 138

With the caveats that increased economic activity is not necessarily a proxy for improved empowerment (because it can also reflect falling wages) and can result in increased time poverty (when paid work is in addition to rather than in place of other activities) evidence shows cash transfers, public works and graduation programmes can improve adult labour force participation (especially among women) 139 and asset endowments. 140 Cash transfers and graduation interventions also lead to improved financial inclusion (e.g. savings) 141 and result in non-farm enterprises that are often run by women, 142 while graduation and public works 143 programmes can increase income earned through work. 144

Evidence shows that impacts accrue by introducing mechanisms and facilitating processes to enhance financial inclusion, 145 employing quotas and directly targeting women, 146 and addressing multiple constraints simultaneously (e.g. credit, capital and insurance). 147

Evidence shows that impacts are limited by failure to recognise households’ labour constraints (especially in regard to female headed households), 148 failure to recognise that variations in household members’ preferences may impact decision-making and resource allocation, 149 structural constraints in labour market conditions, 150 failure to account for women’s multiple roles due to unequal and restrictive gender norms (including the time which women spend on meeting programme conditions or contributing to programme implementation), 151 programmes’ contribution to the development of a ‘two tier labour market’ that traps the poor (especially women) in the least desirable work, 152 and poor programme implementation. 153

5.3 What does the recent evidence say about how social protection supports economic empowerment outcomes that contribute to gender equality?

Childhood: Evidence is drawn from CCT programmes in Latin America and is very mixed. Evaluation findings reported for Mexico’s PROSPERA 154 programme (CCT) do not show any statistically significant impacts on the likelihood of working or having an employment contract for either men or women who were children at baseline (though men exposed as children earn 8.0 pesos more than their non-exposed peers). 155 However, evaluation evidence from Nicaragua’s Red de Protección Social (RPS or Social Protection Network) finds that the programme produces large long-term differential impacts on earnings for men in particular. Specifically, young men in the early treatment group were more likely to work off-farm, migrating in the process to do so, which led to an increase of 10–30% in monthly off-farm income. 156 Young women seem to benefit more than young men from exposure to Honduras’s Programa de Asignación Familiar (PRAF or Family Allowance Programme) but gender differences do not appear to be statistically significant. 157 Results from Ecuador’s Bono de Desarrollo Humano (BDH or Human Development Grant) programme show that while the cash transfers prevented some female beneficiaries from dropping out of school before completing secondary school, the increased schooling did not translate into the probability that these women would do paid work. 158

Adolescence/youth: Cash transfer programmes support youth to shift away from irregular work that undermines their economic empowerment, demonstrating a move away from poor work conditions. Evidence from Lesotho’s cash transfer programme points to a reduction in irregular work among young women in particular, 161 which is viewed as
a positive outcome because casual work is regarded as ‘a means of last resort’.162

- **Graduation-inspired interventions and public works programmes** often target young women directly or reserve a quota (approximately 30%) for female youth participation.163 Strong impacts are observed for young women with respect to income, savings and establishment of non-farm enterprises, especially for graduation-style programmes, with effects driven by the bundled nature of the programme (addressing a range of constraints that hinder young women from becoming economically empowered).164

- **Public works interventions** can increase the labour force participation of female youth,165 with effects possibly accrued—at least in part—by the fact that spaces are reserved for them on the programme and because labour market conditions outside of the programme tend to be worse for women than men.

- **Lump-sum cash grants** for Ugandan youth that supported a skilled trade and financed new enterprises resulted in different pathways for young men and women towards earning increased income, with this outcome attributed to accumulated assets (significant effect) for young men, while young women show slightly greater impacts on earnings (although the estimate is not statistically significant).166 Interventions that help adolescent girls reach their full potential by increasing their education, strengthening their skills and delaying childbearing have the potential to contribute to their economic empowerment167 (if the skills necessary for the labour market are acquired).

- **Adulthood**: Although cash transfers do not tend to reduce adults’ labour market participation, they do often shift—in gendered ways—the ways in which people work, by supporting men and women to leave employment with poor working conditions. Men tend to search for (and engage in) work with more decent conditions. Women often move to self-employment.168

- **Cash transfer and graduation programmes** are key instruments for driving the establishment of non-farm enterprises among women,169 with some beneficiaries using savings to support this activity.170 Key mechanisms for savings among women include improved access to formal bank accounts, messaging and the formation of savings groups that encourage women to save.171 As well as increasing their savings, **ultra-poor women in graduation programmes** are able to enhance assets172 and income173 due to the provision of assets as a core programme component. The asset transfer thus enables women to engage in livestock-rearing174 and, in India, evaluation evidence found that women are also able to diversify into other income-earning activities such as non-farm enterprises and wage labour.175

- While they tend to be poorly implemented and can trap poor women in low status and poorly paid work,176 **some public works programmes** have ‘gender sensitive’ features that aim to meet women’s (practical) gendered needs. These include **direct support for female-headed households**,177 which are more likely to be labour constrained, **direct support for pregnant and lactating women**, and **provision of childcare** to account for women’s disproportionate unpaid care burden.

- With the caveat that ‘empowerment’ is difficult to measure, evidence suggests that **social protection can contribute to some modest shifts in broader indicators of women’s economic empowerment**, especially when programming is embedded in a strong social service network.178 Evidence from South Africa, for example, suggests that the **social pensions programme improved women’s involvement in household decision-making**, noting specifically that providing women with social pensions increases the likelihood of them becoming the primary decision-maker in the household.179 Similarly, evidence from Brazil suggests that the ‘nudge’ that Bolsa Família provides to women to access identity documents and banking services supports their agency.180 There is also evidence to indicate that **graduation and cash transfer programmes increase women’s mobility**.181 Evidence from Pakistan further suggests that the Benazir Income Support Programme (BISP), a cash transfer programme, has led to a **positive shift in men’s attitudes** regarding whether men should help with household chores,182 but it is not clear whether this has led to a change in practice.
5.4 Implications of the evidence base for how to use social protection to support economic empowerment outcomes that contribute to gender equality

1. **Conduct a vulnerability/risk assessment** to contextualise gender issues and dynamics vis-à-vis the proposed intervention and assess how the resources, and other programme inputs, may lead to greater economic empowerment and avoid unintended adverse impacts.

2. **Programme for poverty relief—**
   and gender equality.
   - **Acknowledge the disproportionate care burden carried by women and girls of all ages and account for this in programme design and implementation** to promote economic empowerment – including easing or offsetting care and domestic responsibilities and facilitating the labour market participation of women and female youth through the provision of infrastructure and services.
   - **Go beyond targeting women as recipients of cash transfers on behalf of their household to also build their—and girls’—human capital and economic and social empowerment.** This includes literacy and numeracy, life skills, financial literacy, and skills and entrepreneurial training.
   - **Use ‘plus’ programming, for females and males, to directly address gender norms** that curtail women’s ownership and control of assets, and other factors driving unequal gender relations in the household that undermine women’s economic empowerment.

3. **Support financial inclusion and a savings culture among female beneficiaries** via the establishment of self-help groups/Village Savings and Loan Associations, facilitating girls and women to obtain the identification they need in order to access formal financial services (taking into account where services are located), the adoption of electronic payment modalities (taking into account girls’ and women’s more limited access to technology), financial literacy training for adolescent girls and women, and soft messaging.

4. **Address structural and market failures,** including labour policies and regulations that marginalise female youth and women. This should include attention to girls’ and women’s exclusion from education and training, especially in the better paid fields traditionally reserved for boys and men, their isolation in the lowest-paid sectors, pay gaps, and the lack of provision for maternity and child-care leave.

5. **Invest in mixed-methods evaluations** to explore the factors that constrain and/or drive improved intra-household gender relations in beneficiary households, and channel this learning into programme implementation.

6. **Invest in disaggregated data.** There is a positive trend in disaggregating data by locality and sex, but disaggregation of outcomes by sex can be strengthened and consistent use of gender outcomes in M&E. Disaggregation by age and disability is less common and needs to be addressed to promote inclusive programming.

- **Scale up support for programmes that address multiple constraints** that impede girls’ and women’s economic empowerment outcomes to maximise impact while accounting for the intervention’s sustainability.
Section 6.

Humanitarian contexts: what does the evidence base on social protection tell us about how it can support gender equality outcomes across the life-course?
The number of people in need of humanitarian support reached the highest level ever in 2020, with the Covid-19 pandemic amplifying the impacts of already historically high rates of conflict and displacement.\textsuperscript{183} In 2020, nearly 250 million people—over 80 million of whom were displaced—needed humanitarian assistance.\textsuperscript{184} Alongside their growth in size, humanitarian contexts have also shifted shape. Crises are increasingly protracted, with three quarters of refugees experiencing long-term displacement, and rates of extreme poverty have risen 8% in the last decade.\textsuperscript{185} Indeed, the 2021 Humanitarian Assistance Report observes that two-thirds of the world’s extreme poor now live in fragile countries. There have been growing calls for the humanitarian sector to focus on longer-term needs, including promoting refugee resilience and self-reliance. Evidence about how to accomplish this, however, remains limited, largely because rigorous evaluation is not only difficult in such contexts, but carries its own risks.\textsuperscript{186} Unsurprisingly, evidence that speaks to gendered impacts and gender equality is even rarer.

The evidence base on whether and how social protection can improve educational outcomes—gendered or not—in humanitarian contexts is thin. Cross et al.’s review (2018) identified just 30 studies, most of which were quite small and all aimed exclusively at access to education rather than learning. That said, the preponderance of evidence has a ‘strong tendency’ towards positive results, with three-quarters of the studies identified finding positive impacts—despite the supply-side deficits that are rampant in humanitarian contexts (ibid.). Although the primary pathway for social protection (almost always multi-purpose cash) success is through relieving household financial barriers, which enables households to spend more on education,\textsuperscript{187} recent evidence from Turkey suggests that supplementing cash with home visits improves impacts, because families feel ‘cared for’.\textsuperscript{188} Gender emerges as particularly salient in humanitarian contexts, with girls almost always disadvantaged compared to boys, both in terms of accessing education and the impacts of social protection. In Jordan, for example, a labelled cash transfer (primarily for Syrian refugees) resulted in enrolment gains for boys that were twice those for girls (6% versus 3%).\textsuperscript{189} A school feeding programme in South Sudan also brought greater benefits for boys than girls.\textsuperscript{190} Cross et al. (2018) observe that these results are to be expected, given that mainstream social protection instruments alone cannot overcome the deep-rooted social norms that limit demand for girls’ education.

Evidence that addresses the impacts of social protection on nutrition and health in humanitarian contexts is also rare—with evidence of gendered impacts again even rarer. In Lebanon, an evaluation of a cash transfer programme found that Syrian child beneficiaries were less likely to skip meals and more likely to be in good health—largely due to increased spending on food and healthcare.\textsuperscript{191} In Jordan, research found that households benefiting from cash as well as food vouchers had improved healthcare spending, because of reduced demands for other expenditures.\textsuperscript{192} In Bangladesh, a study found that Rohingya children living in households that received vouchers rather than food rations had improved growth; the authors hypothesised that this may have been due to improved dietary diversity as well as women’s improved agency within the household, as women in households that received vouchers were more likely to be involved in decisions on spending than those who received rations.\textsuperscript{193} In Yemen, improving women’s knowledge had significant impacts on children’s nutrition and health. Monthly nutrition sessions improved both feeding practices (breastfeeding) and the use of treated water.\textsuperscript{194}

Although the protection risks faced by children and girls and women are augmented in humanitarian settings, there is comparatively little recent evidence about how social protection can mitigate these risks.\textsuperscript{195} Cross et al. (2018) were able to identify only 15 studies—many of which they considered weak, and only half of which demonstrated positive effects. In terms of positive findings, research in Jordan and Egypt has found that cash does appear to reduce household stress and child maltreatment.\textsuperscript{196} In Lebanon, it has also been linked to reduced child labour and time spent in hazardous environments for boys,\textsuperscript{197} and reduced domestic and care responsibilities for girls.\textsuperscript{198} There is, however, little evidence that cash can reduce child marriage in humanitarian contexts\textsuperscript{199}—though Syrian parents in Jordan report that they would leave their daughters in school rather than encourage them to marry if they could afford to do so.\textsuperscript{200} There is also some evidence that cash can have unintended negative consequences. In Lesotho, during a drought-driven crisis, it appears
to have increased intragenerational strife, raising children’s risk of violence in the home,\textsuperscript{201} while in conflict-affected Syria, it increased women’s risk of intimate partner violence even though it improved their access to decision-making.\textsuperscript{202}

Several recent studies suggest that social protection can play a key role in the \textit{economic empowerment} of youth and adults in humanitarian contexts. In contrast to other domains, evidence often speaks more strongly to impacts on women, because they are more likely to be targeted for programming. In Sierra Leone, for example, young women participating in a public works programme were more likely to work for pay, with beneficiaries especially more likely to have set up their own new non-farm enterprises.\textsuperscript{203} Participants—like their peers in Côte d’Ivoire—also had higher incomes and increased savings.\textsuperscript{204} Graduation programmes also show promise, with those in post-conflict northern Uganda and Afghanistan increasing women’s income, self-employment and savings.\textsuperscript{205} Some programmes have different impacts on men and women. In Lebanon, for example, cash allowed both to leave hazardous work, but women often exited the labour market too (to become homemakers).\textsuperscript{206}

With crisis and displacement increasingly widespread and protracted, there is tremendous scope for social protection to move beyond merely protecting populations from destitution. Indeed, given the flux engendered by crisis, programming can not only support refugees and displaced persons to develop the skills they need to become self-reliant but also promote the more transformative change that supports girls and women to develop their own capabilities on an equal footing with boys and men. Programmes should actively account for context-specific gendered realities and design interventions accordingly—pairing financial support with innovative ‘plus’ programming that supports changes in practices and attitudes that currently disadvantage girls and women, to promote gender equality and more resilient livelihoods for the most vulnerable households. Social protection programming should also consider active case management for individuals and households with the most complex needs, including trauma and sexual and gender-based violence.
Section 7.

Conclusion and Recommendations
With the caveats that evidence is strongest for cash transfers (vis-à-vis other types of social protection programmes) and longer-term from Latin America (vis-à-vis other regions), there is strong—and growing—evidence that social protection can improve outcomes in terms of education and learning; health and nutrition; protection from age- and gender-based violence, exploitation and neglect; and economic empowerment (see Annex 1 for the evidence base collapsed into a table by instrument and life stage). Effects accrue primarily by relieving poverty and removing financial barriers to accessing services. This not only facilitates concrete outcomes such as improved diet and access to education but also outcomes such as reduced stress and associated impacts on violence. Effects are limited primarily by programming that is too limited, too late, at insufficient scale and that fails to sufficiently take into account the complex ways in which social vulnerabilities (e.g. age, gender, ethnicity, disability, etc.) shape and compound economic disadvantage.

Although the evidence base is necessarily thinner, given data gaps, recent evaluations suggest that social protection is contributing to gender equality by improving both inherently gendered outcomes (such as girls’ and women’s risk of experiencing IPV or their access to SRH services) as well as by improving age-related outcomes that are necessary to achieving equality over time (such as reduced infant mortality and improved access to education).

We now turn to recommendations that cut across the four thematic pillars covered in this rapid evidence assessment. In line with our broader findings, some of our recommendations speak to how social protection might directly enhance gender equality, whereas others address how it might enhance the lives of individual girls, boys, women and men and contribute indirectly to gender equality over time.

First, it is vital to start with a vulnerability assessment that attends to similarities and differences between different social groups. Assessments should focus on:

- **Age**—Because of the ways that needs change over the life course, it is essential to map vulnerabilities by specific age categories (i.e. by early childhood, middle childhood, adolescence, youth/emerging adulthood, adulthood and older age).
- **Gender**—Because of the ways that biological sex and social gender identities shape vulnerabilities, it is critical to understand context-specific patterning. Assessments must also take account of the fact that in many cases age and gender cannot be disentangled and must be simultaneously addressed.
- **Disability**—Since persons with disabilities are far more likely to experience both poverty and social exclusion, careful attention should be paid to identifying both practical and social needs, taking account of the fact that in some cultural contexts those with disabilities not only have limited freedom of movement, but are actively shielded from public view.
- **Marginalisation and intersections**—Since those from ethnic or religious minority communities, those living in female-headed households, those who are HIV+, and those who identify as LGBTQ+ are often especially vulnerable, it is important for assessments to take account of minority status.
- **Context-specificity**—National or even regional data is often insufficient to understand specific vulnerabilities, especially of those living in remote areas.
- **The particular complexity of humanitarian contexts**—Given that households living in conflict-affected contexts not only face higher likelihoods of violence and trauma, but are often forced to engage in complex trade-offs between financial security and child labour and child marriage, assessments should be mindful to capture both past and current preferences and outcomes, as both are required in order to inform the programming aimed at maximising longer-term outcomes.

Second, evaluation evidence suggests that gender equality outcomes often appear to be shaped by similar programme design features. The rapid evidence review findings point to the importance of the following key emerging features which we have clustered per social protection instrument:

- **Cash and asset transfers:**
  - **Size matters**—Transfers have to be large enough vis-à-vis real household consumption needs (e.g. accounting for higher costs.
in households experiencing disability and chronic illness) and must account for how needs can evolve as children age (e.g., higher real and opportunity costs for secondary school, such as the need for transportation, especially for girls, given risks of sexual harassment en route to school).

- **Intra-household dynamics matter**—Care should be taken to ensure that the age- and gender-related needs of the most vulnerable household members are met and that outcomes are monitored at the individual level. In some contexts, this may mean making women direct beneficiaries to offset the unequal distribution of power between men and women in the household. In other contexts, it may mean supplementing cash with in-kind assets (e.g., uniforms or school supplies to ensure that children’s education is invested in given multiple competing demands on scarce resources in vulnerable households). Outcomes (e.g., those relating to nutrition) should be tracked at the individual (rather than the household) level and case management should be used to actively monitor the well-being of the most vulnerable (e.g., those with disabilities).

- **Timing, predictability and consistency matter**—It is important that transfers are made on a regular schedule and that they are made often enough and for long enough that households and individuals do not have to resort to maladaptive coping strategies.

- **Targeting, effective reach and timeliness matter**—If there are particular outcomes in mind (e.g., tackling child marriage), it is important to ensure that the right groups (e.g., parents and also girls) are reached at the right time (because a gentle nudge earlier in the process is often more effective than more stringent actions later).

- **Early intervention matters**—The largest, longest-term gains for education and health (and possibly economic empowerment) appear to be accruing through programmes that reached children in the first 1,000 days after conception.

- **Adolescence matters**—Solidifying the ‘human capital’ gains made during childhood requires that programmes continue to include—and tailor programming for—adolescent girls and boys, not only because adolescents are more likely during this stage in the life course to engage in gendered risk-taking that could jeopardise those gains, but also because the behaviour patterns established in adolescence often shape those enacted during adulthood (e.g., sexual behaviour or substance use).

- **Men and boys matter**—Efforts to empower women and girls without careful awareness-raising efforts as to the reasons for these interventions - for example by making women beneficiaries or providing girls with transfers (e.g., tuition stipends or bicycles or savings opportunities) not available to boys - can lead to unintended consequences and possible backlash that can further jeopardise women and girls.

- **Conditions can be value-added and should be assessed as part of the available social protection design repertoire on a context-by-context basis**—Vulnerable households face multiple and often conflicting demands on income, which can lead to unintended consequences (e.g., investing in productive assets that require child labour and reduce access to education) or the de-prioritisation of longer-term versus immediate needs. In some contexts, emerging evidence including from Latin America, Asia, and MENA, suggests that conditions (including on interactions with service providers) can improve child outcomes. Conditions must be applied equally to all (eligible) children in the household. However, context-specific assessments should include careful attention to whether and how conditions might lead to the exclusion of the most vulnerable and also to potential unintended costs that would be disproportionately born by girls and women.

- **In contexts where conditions are neither feasible (due e.g. to governance constraints) nor desirable (due e.g. to commitments to a rights-based approach to social protection), labelling of cash transfers can have important signalling effects and lead to the same types of positive outcomes as conditions.**

- **Providers and provider motivation matter**—Impacts can be amplified when conditions are placed on and benefits
are provided to not only beneficiaries, but also to service providers, to improve outreach and quality.

**‘Plus’ programming:**
- **Parenting classes**—By tailoring classes to local contexts (and the specific practices that may disadvantage all or some subsets of children), directly addressing gender norms and offering iterative and tailored classes that address the different stages of child development, evidence shows that parenting courses improve a wide range of health, protection and education outcomes for girls and boys, and have the potential to support generational change in gender equity.
- **Fatherhood programmes**—Parenting classes that support men in their roles as fathers often see larger impacts, especially in terms of protection. Though proactive outreach is generally required to encourage uptake, longer-term payoffs to equity are likely to be large.
- **Women’s empowerment programming**—Programmes that provide women with opportunities to come together, and share support and knowledge, even informally, can see significant gains, especially in terms of protection and sexual and reproductive health. Effects are generally amplified by direct attention to gendered needs and when programmes support women’s economic empowerment.
- **Adolescent programmes**—Providing adolescent girls and boys with classes that recognise their evolving capacity, provide them with opportunities to interact with peers, support them to develop life skills, and teach them about gender norms and the myriad ways that those norms can limit possibilities, can improve health, education, protection, economic outcomes and gender equality over the life course. In humanitarian contexts, where trauma is especially common, it can be important to include psychosocial and child protection support as part of an integrated programme package.
- **Community awareness programmes**—Where possible, programming should use mass media (e.g. TV, radio, posters, social media) and other community-level approaches (including grassroots groups and work with religious leaders) to address the intersecting social norms that disadvantage girls and women, those with disabilities or HIV, minorities, those in LGBTQ+ communities, etc.
- **Case management**—Individuals and households with the most complex needs (e.g. disability, orphan and vulnerable child (OVC), substance abuse and violence, etc.) often benefit from active case management in addition to economic support.

**Public works programmes:**
- **Level of support**—Programmes should take account of household structure and dependency ratios—both of which can lead to labour constraints, layered vulnerabilities such as chronic illness and disability, and transportation costs to ensure that support is sufficient to meet need.
- **Childcare**—Providing on-site care for young children benefits mothers as well as older siblings (especially sisters), particularly when care is not only custodial, but educational.
- **Child protection**—Incentivising education (e.g. through provision of school supplies) alongside public works could potentially help to ensure children are not forced to substitute their own labour for that of their parents.
- **Youth investment**—Work opportunities paired with training supports young people’s, especially girls’ and young women’s, longer-term access to the labour market.
- **Productive infrastructure**—Impacts can be largest when programmes build infrastructure that supports other desired outcomes (e.g. schools to improve access to education or water taps to reduce demands on women’s time).
- **Flexible definitions**—Broad conceptions of ‘public works’ that include jobs such as childcare or community awareness-raising (on e.g. child nutrition or HIV prevention) not only extend the pool of ‘employees’ (especially to women), but also ripple out through the community as other households benefit from services provided.

**Health insurance:**
- **Household cover**—Expanding access to healthcare for adults as well as children has myriad impacts on household
consumption, health outcomes, and access to education, especially for girls.

- **Linking health insurance coverage to cash transfers as part of a ‘plus’ approach** can support the most disadvantaged, especially persons with disabilities.

**School feeding:**
- **Breakfast**—Providing food in the morning improves attention and learning (and is perhaps especially important for girls given morning chores); where children repeat grades to maintain access to school feeding, it should be provided at higher grades.
- **Balance**—Providing a nutritionally complete meal can offset dietary deficits related to food insecurity or poor feeding practices.
- **Take-home rations**—Rations are useful for attracting out-of-school children into school and may be especially useful in low-income countries where girls are less likely to ever enrol.

Third, although contexts and programmes are diverse, the most successful programmes often follow similar implementation principles:

- **They coordinate across sectors,** looking for opportunities to navigate potential political economy blockages and maximise synergies.
- **They invest in human resources,** investing in staff capacities that improve outcomes and efficiencies.
- **They ensure that benefits are sustainable,** so that households can rely on and plan around them.
- **They are adaptive, and respond to monitoring, evaluation, and learning (MEL) findings,** aiming to extend benefits to beneficiaries at scale.

**Fourth, to understand where, and for whom, programmes are and are not succeeding, there is a need to invest in data and ensure it is used to inform future programming:**

- ** Routinely invest in robust impact evaluations** that capture baseline, midline, end-line and post-end-line effects to understand the sustainability of gender equality dividends from social protection instruments over time. It is key to strengthen understanding in terms of programme maturity and beneficiaries’ age, continuing post-graduation (or after programming ends) to track impacts that may emerge only in the longer term.
- **Include gender equality outcomes in M&E and disaggregate monitoring and impact evaluation data meaningfully by sex and consistently by age**—to better highlight impacts on women and men, girls and boys, young children, school-aged children, young adolescents, older adolescents, emerging adults, mature adults and older persons. Consistent disaggregation would allow for better comparisons across contexts and programmes, which could usefully inform programming.
- **Disaggregate data by disability status**—attending, where possible, to the type of disability, given differential needs.
- **Disaggregate data by household type**—male-headed, female-headed, skip generation, adolescent-headed, polygamous and single households.
- **Disaggregate data by legal status**—citizenship, migrant, stateless, refugee, internally displaced person and asylum seeker.
- **Invest in tailored approaches to data generation for ‘invisible’ social groups within the social protection field**—e.g. for LGBTQ+, internally displaced persons, ethnic or religious minority groups, ever-married adolescents, adolescents with disabilities.
ENDNOTES

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3 UNESCO, 2020; Psaki et al., 2021
4 UNESCO, 2021
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van Hees et al., 2019; Bhageerathy et al., 2016; Williams et al., 2017; Stewart et al., 2021

Huang et al., 2017; Zenebe et al., 2018; Lopez-Arana et al., 2016; Bosworth et al., 2016; Pearson et al., 2016

Lopez-Arana, et al. 2016; Abrigo et al., 2017

Jaacks et al., 2017

Jones and Presler-Marshall, 2019

Taafe et al., 2017; Heinrich et al., 2017; Handa et al., 2017

Handa et al., 2017; Heinrich et al., 2017; UNICEF Innocenti, 2020; Dake et al., 2018

Toska et al., 2016; Cluver et al., 2013, 2014, 2015, 2018, 2019

Heinrich et al., 2017; Gong et al., 2019; Barham et al., 2018; Nkhoma et al., 2020; UNICEF, 2020; UNICEF ESA, 2018; Cluver et al., 2015; Toska et al, 2017; UNICEF Innocenti, 2020

Gong et al., 2019; Velasco et al., 2018; Zulaika et al., 2019; Dake et al., 2018

Servan-Mori, 2016; Ombere, 2018

Glassman, 2013; Rahman, 2018; Mukhopadhyay, 2016; Debnath, 2021

Peterman et al., 2019

Van Hees et al., 2019
Houngbe, 2019; Raghunathan, 2017; Wang, 2017; Achyut, 2016; Hunter et al., 2021

Evans, 2017

Debnath et al., 2021; Wang et al., 2017; Rao et al., 2020

Rao et al., 2020; Sabde et al., 2018; Urquieta-Salomón et al., 2020’ Lopez-Arana et al., 2016

Dasgupta et al., 2016; Jayachandran et al., 2017; Sharaf et al., 2019

Tyler et al., 2017; UNICEF, 2021

Huang, 2017

Gong et al., 2019; Nkhoma et al., 2020; Handa et al., 2017; Heinrich et al., 2017

de Brauw, 2020; Houngbe, 2019; Raghunathan, 2017; Achyut, 2016

Peterman et al., 2017; Buller et al., 2018

Peterman et al., 2017; Roy et al., 2019; Cross et al., 2018

Buller et al., 2018

Cluver et al., 2020a; Ismayilova et al., 2020; Kilburn et al., 2018

Peterman et al., 2017; Cluver et al., 2020b; Pundir et al., 2020

Sharma et al., 2017; Cluver et al., 2018; Katana et al., 2020

Delva et al., 2017; Roelen et al., 2017

Cross et al., 2018; UNHCR, 2018

Cluver et al., 2020a; Cluver et al., 2020b

Orbeta et al., 2021; Roelen et al., 2017

The most recent evaluation did not include attention to violence against children, but it did note that 4Ps beneficiaries were more likely than non-beneficiaries to have ever attended a Family Development Session (ADB, 2020).

Chakrabarti et al., 2020; Peterman et al., 2017; Cross et al., 2018; Population Council, 2019

Peterman et al., 2017; Haushofer and Shapiro, 2016

Batomen Kuimi et al., 2018; Sebastian et al., 2019; Dammert et al., 2018

Cluver et al., 2019; Cluver et al., 2018; UN AIDS, 2018

Chakrabarti et al., 2020; Heinrich et al., 2017

Malhotra and Elnakib, 2020

Daidone et al., 2019; Palermo et al., 2017; Peterman et al., 2017; ILO, 2021; Sebastian et al., 2019

Porter and Goyal, 2016; Ismayilova and Karimli, 2018; de Hoop et al., 2020

Malhotra and Elnakib, 2020; Buller et al., 2018; Heath et al., 2019; Leddy et al., 2019; Gibbs et al., 2018; Peterman et al., 2019; Hunter et al., 2021

UNICEF 2020

Özler et al., 2020; Peterman et al., 2019; Malhotra and Elnakib, 2020; Ranganathan et al., 2019

Buller et al., 2018; Peterman et al., 2019

Bacchus et al., 2017; Doubt et al., 2019

Ismayilova et al., 2018; Cross et al., 2018

Cross et al., 2018; UNHCR, 2018

Esser et al., 2019; Cross et al., 2018

Esser et al., 2019; Sebastian et al., 2016

Lehmann and Masterson, 2020

Bastagli et al., 2016; Peterman et al., 2017; Bacchus et al., 2017; Buller et al., 2018
Özler et al., 2020
Bacchus et al., 2017; Malhotra and Elnakib, 2020
Cluver et al., 2020a; Cluver et al., 2020b; Pettifor et al., 2019;
Buller et al., 2018; Malhotra and Elnakib, 2020
Buchmann et al., 2018
Buller et al., 2018; Peterman et al., 2019
Buller et al., 2018
Cullen et al., 2020
Roy et al., 2019; Sarma et al., 2017; Gibbs et al., 2018; UN AIDS, 2018; Ashburn et al., 2016
Tolmen et al., 2019; Promundo, 2021
Falb et al., 2020
Jones and Presler-Marshall, 2019
Falb et al., 2020
Barham, Macours and Maluccio 2016, cited in Molina-Millan et al., 2016; Araújo, Bosch and Schady, 2017; Ham and Michelson, 2018; Kugler and Rojas, 2018; Parker and Vogl, 2021
Barham et al., 2018a,b
Ham and Michelson, 2018
Baird et al., 2016
Baird, McIntosh and Özler, 2016.
Molina Millán et al., 2019
Porreca and Rosati, 2019.
Bertrand et al., 2017
Blattman et al., 2018
Blattman et al., 2016
Rosas and Sabarwal, 2016
Blattman et al., 2016
Bertrand et al., 2017; (Blattman et al., 2018); Blattman et al., 2016; Bukenya et al., 2019
Bertrand et al., 2017; Blattman et al., 201; Rosas and Sabarwal, 2016
Bertrand et al., 2017; Blattman et al., 2016
ECLAC 2016a, cited in Abramo, Cecchini and Morales, 2019
Baird, McIntosh and Özler, 2016
Bedoya et al., 2019
Banerjee, Duflo and Sharma, 2020; Bandiera et al., 2017; Bedoya et al., 2019
Daidone et al., 2019; Stoeffler, Mills and Premand, 2016; Natali et al., 2016; University of North Carolina, 2016
Abel, 2019; Avila-Parra and Escamilla-Guerrero, 2017; Galiani, Gertler and Bando, 2016; Shu 2018; Zheng and Zhong, 2016
Deininger, Nagarajan and Singh, 2016
Deininger, Nagarajan and Singh, 2016; Chitolina, Foguel and Menezes-Filho, 2016; Bandiera et al. 2017; Bedoya et al., 2019; Daidone et al., 2019; Deininger and Liu, 2019
University of North Carolina, CSR-UNIMA and UNICEF Office of Research- Innocenti, 2016;
Bandiera et al., 2017; Bedoya et al., 2019; Daidone et al., 2019; Brune et al., 2020
Natali et al., 2016; Stoeffler, Mills and Premand, 2016; Bandiera et al., 2017; Bedoya et al., 2019; Masino and Niño-Zarazúa, 2020
Banerjee, Duflo and Sharma, 2020; Natali et al., 2016
Deininger, Nagarajan and Singh, 2016
Bandiera et al., 2017, Deininger, Nagarajan and Singh, 2016; Deininger and Liu, 2019; Banerjee, Duflo and Sharma, 2020
Stoeffler, Mills and Premand, 2016; Bandiera et al., 2017; Bedoya et al., 2019; Banerjee, Duflo and Sharma, 2020
Deininger, Nagarajan and Singh, 2016; Natali et al., 2016; Zaidi et al., 2017; Bandiera et al., 2017; Barca, 2019; Banerjee, Duflo and Sharma, 2020
Banerjee, Duflo and Sharma, 2020; Bedoya et al., 2019; Bandiera et al., 2017
Daidone et al., 2019
Chaaban et al., 2020; Desai, 2018; Bandiera et al., 2017
Scarlato and d’Agostino, 2019, Zaidi et al., 2017; Cookson, 2018
Barca, 2019
Khera and Nayak 2009, cited in Desai, 2018; Brune et al, 2020
Launched as Progressa and renamed Oportunidades prior to being called Prospera
Kugler and Rojas, 2018
Barham, Macours and Maluccio 2016, cited in Molina-Millan et al., 2016
Ham and Michelson, 2018
Araújo, Bosch and Schady, 2017
Abramo, Cecchini and Morales, 2019; Cookson, 2018
Chitolina, Foguel and Menezes-Filho, 2016
Porreca and Rosati, 2019
Bandiera et al., 2017; Porreca and Rosati, 2019; Fink, Jack, and Masiye 2014, cited in Prifti et al., 2019, p. 189
Blattman et al., 2016; Rosas and Sabarwal, 2016; Bertrand et al., 2017
Blattman et al., 2016
Rosas and Sabarwal, 2016
Blattman et al., 2018
Baird, Mcintosh and Özler, 2016
Chaaban et al., 2020; Scarlato and d’Agostino, 2019
Banerjee, Duflo and Sharma, 2020; Natali et al., 2016
Natali et al., 2016
Bandiera et al., 2017; Natali et al., 2016; Masino and Niño-Zarazúa, 2020; Stoeffler, Mills and Premand, 2016
Bandiera et al., 2017; Bedoya, 2019; Banerjee, Duflo and Sharma, 2020
Bandiera et al., 2017; Banerjee, Duflo and Sharma, 2020
Bandiera et al., 2017; Bedoya, 2019; Banerjee, Duflo and Sharma, 2020
Banerjee, Duflo and Sharma, 2020
Barca, 2019
Gatzinsi et al., 2019
Annexes
## ANNEX 1: SUMMARY OF EVIDENCE BASE IN TABULAR FORMAT

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Age/stage</th>
<th>Education</th>
<th>Health</th>
<th>Protection</th>
<th>Economic empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash / asset transfers</td>
<td>Under 5s</td>
<td>Improved cognition and socio-emotional skills—though reduced poverty, improved nutritional status and health, reduced parental stress, and (conditioned) contact with providers</td>
<td>Reduced infant mortality—through better maternal nutrition, better (conditioned) access to maternity care, and better (conditioned) awareness</td>
<td>Reduced abuse and neglect—through reduced poverty and parental stress (and parental substance use)</td>
<td>Improved access to employment—and often better/better-paid employment—in adulthood for children exposed in childhood (perhaps including early childhood)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improved access to preschool—through reduced poverty, improved nutritional status and health, conditioned contact with providers</td>
<td>Reduced infant mortality—due to reduced poverty, better infant nutrition, better WASH, better (conditioned) access to care and (conditioned) contact with providers</td>
<td></td>
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<td></td>
<td></td>
<td>Improved under-5 growth and health—through reduced poverty, better nutrition, better WASH, better (conditioned) access to care, and (conditioned) awareness raising</td>
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<tr>
<td>Instrument</td>
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<td>Health</td>
<td>Protection</td>
<td>Economic empowerment</td>
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<tr>
<td>Cash / asset transfers</td>
<td>Childhood</td>
<td>Improved on-time primary enrolment—through reduced poverty, improved nutritional status and health, conditions</td>
<td>Better uptake of preventative care—through reduced poverty</td>
<td>Reduced abuse, neglect and exposure to HH violence between adults—through reduced poverty and parental stress (and parental substance abuse)</td>
<td>Improved access to employment—and often better/better-paid employment—in adulthood for children exposed in childhood (perhaps including early childhood)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Improved primary attendance, learning, progression, completion—through reduced poverty, improved nutritional status and health, conditions</td>
<td>Reduced illness—through reduced poverty</td>
<td>Reduced risk of paid and unpaid child labour—through reduced poverty and keeping children in school</td>
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<td>Reduced violence—through reduced poverty and child stress that causes problem behaviour</td>
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<td></td>
<td>Reduced risk of spending time in risky environments and associated peer violence—through improved parenting (monitoring) skills and better access to school</td>
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<tr>
<td>Instrument</td>
<td>Age/stage</td>
<td>Education</td>
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<tr>
<td>Cash / asset transfers</td>
<td>Adolescence</td>
<td>Improved access to and progression through secondary school—through reduced poverty (sometimes due to fee elimination), improved transport, conditions (achievement as well as attendance), directly incentivising uptake</td>
<td>Reduced engagement in risky behaviour—through reduced poverty, keeping adolescents in school (reduced poverty and conditions), and possibly better psychosocial well-being</td>
<td>Reduced abuse, neglect, and exposure to HH violence between adults—through reduced poverty and parental stress (and parental substance abuse)</td>
<td>No disincentive for youth employment—can improve quality of employment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reduced adolescent pregnancy and sexually transmitted infections—through reduced poverty, keeping adolescents in school (reduced poverty and conditions), and possibly better psychosocial well-being</td>
<td>Reduced risk of paid and unpaid child labour—through reduced poverty and keeping children in school</td>
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<td></td>
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<td></td>
<td>Less risk of spending time in risky environments and engaging in delinquent behaviours due to improved well-being.</td>
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<td></td>
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<td></td>
<td>Reduced risk of child marriage (and adolescent pregnancy)—primarily by keeping girls in school, but also through reduced poverty</td>
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<td></td>
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<td>Reduced risk of risky sex—through reduced poverty—especially for girls.</td>
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<tr>
<td></td>
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<td></td>
<td>Reduced risk of IPV/SGBV through reduced poverty—especially for girls.</td>
<td></td>
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<tr>
<td>Instrument</td>
<td>Age/ stage</td>
<td>Education</td>
<td>Health</td>
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</tr>
<tr>
<td>Cash / asset transfers</td>
<td>Adulthood</td>
<td></td>
<td>Improved adherence to treatment regimens—through reduced poverty and direct incentivisation</td>
<td>Reduced IPV/GBV through reduced poverty, reduced stress (and reduced substance use), and improved women’s empowerment (where women are beneficiaries)</td>
<td>CCTs potentially add to women’s time burdens to meet conditions/ help implement programme</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Reduced maternal mortality and improved uptake of contraception through (conditioned) improved access to care and awareness raising</td>
<td>Reduced poverty/improved consumption—through investments in productive assets, reduced distress sale of assets</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Improved maternal nutritional status—due to reduced poverty</td>
<td>Potential to increase access to employment—including through self-employment, due to improved ability to invest in productive assets, participate in training, and search for work—perhaps especially for women</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Reduced substance use by men—perhaps especially when transfers are made to women</td>
<td>Improved quality of work/reduced engagement in hazardous work—due to decreased poverty and investments in productive assets</td>
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<td>Increased savings—through increased income due to investment in productive assets and better employment</td>
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<td>Improved access to credit—due to improved ability to repay</td>
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<td></td>
<td>Potential to improve women’s control of assets, HH decision-making, mobility and access to social networks—linked to making women beneficiaries and conditioning their participation in various activities</td>
<td></td>
</tr>
<tr>
<td>Instrument</td>
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<tr>
<td>Public works</td>
<td>All ages</td>
<td>Improved odds of school enrolment—through reduced poverty</td>
<td>Limited evidence of improved nutrition for children</td>
<td>Increased child labour due to substitution effect</td>
<td></td>
</tr>
</tbody>
</table>
|            | Childhood and adolescence | Improved odds of school enrolment—through reduced poverty  
Small improvements in cognitive abilities of young adolescents are linked to early exposure to programme | Limited evidence of improved nutrition for children                    | Increased child labour due to substitution effect             |                      |
|            | Adulthood            |                                                                           |                                                                       | Increased labour force participation—including through self-employment (albeit sometimes in second-tier positions) |                      |
|            | Adulthood            |                                                                           |                                                                       | Increased investment in productive assets                    |                      |
|            | Adulthood            |                                                                           |                                                                       | Improved monthly earnings—through provided wage employment as well as self-employment |                      |
|            | Adulthood            |                                                                           |                                                                       | Improved participation in formal and informal savings groups—and increased savings |                      |
# Social Protection and Gender Equality Outcomes Across the Life-Course: A Synthesis of Recent Findings

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Age/stage</th>
<th>Education</th>
<th>Health</th>
<th>Protection</th>
<th>Economic empowerment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health insurance</td>
<td>All ages</td>
<td>Improved demand for and uptake of healthcare—through cost containment</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Reduced household poverty—though reduced health expenditure</td>
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<tr>
<td></td>
<td>Childhood</td>
<td>Improved enrolment, attendance, learning, progression and completion—through improved child health</td>
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</tr>
<tr>
<td></td>
<td>All stages—but more important over time</td>
<td>Improved enrolment, attendance, learning, progression and completion—through reduced poverty due to freeing income previously allocated to healthcare and to improved parental health (and ability to work)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Improved enrolment, attendance, learning, progression and completion—through reduced HH needs for care due to ill health—especially for girls</td>
<td></td>
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<tr>
<td>School feeding/take-home rations</td>
<td>Childhood (and possibly adolescence)</td>
<td>Improved enrolment and attendance—through food as an incentive (with links to reduced HH poverty, as food frees other income) and improved parent/community buy-in to education where communities are involved in school meals</td>
<td>Improved dietary diversity, nutritional status, and HAZ—due to balanced meals at school</td>
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<tr>
<td></td>
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<td>Improved learning—through improved attendance and reduced hunger, which leads to better attention</td>
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<tr>
<td>Instrument</td>
<td>Age/Stage</td>
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<tr>
<td></td>
<td>Under 5s</td>
<td>Improved cognition and socio-emotional skills—through parenting classes</td>
<td>Improved infant feeding and WASH practices—through awareness raising sessions, especially when aimed at women.</td>
<td>Reduced violence and improved parenting skills—through parenting classes that imparted information and improved caregivers’ own well-being</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Childhood</td>
<td>Improved access to ECE and on-time primary enrolment—through improved awareness of education</td>
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<tr>
<td></td>
<td>Adolescence</td>
<td>Improved time allocated to education (school and homework)—through improved awareness of education</td>
<td>Improved child knowledge of nutrition when school feeding is paired with nutrition education.</td>
<td>Reduced violence and improved parenting skills—through parenting classes that imparted information and improved caregivers’ own well-being</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Improved impacts of health insurance when parents are provided with health information</td>
<td></td>
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<tr>
<td>‘Plus’</td>
<td></td>
<td>Improved uptake of secondary education—through awareness raising for parents and adolescents about education, especially vis-à-vis child marriage and child labour, and for adolescents about health/SRH</td>
<td></td>
<td>Reduced risk of GBV/IPV for girls—through improved parental attitudes towards gender equality resulting from parenting classes and via empowerment programming for girls</td>
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<td></td>
<td></td>
<td>Reduced risk of child marriage—through awareness raising for parents and empowerment programming for girls</td>
<td></td>
</tr>
<tr>
<td>Instrument</td>
<td>Age/stage</td>
<td>Education</td>
<td>Health</td>
<td>Protection</td>
<td>Economic empowerment</td>
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<tr>
<td>Plus’</td>
<td>Adulthood</td>
<td></td>
<td>Improved demand for maternal healthcare—through group awareness-raising sessions.</td>
<td>Reduced HH violence—through case management/social workers</td>
<td>Improved access to employment and self-employment—through skills building and mentoring</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Reduced IPV/GBV through gender empowerment classes for women, masculinities classes for men, parenting classes that improved women’s own well-being, and community awareness raising focused on norms</td>
<td>Improved savings—due to inclusion in informal savings groups—especially for women</td>
</tr>
</tbody>
</table>
ANNEX 2: RECOMMENDED FIRST READINGS

2.1 Education
For readers less familiar with the literature on social protection, education and gender, the following will provide useful detail and further insights.

- Arriagada et al. (2018) for an understanding of how social protection and parenting programmes could use synergies to support early childhood development.
- Artuc et al. (2020) for a brief synopsis of how to design social protection programmes for maximum impact, with special attention to the benefits of attaching conditions.
- Cristescu and Giordano (2019) for an analysis of how cash and voucher assistance can support education in emergencies.
- Damon et al. (2019) for a review of how social protection programmes fit in with other interventions in terms of supporting education.
- García and Saavedra (2017) for a thorough review of the impacts of cash transfers on education.
- Glewwe and Muralidharan (2016) for a review of how social protection programmes fit in with other interventions in terms of supporting education.
- Haberland et al. (2018) for a brief review of girls’ programming that includes impacts on girls’ education.
- Handa et al. (2018a) for a brief review of African (unconditional) cash transfers and their impacts on education.
- Ibarrarán et al. (2017) for a review of what the longer-term evidence identifies as good practices for cash transfers in Latin America.
- Jackson et al. (2019) for a review of what works to support early childhood education.
- J-PAL (2017) for an easy-to-read review of what works to support children’s access to education and how social protection can support that.
- Mishra and Battistin (2018) for a review of how cash transfers impact children’s outcomes across a variety of indicators, with very detailed attention to different indicators of education and learning.
- Molina Millán et al. (2019a) for a review of long-term impacts of conditional cash transfers.
- Psaki et al. (2021) for a review of why gender patterning must be explored in detail and how the barriers to girls’ education can be overcome.
- Rawlings et al. (2020) for a review of how to boost the impact of cash transfers on young children.
- Verguet et al. (2020) for an exploration of how school feeding programmes contribute to gains across sectors, including education.
- World Bank (2018) for a review of learning and how it can be supported, including with social protection.

2.2 Health and nutrition
For readers less familiar with the literature on social protection, health and nutrition, and gender, the following will provide useful detail and further insights.

- Cruz et al. (2017) for an overview of the strengths and weaknesses of conditional cash transfers.
- Erlangga et al. (2019) for understanding the potential of health insurances in increasing access to health care facilities and improving financial protection and health status in different contexts.
- Tasker et al. (2020) for a brief review of why targeting the first 1,000 days of life is crucial for the child’s future development.
Kumar et al. (2018) for how women’s groups can contribute to young child feeding practices.
Manley et al. (2020) for how cash transfers can reduce stunting among young children.
Mishra and Battistin (2018) for an accessible overview of how cash transfers can impact children’s outcomes across a variety of indicators.
Prasad and Santhanam (2020) for an interesting case study of how cash transfers contributed to gender-transformative change in India.
Taafe et al. (2017) for a review of the role of cash transfers in reducing risky sexual behaviour.
Micha et al. (2018) for a review of how school food environment policies (including direct catering, competitive food/beverage standards, and school meal standards) contribute to the nutritional status of children.
Wang et al. (2017) for a review estimating the impact of health insurance status on the use of maternal health services in three developing countries.
Van Hees et al. (2019) for a review of the evidence on health insurance schemes’ inclusivity, in light of the Sustainable Development Goals and Agenda 2030’s commitment to ‘leave no one behind’.

2.3 Protection from age and gender-based violence, exploitation and neglect

For readers less familiar with the literature on social protection, child protection, sexual and gender-based violence (SGBV) and gender, the following will provide useful detail and further insights.
Baranov et al. (2021) for a theoretical and meta-analysis of the impact of cash transfers on intimate partner violence.
Chae and Ngo (2017) for a global review of evidence on interventions to prevent child marriage.
Dammert and de Hoop (2018) for how to design programming to effectively reduce child labour.
De Hoop and Rosati (2014) for a review of evidence on the impact of cash transfers on child labour.
Devries et al. (2018) for a systemic analysis of child vulnerability to violence, especially regarding common perpetrators.
Esser et al. (2019) for a review of gender- and child-sensitive design features in cash transfer programmes.
Malhotra and Elnakib (2021) for an evidence review on effective policies for preventing child marriage, including social protection.
Peterman et al. (2017) for an evidence review on the linkages between social protection and childhood violence.
Peterman et al. (2019) for an evidence review on the linkages between social protection in the form of social safety nets and gender equality, including SGBV.
Pundir et al. (2020) for an evidence review on economic interventions for reducing violence against children.
Stoebenau et al. (2016) for a literature review and synthesis of transactional sex in sub-Saharan Africa including its surrounding social norms and contributory power, gender and economic dynamics.
Annex 3: References

3.1 Introduction


3.2 Education and learning


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3.3 Health and nutrition


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3.4 Protection from violence, exploitation and neglect


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3.5 Economic empowerment


### 3.6 Humanitarian section


Disclaimer

This document is an output of the Gender-Responsive Social Protection programme (GSP), which aims to enhance outcomes for the most marginalised women and girls from social protection and gender equality programmes and policies globally. This document has been produced by ODI contracted through the EACDS Lot D service ‘Tackling Extreme Poverty and Helping the World’s Most Vulnerable’, in collaboration with UNICEF and the FCDO, managed by HEART and funded by the UK Foreign Commonwealth and Development Office. The views expressed in this document are entirely those of the authors and do not necessarily represent UNICEF’s or the UK Foreign Commonwealth and Development Office’s own views or policies, or those of HEART. Comments and discussion on items related to content and opinion should be addressed to the authors, via HEARTforEACDS@opml.co.uk