



Social Protection and Its Effects on Gender Equality: A literature review

Elena Camilletti

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SOCIAL PROTECTION AND ITS EFFECTS ON GENDER EQUALITY: A LITERATURE REVIEW

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KEY WORDS

gender; social protection; life course

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ACRONYMS

AIDS Acquired Immune Deficiency Syndrome

ALMP active labour market programme

CCT conditional cash transfer

FGM female genital mutilation

GRASSP Gender-Responsive Age-Sensitive Social Protection (research programme)

HIV Human Immunodeficiency Virus

ILO International Labour Organization

LMICs low- and middle-income countries

MGNREGA Mahatma Gandhi National Rural Employment Guarantee Act

NEET not in employment, education or training

PSNP Productive Safety Net Programme

SDG Sustainable Development Goal

UCT unconditional cash transfer

UN Women United Nations Entity for Gender Equality and the Empowerment of Women

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CONTENTS

EX	ECUTIVE SUMMARY	. 6		
	Key findings	. 6		
1.	INTRODUCTION	10		
	A. Context	10		
	B. Objectives and methodology	12		
	C. Structure of the paper	15		
2.	GENDERED RISKS AND VULNERABILITIES: IMPLICATIONS FOR WELL-BEING THROUGHOUT THE LIFE COURSE	16		
	A. Context	16		
	B. Childhood	17		
	C. Adolescence and youth	17		
	D. Adulthood and working age	19		
	E. Old age	21		
3.	REVIEW OF THE LITERATURE ON THE EFFECTS OF SOCIAL PROTECTION PROGRAMMES AND THEIR DESIGN FEATURES ON GENDER EQUALITY	22		
	A. Context	2 2		
	B. Non-contributory social protection programmes	22		
	C. Contributory social protection programmes	31		
	D. Labour market programmes	34		
	E. Social care services	38		
4.	CONCLUSIONS AND IMPLICATIONS FOR FUTURE RESEARCH	40		
	A. Summary of key findings	40		
	B. Concluding reflections	43		
RE	FERENCES	46		
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EXECUTIVE SUMMARY

Globally, progress has been made in the fight against both poverty and gender inequality, including through the expansion of social protection programmes. Yet significant gaps remain. Many women and girls remain in poverty and often face different structural constraints and risks across their life course, related to their biological sex as well as entrenched gender norms that discriminate against them in many aspects of their lives. As poverty, risks and vulnerabilities – which social protection aims to minimize, reduce or tackle – are gendered, if the root causes of gender inequality are not investigated in evidence-generation and addressed in policy and practice, poverty will not be sustainably eradicated, nor gender equality achieved.

This paper provides an overview of the latest evidence on the effects of social protection on gender equality. It starts by considering how risks and vulnerabilities are gendered, and the implications of their gendered nature for boys' and girls', and men's and women's well-being throughout the life course. It then reviews and discusses the evidence on the design features of four types of social protection programmes: non-contributory programmes such as cash transfers; contributory programmes such as pensions and health insurance; active labour market programmes such as trainings; and social care services such as childcare services, and their effects on six gender equality outcome areas, namely economic security and empowerment; health; education; psychosocial well-being; protection; voice and agency in low- and middle-income countries (LMICs). It does so by unpacking which design features matter the most to achieve gender equality. Finally, the paper concludes with implications for a future research agenda on gender and social protection.

Key findings

Poverty, risks and vulnerabilities are gendered, and increasingly so throughout the life course

Available evidence suggests that risks and vulnerabilities over the life course are gendered. Inequalities and disadvantages experienced early in life can also be cumulative over the life course. For example, the risk of poverty is higher for children and women. Girls and women are also likely to bear the burden of unpaid care and domestic work, with implications for their right to education, and their position in the labour market, which in turn has implications for their access to social protection. Health risks are also gendered, such as in sexual and reproductive health and the risk of sexually transmitted infections such as HIV. Women and girls also face significant violence, abuse and exploitation risks, including physical and sexual violence. Combined with the risk of dropping out of school for adolescent girls, and of getting married early, these factors influence girls' labour market participation and in turn, their access to social protection. These risks and vulnerabilities are often derived not only from material poverty and constraints but also from harmful norms and stereotypes, which intersect among each other and further limit adult women's ability to pursue jobs with labour and social protection. When they succeed in getting into the labour market, they often face gender pay gaps and interrupted careers due to their care responsibilities. Considering this gendered nature of risks and vulnerabilities, social protection has a role to play in addressing such risks and vulnerabilities through specific design features.

Addressing these gendered risks and vulnerabilities through specific design features in social protection programmes is critical. However, evidence is limited on the specific pathways leading certain design features towards improvements in gender equality outcomes

Appropriately designing programmes in a way that specifically addresses such gendered risks and vulnerabilities is critical to ensure that poverty is reduced sustainably, and that gender equality is achieved. However, evidence is limited.

Non-contributory social protection programmes often target women as recipients, however unintended adverse effects may occur. Delivery modality, benefit level and duration seem critical to address specific gendered risks and vulnerabilities.

The existing evidence shows that non-contributory social protection programmes such as cash transfers positively affect women's income and savings, girls' school enrolment and attendance, and risky sexual behaviours, among others. When considering the specific design features that matter the most to contribute to achieve gender equality outcomes, this review has found that evidence remains unclear as to whether targeting cash transfer programmes to women achieves greater effects on gender equality outcomes. Conversely, the evidence suggests that non-contributory social protection programmes should be of an adequate benefit level or size and should be delivered in a regular and predictable manner.

Increasingly, social protection programmes are being delivered through debit cards or via other electronic means. It is suggested that this delivery modality can have positive effects for women's empowerment, especially in contexts where women's mobility is restricted and where women's ability to own cash is negatively viewed or actively constrained. More evidence is needed however, to test the hypothesis of the greater gender equality effect of electronic delivery modality of non-contributory social protection programmes versus cash-based delivery. Future research efforts should consider potential unintended effects of low access to technological devices such as mobile phones, bank accounts, etc. and the low capacity of women to use them.

Further, another design feature that has been contested in research, policy and practice is conditionality, such as those related to school attendance and healthcare visits. While there can be some positive effects in incentivizing service utilization, the available evidence suggests that non-contributory social protection programmes do not need to be conditional to achieve positive outcomes. Often conditionalities actually have the unintended effect of increasing women's time poverty (due to being the nominated recipients of these conditional programmes and being in charge of meeting the conditionalities associated with receiving the transfer) and perpetuating the stereotype of unpaid care and domestic work being women's responsibility. Finally, emerging evidence suggests non-contributory social protection programmes can be linked to other programmes and services and have greater effects on well-being outcomes for beneficiaries, because through multiple components they may be able to simultaneously address a more diverse set of risks and vulnerabilities. However, more research is needed testing this hypothesis specifically from a gender perspective; for example, to advance our understanding of which combination of programmes and services matters the most to achieve which gender equality outcomes.

The evidence on whether specific design features of contributory social protection programmes matter more to achieve gender equality is more limited. For health insurance, health insurance extension strategies have rarely been evaluated from a gender perspective. For pensions, contributions based on care leave periods have been suggested to be effective in ensuring that women do not face poverty during old age, however more evidence is needed.

The second type of social protection programme considered in this review of the literature are contributory programmes. Health insurance and old-age contributory pensions were selected for their relevance for gender equality. Many LMICs have recently sought to extend health insurance to previously uninsured population groups. This has considerable implications for women living in those contexts where health insurance is tied to formal jobs, as women are often more likely to work in the informal economy and thus to be left out of (formal) health insurance mechanisms. Many studies have documented the positive effects of extending health insurance on both health outcomes, such as reductions in outof-pocket health expenditures and healthcare utilization, as well as non-health outcomes. However, the empirical evidence remains rarely disaggregated by sex. It does not examine the gendered aspects of health insurance extension, nor does it specifically test for different designs of health insurance extension strategies and their relative effectiveness on gender equality outcomes, including women's physical and mental health - gaps that future research should fill. Further, while health insurance programmes are critical in progressively achieving universal health coverage by preventing the risk of falling into poverty due to out-of-pocket health expenditures and increasing health service utilization, evidence suggests they should be accompanied with supply-side services that increase service availability, accessibility and quality, and improve users' satisfaction with health-care providers and perceived quality of care.

Old age pensions are also critical to prevent old age poverty. Integrating gender considerations into the design of old age pensions is particularly important for women, as they are more likely to face interrupted careers, and therefore interrupted social security contributions. Studies propose ways to incorporate gender considerations into specific design features of contributory old-age pension programmes to address gender inequalities, yet the number of programmes that do so in LMICs (and therefore the evidence on these programmes in such countries) remains limited. Contribution credits for caregivers is suggested by the existing evidence as an important strategy to acknowledge the unpaid care and domestic work burden that women face throughout their life course, and especially during productive and reproductive ages, and to mitigate the risk for women of having limited social security contributions due to interrupted employment trajectories.

Labour market programmes have been effective at improving labour market outcomes for women. Design features that seem to matter from a gender equality perspective include trainings on gender issues and complementary interventions that address transportation costs, gender norms, and childcare needs.

The third type of social protection programme considered in this review of the literature are labour market programmes, such as training and internships, job rotation, employment incentives or wage subsidies, and income maintenance programmes, such as interventions for the unemployed (ISPA n.d.). There is considerable evidence from experimental and quasi-experimental studies on the effects of labour market programmes in LMICs on a range of labour market outcomes and to a lesser extent, on other outcomes such as psychosocial well-being. A strand in the literature on the effectiveness of labour market programmes has sought to understand whether labour market programmes have had heterogeneous effects by gender. However, the evidence on the effects by gender is mixed, with some studies finding more positive effects for men, and others for women.

Further, the existing evidence seems to point to the fact that, regardless of gender, the type of ALMP matters relatively less than its design and delivery features and the quality of services provided in determining the programme's effectiveness. Available systematic reviews suggest the intensity and quality of the service mattered, as well as their longer duration, with longer or more intensive programmes being more effective. Structural barriers to take-up among beneficiaries, especially women and girls, should also be considered when designing labour market programmes. These include transportation time and costs and other time constraints, and gender norms-related factors, such as occupational segregation and inequalities in unpaid care and domestic work as well as the costs and availability of childcare services.

Social care services can positively affect children's development as well as improve women's labour market outcomes, however availability of such services must be combined with specific design features that promote uptake, such as quality and affordability.

The fourth and final type of social protection programme considered in this review of the literature is social care services. Childcare services were selected for their relevance in gender equality. In addition to being critical for children's development and well-being, they are also important from a gender equality perspective as a means through which to reduce and redistribute the unpaid care and domestic work burden that women overwhelmingly face. While the existing evidence suggests that making childcare services available to women and their households is critical, studies point to the availability of childcare services being only one aspect among many to be considered. Specifically, the existing evidence suggests childcare services should also be accessible, for example through the provision of information about available programmes, services and infrastructure, as well as in the physical accessibility of these. They should also be of high quality, meaning that programmes, services and infrastructure are appropriate and safe, that they have a high staff-child ratio, and that they are not stratified according to gender, social class or geographical location, among other factors.

1. INTRODUCTION

A. Context

Globally, progress has been made in the fight against both poverty and gender inequality. Yet significant gaps remain. Within families, children and women are at higher risk of living in poverty and often face structural constraints hindering their access to assets or opportunities that would otherwise be used to overcome poverty (see, for instance, ILO and UNICEF 2019; Munoz Boudet et al., 2018). Women and girls in particular face risks specific to their age and stage in their life course, such as during adolescence, pregnancy and childbirth, which are related to their biological sex as well as to entrenched gender norms that discriminate against them in many aspects of their lives. These forms of discrimination result in differences between girls and boys, women and men, in well-being outcomes across health, education and employment, among others.

In different countries, policymakers and practitioners have put in place public policies and programmes that address poverty and gender inequalities. As discussed later in this paper, growing evidence highlights how social protection systems and programmes¹ in particular have contributed to reducing poverty and to promoting the achievement of several well-being outcomes, such as increasing disposable income and boosting household consumption, and supporting children to enrol in and attend school (see, for example, Davis et al. 2016; ILO 2017; Bastagli et al. 2016). Many of these outcomes have had particularly positive effects for women and girls, for instance, by lowering the costs of schooling for girls, social protection has incentivized parents to send their girls to school. By providing maternity leave and benefits and quality health care, social protection has reduced out-of-pocket health expenditures and helped ensure that pregnant and lactating women have the necessary goods and services for their own and their children's health. By supporting old women with a social pension, social protection has contributed to reducing old-age poverty for those women who, due to different factors², have not been able to contribute to the national social security systems (where they exist). (See Section 3 for a discussion of the effects of social protection on these different outcomes.)

Given the gendered nature of poverty, risks and vulnerabilities – which social protection aims to minimize, reduce or tackle – it is essential to investigate the root causes of gender inequality through research, policy and practice in order to achieve both sustained poverty reduction and gender equality. Reviews of social protection programmes and their design features have shown that a gender lens has neither been consistently and systematically adopted for understanding individuals' exposure to risk and vulnerability, nor actually been applied in programme design and implementation (see Peterman et al., 2019 on social safety nets in sub-Saharan Africa; Bastagli et al. 2016 on cash transfers; Holmes and Jones, 2013 for research in eight countries between 2009 and 2012; World Bank 2012).

In policy, practice and often in academic literature, social protection programmes have been considered gender-sensitive insofar as they target women as benefit recipients, often on behalf of their children (Simon 2019). The preference for targeting women over men has followed two strands of arguments. On one hand, initial studies found suggestive evidence that women were more likely to spend relatively more resources on their household's and children's well-being – although this has not been confirmed in later studies (see Section 3 and Bastagli et al. 2016). On the other hand, social

¹ For a definition of social protection, see Section 1.B Objectives and Methodology.

² These factors may include, e.g., unemployment, underemployment, informal employment or employment interruptions due to care responsibilities during their working age, or other social and economic circumstances such as humanitarian emergencies.

Innocenti Working Paper 2020-16

and political perceptions and norms 'dictate' that women are expected and more likely to spend relatively more resources on their household's human development, including children's health and nutrition – reflecting the unquestioned assumption that caregiving responsibilities remain women's realm (see Section 3 and Bastagli et al. 2016). More recent studies are in fact showing that while the expectation that women spend relatively more on children generally holds for most, if not all, contexts and countries, this does not always translate into their likelihood to do so, as roles and responsibilities are context-dependent, including on the division of labour and intra-household allocation (see Section 3 and FAO 2018a). Further, such norms and stereotypes are harmful to men also, as they assume that they are irresponsible and uninvolved in supporting children's well-being.

However, targeting social protection such as cash transfers to women has, at times, unwittingly perpetuated the stereotype of women as primary caregivers. Despite the many positive effects of social protection programmes on different well-being outcomes for women and girls, these programmes have in practice tended to be more focused on the 'conditions' of poor women, namely their hardships or material circumstances, rather than their 'positions', i.e., the power dynamics within the household and beyond, which are the structural and root causes of poverty itself (Holmes and Jones 2013). Social protection programmes are in fact never gender-neutral (even when they claim to be so), as they always have implications for gender relations and outcomes (see, for instance, Bastagli et al. 2016; Holmes and Jones 2013). Through their design features and delivery modalities, their implementation, financing and governance mechanisms, social protections can exacerbate inequalities if they fail to integrate an analysis of gender dynamics and inequalities (UNICEF 2019; Peterman et al. 2019; Commonwealth Secretariat 2009).

This paper reviews the existing evidence on the design features of four types of social protection programmes, namely i) non-contributory social protection programmes, iii) contributory social protection programmes, iii) labour market programmes, and iv) social care services, and their relative importance in contributing to achieving gender equality outcomes, with a focus on i) economic security and empowerment; ii) health; iii) education; iv) psychosocial well-being; v) protection; and vi) voice and agency. Design features refer to the following: (i) core programme features (e.g., transfer value and frequency); (ii) conditionality (its type and potential sanctions for non-compliance); (iii) targeting design and mechanisms, payment modality (e.g., electronic or cash delivery); (iv) grievance mechanisms and programme governance; and (v) complementary and supply-side interventions and linkages to other programmes and services (Bastagli et al. 2016; UNICEF Innocenti 2020).

This paper thus expands on existing reviews of social protection and its design features. For example, Bastagli et al. (2016) carried out a systematic review of the evidence on the impact of cash transfers in low- and middle-income countries (LMICs) across a range of outcomes and found 19 studies reporting 27 specific findings on the effect of design and implementation features on poverty measures. They found more evidence on the effects of core design features (main recipient, transfer level and transfer frequency) and complementary interventions and supply-side services than on other aspects, and no evidence on the effects of payment systems or grievance mechanisms.

Investigating the design features is the first critical step to advancing our understanding of whether and how social protection addresses the gendered nature of risks and vulnerabilities and gender inequalities (or fails to do so) (UNICEF 2019; Peterman et al. 2019; Commonwealth Secretariat 2009). A rigorous analysis of the different design features of social protection programmes and their effectiveness on gender equality outcomes is critical to understand which design features matter more in achieving such outcomes so that implications can be drawn for programme design.

B. Objectives and methodology

This paper seeks to critically appraise and summarize the existing evidence of the design features and effects of four types of social protection programmes on a set of gender equality outcome areas in LMICs. Specifically, it has the following research objectives:

- 1. To investigate and discuss:
 - a. How risks and vulnerabilities throughout the life course are gendered, and how they vary across different ages and stages of the life course;
 - b. How a gender analysis matters for the definition of risks, vulnerabilities and inequalities throughout the life course;
 - c. The implications of such gendered nature of risks and vulnerabilities for both gender equality and well-being outcomes throughout the life course.
- 2. To critically appraise and summarize the evidence base on:
 - a. The design features of four types of social protection programmes (non-contributory social protection programmes, contributory social protection programmes, labour market programmes, and social care services) and their effects on six gender equality outcome areas (economic empowerment; education; health; psychosocial well-being; protection; and voice and agency).³

This paper draws primarily on peer-reviewed published literature, as well as grey literature and working papers, with a primary focus on systematic reviews, evidence gap maps, and experimental or quasi-experimental (quantitative or mixed-methods) studies of social protection programmes implemented in LMICs published in and after 2010. It is complemented by qualitative studies where necessary to provide contextual information and to discuss issues relevant to gender equality that experimental and quasi-experimental studies do not always capture. The methodology consisted of a broad literature search strategy through database search, reference tracing and snowballing, applying the inclusion and exclusion criteria listed below. The review took place between January and December 2019, with the database search and reference tracing strategies taking place by June 2019 and snowballing in the second half of the year.

The database search strategy consisted of two parts to extract studies from both evidence synthesis outputs (e.g., systematic reviews, evidence gap maps, meta-analyses) and from single evaluations of social protection programmes. For the first part, the author retrieved studies from repositories and databases of systematic reviews and evidence gap maps. These included:

Examples of specific outcomes include: (1) for Economic empowerment, paid work and unpaid care and domestic work; (2) for Education, improved schooling outcomes for girls; (3) for Health, access to sexual and reproductive health services; (4) for Protection, protection from violence and child and early marriage; (5) for Resilience and psychosocial well-being, reduced stress and improved life satisfaction; (6) for Enhanced voice and agency, increased bargaining power within the household. These six gender equality outcome areas are relevant for the overarching goal of gender equality. While they do not exhaustively represent the full spectrum of concepts and domains related to gender equality, each has been selected for its specific relevance for understanding the implications of social protection for gender equality, and vice versa, from a life course perspective, based on existing international human rights standards as well as previous reviews. This paper will thus consider specific effects of social protection on women and girls across these six gender equality outcome areas, and on issues that overwhelmingly affect women and girls (e.g., early marriage, union and pregnancy, time spent on unpaid care and domestic work), or effects on changes in gender dynamics more broadly. It will specifically take an intersectional approach, as it will seek to unpack how different social identities intersect in shaping the gendered nature of risks and vulnerabilities. Moreover, while this paper acknowledges the importance of ensuring the right to social protection of non-binary individuals such as lesbians, gays, bisexuals, trans and queer, it has not explicitly searched literature using non-binary search terms (see Annex I: Methodology) because of the paucity of evidence on access to social protection by non-binary people in LMICs. This thus remains a gap that future research efforts could fill.

- Evidence gap map on adolescent well-being in low- and middle-income countries (Bakrania et al. 2018); intervention areas: individual and interpersonal level – financial support, material/ in-kind support
- Campbell collaboration evidence gap map on child well-being; intervention area: school voucher / reduced fees, school feeding programme and midday meal, scholarship, social protection (social insurance schemes, labour market insurance, social assistance interventions)
- International Initiative for Impact Evaluation (3ie) publications evidence gap maps; sector: social protection
- 3ie systematic review repository; sector: social protection; subgroup: gender
- 3ie impact evaluation repository; sector: social protection; subgroup: gender

The literature found served to address the second research objective of this paper.

For the second part, the literature search strategy included specific search terms related to social protection and gender in database searches. The databases and search engines that were consulted included ScienceDirect, JSTOR and Google Scholar. Search strings used included:

- social protection OR social security OR social assistance OR social insurance OR labour market program* OR care service
- AND (gender OR wom*n OR female)

For the first research objective of this paper, the target literature was primarily peer-reviewed published literature, in addition to grey literature (e.g., working papers, research reports), the latter to contextualize the issue of the gendered nature of risks and vulnerabilities over the life course. To address the second research objective of this paper, the target literature was peer-reviewed articles or reports, including both evidence synthesis products such as systematic reviews and evidence gap maps, and evaluations of social protection programmes.

Once the studies were extracted, a set of inclusion and exclusion criteria were applied. First, this paper focuses on social protection programmes that have at least some degree of involvement by the national or subnational government, hence they are either led, run or financed (partly or entirely) by national or subnational governments or administrations. Thus, programmes or interventions entirely led, run or financed by NGOs or other non-governmental actors, including United Nations agencies, were excluded. The rationale for this was to focus on government-run programmes to ensure that the findings of this literature review would be more relevant to them.

Secondly, studies on general subsidies (the fifth category of programmes as per the Inter-Agency Social Protection Assessments [ISPA] Core Diagnostic Instrument [CODI] definition of social protection) were excluded. The rationale for this was (1) because some types of subsidies, such as fuel or energy subsidies, are known to be regressive, that is, they benefit the better off relatively more than they benefit poorer households; (2) to focus on programmes that would have more relevance from an age and gender relevance, for example either for their inherent objectives or for their targeting; and (3) to keep this literature review manageable.

Thirdly, this paper prioritized literature related to childhood, adolescence and youth, given the heightened prevalence of poverty and the potential long-term risks this can have on children's

development over their life course. This meant that while search terms related to adolescence were not specified in the database search strategy, the literature search strategy included two evidence gap maps that focused on childhood and adolescence, and the snowballing and reference tracing strategies prioritized researchers, authors and institutions known to be working in the field of social protection and childhood or adolescence or youth.

Fourthly, for both research objectives, the target literature was studies published on and after 2010. The rationale for this inclusion criterion was to specifically extract the latest evidence, assuming that studies published in 2009 and earlier would be included in the evidence synthesis outputs such as systematic reviews and evidence gap maps. Finally, the geographical focus is on LMICs, or on high-income countries where UNICEF has a country office (thus excluding countries where UNICEF's presence is through National Committees). The rationale for this criterion was to ensure relevance for UNICEF Innocenti's GRASSP research programme and UNICEF's primary geographical focus in LMICs.

Finally, studies and systematic reviews that did not report comprehensively on their methodology were not included. For systematic reviews this included assessing whether the authors comprehensively reported their search strategy, including databases and search terms. For single studies evaluating social protection programmes, this included assessing the authors' reporting of the method chosen to carry out the experimental or quasi-experimental study, and the rationale (e.g., strategy to address endogeneity). However, this paper does not make use of existing methodologies for quality appraisal such as PRISMA, a gap that a future systematic review will fill.⁴

Table A1.1 summarizes the list of inclusion and exclusion criteria. The included studies were summarized through narrative synthesis.

Table A1.1. Inclusion and exclusion criteria for research objective 2

Inclusion criteria	Exclusion criteria		
Studies published in or after 2010 and up to December 2019	Studies published in or before 2009		
Peer-reviewed studies and contextual grey literature			
Studies adopting experimental or quasi- experimental design and using quantitative or mixed-methods research strategies			
 Studies on low- and middle-income countries 	Studies on industrialized countries in Europe, North America and Oceania		
 Studies on high-income countries in Africa, Asia and Latin America where UNICEF has an office 	 Studies on high-income countries in Africa, Asia and Latin America where UNICEF does not have an office 		
Studies on social protection programmes led, run or financed (partly or entirely) by national or subnational governments or administrations	Studies on social protection programmes entirely led, run or financed by NGOs or other non-governmental actors, including United Nations agencies		
	Studies on general subsidies		

⁴ A systematic review on the impact of social protection on gender equality is currently being undertaken at UNICEF Innocenti and will be available in 2021. This forthcoming systematic review will complement and deepen the results presented in this paper.

Innocenti Working Paper 2020-16

Overall, while this paper is not intended as a systematic review, it seeks to bring together and discuss the existing evidence base on the intersections of gender and social protection throughout the life course, on how different design features of social protection programmes contribute to gender equality in LMICs, to identify gaps and draw implications for a future research agenda.

C. Structure of the paper

The paper is structured as follows. Section 2 will review the evidence on how risks and vulnerabilities are gendered and their implications for well-being throughout the life course, addressing the first research objective above. Section 3 will summarize the evidence on the relative importance of design features of social protection programmes on six gender equality outcome areas, addressing the second research objective above. Finally, Section 4 will conclude with a discussion of key evidence, including data and research gaps, and implications for a future research agenda.

2. GENDERED RISKS AND VULNERABILITIES: IMPLICATIONS FOR WELL-BEING THROUGHOUT THE LIFE COURSE

A. Context

Women and girls face risks and vulnerabilities that are specific to them by virtue of their biological sex (e.g., health risks in childbirth), as well as by virtue of their gender (see, for example, UN Women 2015, 2019; Holmes and Jones 2013). For example, risks or life course events such as childrearing, divorce and widowhood, which although can be experienced by both men and women, have specific consequences for women because of gender norms that discriminate against them (e.g., stigma for widows) and the lack of or limited economic resources, labour market opportunities or land rights (Luttrell and Moser 2004). At intra-household level, harmful norms and practices manifest in unequal gender roles, which leave women and girls with the burden of care and the domestic needs of their families and their communities (see, for instance, UN Women 2015). This has implications for their participation in the productive economy, especially at their peak productive (and reproductive) ages. In old age, women are more at risk of poverty than old men as a result of economic disadvantages accumulated over their life course; for instance, in access to the labour market, equal pay and in social security contributions. Household economic risks, such as expenditures for social obligations like marriage and funerals, or social risks, such as domestic violence, also have a gendered nature, arising from harmful gender norms that discriminate against women and girls (Luttrell and Moser 2004; Thakur et al. 2009). In many contexts, women and girls are also subjected to gender-discriminatory or gender-blind laws and policies - for instance, those that limit the right to asset ownership or control - which further make them vulnerable to poverty.

The gendered nature of these risks and vulnerabilities also intersects with race, class, disability, sexual orientation and gender identity, and other dimensions of individual and collective identity, which can result in intersecting inequalities. Further, these risks and vulnerabilities are not 'static' across an individual's life course but rather, change in different ages and stages of an individual's life – from childhood, through adolescence and adulthood to old age – and are contingent on individual capabilities and development trajectories. Moreover, these risks and vulnerabilities accumulate over the life course, unless adequate benefits and services are put in place to address them (UNICEF Innocenti 2020).

Given the intersections between gender and age that influence the prevalence and incidence of risks and vulnerabilities across the life course, social protection systems and programmes have the potential to strengthen development outcomes, including gender equality and poverty eradication, if they adopt a life course lens. Such a lens is critical to distinguish and properly address the risks and vulnerabilities that are specific to each age and stage in the life course (see, for instance, Molyneux 2020; Gavrilovic and Palermo 2020).

The rest of this section will address the first research objective of this paper, namely it will review the existing evidence to explore and discuss how risks and vulnerabilities throughout the life course are gendered, and how they vary across different ages and stages of the life course – starting with childhood, moving to adolescence and youth, to adulthood and working age, and finally to old age; how a gender analysis matters for the definition of risks, vulnerabilities and inequalities throughout the life course; and finally, the implications of such gendered nature of risks and vulnerabilities for both gender equality and well-being outcomes throughout the life course. In doing so, this section will aim at teasing out the relevance of social protection and of different social protection programmes in addressing such gendered risks and vulnerabilities and contributing to achieving gender equality.

B. Childhood

Childhood is a critical stage in the life course that could greatly benefit from social protection programmes. Firstly, because children are at higher risk of poverty: half of the individuals living in multidimensional poverty around the world are children (despite children being around a third of the global population) and one in five children live in extreme poverty (less than US\$1.90 a day) (ILO and UNICEF 2019). Across both extreme poverty and multidimensional poverty measures, children are twice as likely to live in poverty as adults (ILO and UNICEF 2019). Secondly, only 35 per cent of children worldwide have access to any type of social protection, with significant regional variations: in Africa only 16 per cent of all children are covered by social protection (ILO and UNICEF 2019). These numbers are staggering, particularly when considering the harmful effects that poverty can have on children's well-being over their life course. Available data suggest that poverty also tends to be transmitted through generations, perpetuating this vicious cycle (ILO and UNICEF 2019). Social protection can have a role in breaking this vicious cycle, for instance via the provision of cash and in-kind benefits to households with children to address both monetary and multidimensional poverty.

In addition to poverty reduction, social protection could have positive effects on other development outcomes, and often specifically for girls (see, for instance, Section 3). For instance, in education, while progress to close the gender gap in school enrolment and attendance has been considerable in recent decades, gaps remain. Two thirds of countries globally have achieved gender parity in enrolment in primary education, yet in those countries that have not achieved it, girls are more likely to be disadvantaged, particularly in sub-Saharan Africa, the Middle East and South Asia (UNICEF Data 2018e). However, gaps are not always at the disadvantage of girls. For instance, although school dropout is still more prevalent among girls than boys, the global number of out-of-school boys of lower-secondary school age has now surpassed that of girls (UNICEF Data 2018c). The barriers that deter children from attending primary school vary across and within countries, but are often associated with poverty, geographic remoteness, armed conflict or other types of insecurity and violence, lack of school infrastructure and poor-quality education (UNICEF Data 2018c). For girls, school dropout and inequalities in education can either result in or follow early marriage, unions or childbearing, making it difficult to establish a clear causal link between dropout, marriage and pregnancy (Birchall 2018). Social protection can thus play a role in ensuring that children, specifically girls, are enrolled in and attend school by relieving the financial constraints and barriers that households may face, which often lead them to withdraw their children, especially girls, from schooling and by transforming gender norms via changing parental perceptions of the value of girls' education.

Girls also face greater health and survival risks (UNICEF Data 2018b, 2018d). Female feticide is widespread in some countries, and more girls die in childhood than boys (World Bank 2012). Gender disparities persist in specific countries. For instance, in 11 countries (primarily in South Asia and the Middle East and North Africa), UNICEF estimates that girls' risk of dying by age 5 is significantly higher than expected for the level of mortality, which suggests gender discriminatory practices (UNICEF Data 2018d). Social protection could thus both facilitate access to and utilization of health services, as well as mitigate the financial impacts of a health crisis in a household, for example via universal health insurance (UNICEF 2019).

C. Adolescence and youth

Adolescence (10–19 years) and youth (15–24 years) are another critical period for social protection investments. Recent estimates suggest that there are 1.8 billion adolescents worldwide, the largest cohort in human history, a third of whom live in India or China (Azzopardi et al. 2019). While more

than half of all adolescents globally live in Asia, sub-Saharan Africa has the highest share of adolescents in the population, with 23 per cent of the region's population aged 10–19 (UNICEF Data 2019c). Most adolescents worldwide live in LMICs, where poverty is more extensive, and access to goods and services is scarcer; such adolescents, like other population groups, are at higher risk of poverty, exclusion and vulnerabilities compared with those in high-income countries (UNICEF Data 2018a). While these demographic patterns can bring about opportunities for social and economic development,⁵ they also bring about risks and vulnerabilities, which must be understood and addressed through specific interventions, including social protection.

Specifically, adolescence is a period when unique changes happen. It is a profound stage of biological and psychosocial development when gender attitudes and norms intensify. While children start to discover some aspects of their gender and sexuality in their first years of life, it is during puberty and adolescence that gender starts to play a more defining role in their lives (Banati and Lansford 2018). Differentiations between boys and girls start to widen and become more entrenched, particularly in their roles within households and in their relations with family members, peers and in their intimate communities (Banati and Lansford 2018). Because of these changes, it is a stage during which transformative change can be accelerated and better outcomes achieved, through interventions that influence behaviours and shift discriminatory norms (Banati and Lansford 2018). Recent studies suggest that it could be a second window of opportunity in the life course, not only to catch up and redress earlier negative experiences, but also to ensure that previous investments are not lost when children enter adolescence and face new risks and vulnerabilities (Balvin and Banati 2017).

Adolescence and youth are also an age group facing health risks and protection issues. For girls aged 15–19 years, maternal conditions are the top cause of mortality globally (UNICEF Data 2019). Girls are also overwhelmingly affected by HIV and AIDS. Globally, adolescent girls accounted for 75 per cent of all new HIV infections among adolescents in 2017 (UNICEF Data 2020). Social protection, such as cash transfers, can relieve the financial constraints that might lead to risky health behaviours, such as transactional sex, and through linkages to health and other social services, it could have greater effects on girls' health and well-being (UNICEF 2019, and Section 3).

Further, together with women, girls shoulder the greatest responsibility for unpaid care and domestic work, starting early in the life course (UNICEF 2016) and continuing throughout their lives (Camilletti et al. 2018). Estimates from nationally representative household surveys suggest that globally, girls aged 5–9 years engage in these activities for an average of almost four hours per week, while girls aged 10–14 years do so for around nine hours per week (UNICEF 2016). When it comes to unpaid care and domestic work, social protection is identified in Sustainable Development Goal (SDG) Target 5.4 as one of the policies that shall be put in place by States to recognize and value such work. Programmes could include access to social care services such as childcare, which are discussed further in Section 3.

Girls are also at greater risk of early marriage or union than boys. Globally, an estimated 66 million women aged 20–24 years married before 18 (Azzopardi et al. 2019). About one in six adolescent girls aged 15–19 is currently married or in a union (UNICEF Data 2018a). In West and Central Africa, 41 per cent of women aged 20–24 years were first married or in a union before age 18 (UNICEF Data 2019a). Getting married or forming a union early in life is a source of vulnerability for girls because of the links with many other negative outcomes in health (e.g., early childbearing), education (e.g., school dropout) and economic opportunities in general.

The 'youth bulge' and 'demographic dividend' generally refer to the demographic stage of a country or context during which the share of the working age population is relatively higher than the share of dependents, the latter including both children and the elderly; this ratio inverts as the population ages and the fertility rate declines.

Other risks are greater for girls than boys. The adolescent fertility rate (the number of births per 1,000 women aged 15–19) for example, is still high in many regions, particularly in sub-Saharan Africa and Latin America and the Caribbean. Between 2010 and 2015, over 45 per cent of women 20–24 reported having given birth for the first time by age 18 (UNICEF Data 2019). Female genital mutilation (FGM) is also still highly prevalent in some countries: one in three girls aged 15–19 underwent FGM in the 30 countries where it is concentrated (UNICEF 2019b). Social protection programmes, such as non-contributory cash transfers, can help address these gender inequalities and risks (see Section 3).

While girls face many risks, boys face specific risks too, some of which are also related to harmful gender norms. In many contexts, boys are in fact socialized to build their masculinity around physical aggression and strength and emotional stoicism (UNICEF Data 2018d; John et al. 2017). Some of these harmful norms may influence health and other behaviours. For instance, globally adolescent boys are three times more likely to consume alcohol than girls of the same age group (UNICEF Data 2018d), and the global homicide rate is four times higher among adolescent boys aged 10–19 than girls (UNICEF Data 2018d; UNICEF 2017). They also face a higher risk of road injuries and physical (non-sexual) interpersonal violence than girls. While boys are less likely than girls to marry during adolescence, there are countries where this is not uncommon, such as the Central African Republic (28 per cent), Madagascar and Lao People's Democratic Republic (both at 13 per cent), but the availability of data on boys' marriage is more limited (UNICEF Data 2018a).

Despite these specific risks and the vulnerabilities adolescents and youth face, there has been little attention in social protection discourse, policy and practice (including design and implementation) to adolescence and youth who risk falling through the cracks between child benefits (which tend to cover younger age groups) and youth employment policies (which tend to cover youth aged 15–24).

Emerging evidence is showing that social protection programmes play a crucial role in lifting children and adolescents, and in some circumstances specifically girls, out of poverty and improving their well-being, such as education, nutrition, and sexual and reproductive health outcomes (see Section 3 and ILO 2017; Davis et al. 2016; Bastagli et al. 2016; Cluver et al. 2013). For example, non-contributory cash transfer programmes, and labour market programmes such as training, can specifically address the challenges that adolescents, particularly adolescent girls, face in the transition to adulthood, including from school to work. This is particularly critical when looking at the proportion of youth in NEET (not in employment, education or training): one fifth of youth currently have NEET status, with young women being twice as likely as young men to have NEET status (ILO 2020, p.13) suggesting that there are gendered constraints to entering the workforce as well as higher education (Azzopardi et al. 2019). More evidence is also needed to understand whether specific social protection programmes targeting adolescents themselves, or more explicitly aimed at addressing adolescent risks and vulnerabilities, would have greater effects than programmes provided to caregivers in households with adolescents. Section 3 will discuss this issue further, summarizing the evidence on the effectiveness of different types of social protection programmes for adolescents and youth on gender equality outcomes.

D. Adulthood and working age

As adolescent girls and boys transition to young adulthood and enter the productive and reproductive stages of their lives, including as parents of young children, poverty remains a significant risk for women. Women aged 20–34 are two percentage points poorer than men of the same age (UN Women 2019). Poverty, and other risks and vulnerabilities that women face vis-à-vis men, are often related to their participation (and the conditions thereof) in the labour market. Women are less likely than men to participate in the labour force (48 per cent in 2018 compared with 75 per cent for men), and more likely

to be unemployed or in jobs lacking protection, including social protection and collective agreements (ILO 2018b, 2019).

When women do participate in the labour market, they tend to work in low-paid low-skilled jobs and, even when they perform the same job with the same responsibilities as men, they are paid less than men (holding everything else constant; the so-called gender pay gap). Although globally men are more likely to work in the informal economy than women (mostly driven by countries such as China and the Russian Federation), in many developing countries more women than men work in the informal economy (ILO 2018c). There are more countries (55.5 per cent of the total) where the share of women in informal employment exceeds that of men, with regional variations: women are more exposed to informal employment in more than 90 per cent of sub-Saharan African countries, 89 per cent of South Asian countries and almost 75 per cent of Latin American countries. The type of informal employment also matters: the International Labour Organization (ILO 2018c) estimates that the proportion of women as contributing family workers is more than three times higher among women in informal employment compared with men (28.1 per cent compared to 8.7 per cent for men). The informal economy is by definition characterized by a lack of access to social protection. Thus, the issue of informality must be considered carefully when designing and implementing social protection programmes, to avoid leaving out many women in the informal economy. For example, contributory programmes are generally available for workers in the formal economy, which limits women's access to benefits from contributory programmes.

Women, together with girls, shoulder the greatest responsibility for unpaid care and domestic work – amounting to around three times more time than men (UN Women 2019). Globally, 606 million working-age women (21.7 per cent) perform unpaid care work on a full-time basis, compared with 41 million men (1.5 per cent) (Beghini et al. 2019). Between 1997 and 2012, the time that women devoted to unpaid care and domestic work diminished by only 15 minutes per day, while for men it increased by just 8 minutes per day (Beghini et al. 2019). Estimates suggest that to close the gender gap in time spent in unpaid care and domestic work it would take 209 years (until 2228) (Beghini et al. 2019). Studies have suggested that this inequality limits women's opportunities in education and paid work and makes them more vulnerable to the impacts of poverty (World Bank 2012).

Further, women face greater discrimination and disadvantages in the labour market when they are married and with children (see, for instance, UN Women 2015, 2019; ILO 2018b). Estimates for 51 countries by the ILO (Beghini et al. 2019) report that in 2015, some 45.8 per cent of mothers of young children under 5 years of age were in employment, compared with 53.2 per cent of women without children of that age. This "motherhood employment penalty" has worsened over time, compared both to women without young children and to fathers: between 2005 and 2015 it has increased by 38.4 per cent (Beghini et al. 2019). Social protection can contribute to value and recognize unpaid care and domestic work (see SDG 5.4), including via maternity and paternity leave and access to childcare services, which could free up time otherwise spent on unpaid care and domestic work and support women's access to and participation in the labour market (see Section 3 for a discussion on childcare programmes).

The gender norms that result in a greater unpaid care and domestic work burden for women in their households also manifests in gender segregation in the labour market. Women are over-represented in specific sectors such as paid care work, for instance, as domestic workers, childcare providers and old-age carers, which tends to be perceived as low-skill and is generally low paid (FAO 2018a; ILO 2018a). Given women's unpaid care and domestic responsibilities, combined with low-skilled and low-paid jobs, limited social protection and employment policies (e.g., maternity leave and benefits protection against discrimination due to maternity, space and time in the workplace for breastfeeding) risk pushing women into non-standard forms of work, characterized by lack of or limited access to

Innocenti Working Paper 2020-16

social protection and labour legislations (FAO 2018a; ILO 2018b). This has implications for women's contributory capacity to social security and protection systems and in turn, has implications for their income security during their working age and later, in their old age (FAO 2018a; UN Women 2018).

Finally, in addition to specific gendered risks and vulnerabilities, men and women respond differently to shocks (Quisumbing et al. 2018). This reflects the amount and type of resources, be it economic or social, that they can draw from to cope with and mitigate the effects of these shocks. Because men tend to hold, own and control more and different types of assets than women, women and girls are less able to cope with and mitigate the effects of risks and vulnerabilities (Holmes and Jones 2013). For instance, Quisumbing et al. (2018) report that women's assets are more likely to be drawn down during times of shocks. This evidence has implications for access to social protection as insurance against shocks.

E. Old age

As women reach old age, financial and other support that reduces their dependence on other family members and protects them during health and other crises can reduce their risk of old-age poverty, and contribute to gender equality in the old age. However, women in their old age often face income insecurity due to the cumulative economic disadvantages faced throughout their life course, and specifically during their working age, as discussed in the previous subsection on adulthood. In particular, women's relatively greater likelihood of working in non-standard forms of work, characterized by irregular hours and interrupted working patterns, the gender pay gaps they have faced, and the shorter or interrupted careers (often due to unpaid care and domestic responsibilities), are all factors that affect women's ability to contribute to formal social security systems, for example contributory pension schemes, resulting in lower rates of pension coverage and lower pension levels (ILO 2018b). Thus, social protection systems and programmes should take these factors into account in their design, implementation and financing. By supporting older women with a social pension, social protection can contribute to reducing old-age poverty for those women who have not been able to contribute to the national social security systems (ILO 2017).

Older women also remain responsible for unpaid care and domestic work, such as looking after their households' children (Samuels et al. 2018; Samman et al. 2016). Facilitating access to childcare services can support older women and ease the childcare burden they may face (Samuels et al. 2018).

These gendered risks and vulnerabilities that women face in their old age, and the potential social protection programmes that could address or prevent them, must be considered with the demographic changes that are ongoing in many countries. The world population is expected to increase and demographic changes, such as population ageing, declining fertility rates and changing disease burden patterns, will shift the current demographic patterns (Behrendt and Nguyen 2018; Azzopardi et al. 2019). This will pose different risks and challenges to individuals and by extension, to governments, if their aim is to adequately protect their population from risks and vulnerabilities through social protection. For example, social protection systems in ageing societies are critically under (financial) strain, while countries that face the demographic dividend are those that are lagging behind in terms of full and adequate coverage (Behrendt and Nguyen 2018).

3. REVIEW OF THE LITERATURE ON THE EFFECTS OF SOCIAL PROTECTION PROGRAMMES AND THEIR DESIGN FEATURES ON GENDER EQUALITY

A. Context

In recent decades, social protection programmes have been designed and implemented to address a range of economic and social risks and vulnerabilities, including some of the gendered risks and vulnerabilities that affect women and girls the most. Accompanying this spur in social protection programmes, evaluations have sought to assess their effectiveness on a range of outcomes. However, a gap remains in the existing evidence on the relative importance of the different design features of social protection programmes, and their effectiveness on gender equality outcomes, so that implications can be drawn for programme design.

This section will address the second research objective of this paper;, namely, it will critically appraise and summarize the evidence on the design features of the four types of social protection programmes (non-contributory social protection programmes, contributory social protection programmes, labour market programmes, and social care services) and their effects on the six gender equality outcome areas (economic empowerment; education; health; psychosocial well-being; protection; and voice and agency), including unintended effects.

B. Non-contributory social protection programmes

Non-contributory social protection programmes, such as cash or in-kind transfers, are increasingly being designed and implemented in many countries around Africa, Asia, Latin America and the Caribbean and Middle East. Many of these programmes are also set up to be evaluated through experimental and quasi-experimental methods to assess their effectiveness on the outcomes they seek to improve. Therefore, the evidence base on the effects of non-contributory social protection programmes has been expanding over recent decades (see, for instance, Bastagli et al. 2016). For example, in an evidence gap map commissioned in 2018 by UNICEF Innocenti on interventions for adolescent well-being, the authors found that evidence was most abundant for interventions at the individual and interpersonal levels, with the most frequent being financial support to individuals and households, and specifically cash transfers, mainly conditional on school attendance, followed by social assistance grants, school stipends and micro-credit loans (Bakrania et al. 2018).

Rigorous evaluations of these non-contributory programmes have documented their positive effects on many objectives of the programmes, including reducing poverty or increasing consumption, including food consumption, or increasing household expenditures (UN Women 2017, p.41; Orozco Corona and Gammage 2017; Bastagli et al. 2016; Cheema et al. 2016; Salinas Rodríguez et al. 2014; Kabeer et al. 2012). Also, increasing women's savings and investments in productive assets (Bastagli et al. 2016; Cheema et al. 2016; Peterman and Natali 2016; Kabeer et al. 2012) and increasing adults' labour force participation⁶ (Salehi-Isfahani and Mostafavi-Dehzooei 2018; Barrientos and Villa 2013 cited in Bastagli et al. 2016; Kabeer et al. 2012).

Non-contributory programmes have also been found effective in reducing health-related risky behaviours such as alcohol consumption (Bakrania et al. 2018), and sexual health risky behaviours such as early sexual debut, transactional sex and unsafe sex, which affect women and girls overwhelmingly

⁶ Many evaluations sought to investigate whether receiving non-contributory programmes lowered labour supply, yet the evidence overwhelmingly points at no work disincentive effects (see, for instance, Handa et al. 2017; IEG 2014 cited in Bastagli et al. 2016; Banerjee et al. 2017; Salehi-Isfahani and Mostafavi-Dehzooei 2018).

(Cluver et al. 2013 for South Africa; Handa et al. 2015, 2016; Seidenfeld 2014). Some programmes have been evaluated for their effectiveness in improving a range of mental health and psychosocial well-being outcomes. These include reducing depressive symptoms and sadness. Also, increasing hope and optimism (Pereira 2016; Kilburn et al. 2018, both only for men aged 20–24 years old in Kenya; Salinas Rodríguez et al. 2014). And, increasing happiness and life satisfaction (Natali et al. 2018 for women in the Zambian cash transfer programme), and improving self-reported quality of life (Schatz et al. 2012; Lloyd-Sherlock and Agrawal 2014 for South African women social pension recipients).

Positive effects have also been found on children's well-being, including improving school enrolment and attendance, often with stronger effects for girls⁷ (Baird et al. 2013; Handa et al. 2014; Hasan 2010; Alam et al. 2011; Natali et al. 2019; Jones et al. 2019; Cheema et al. 2016). The evidence base on the effects of non-contributory programmes on reducing children's paid work and unpaid care and domestic work is, on the other hand, mixed (Dammert et al. 2018; Bárcia de Mattos and Dasgupta 2017; Bastagli et al. 2016; Kabeer et al. 2012), while some positive effects have been found on reducing child marriage, though not always sustained over the long term (Natali et al. 2019; Jones et al. 2019; Kalamar et al. 2016; Bastagli et al. 2016; Nanda et al. 2016; Alam et al. 2011; Pereira and Peterman 2015; Handa et al. 2015).

In many cases, evaluations have disaggregated findings by sex, unpacking the differential effects of these programmes on women and girls, and men and boys. In other cases, evaluations have specifically looked for the effects of these programmes on gender equality outcomes, such as women's economic empowerment and intra-household decision-making and bargaining power (Peterman and Natali 2016; Ambler and de Brauw 2017), and gender-based violence (Buller et al. 2018; Heath et al. 2018; Peterman et al. 2017; IEG 2014 cited in Bastagli et al. 2016; Ambler and de Brauw 2017). Some evaluations have also sought to understand unintended (adverse) effects of non-contributory programmes (see, for instance, Bárcia de Mattos and Dasgupta 2017 on girls' increased unpaid care and domestic work in households participating in Mahatma Gandhi National Rural Employment Guarantee Scheme [MGNREGS] public works in India), as even when carefully designed to meet their objectives, social protection programmes (as any other public policy or programme) risk having unintended effects, especially when social and gender dynamics are not adequately and systematically considered in the design phase.

The rest of this subsection will discuss the evidence on the design features of non-contributory social protection programmes and their effects on gender equality outcomes.

Main recipient

One design feature that has been assessed in evaluations of non-contributory programmes is whether the benefit should be targeted to the household or to the individual in order to achieve better outcomes and within the household, whether the sex of the recipient matters for achieving the intended objectives. In LMICs, many social protection benefits are in fact provided to the household level via, for instance, the household head, which can have important spill-over effects to individual members. For instance, Gavrilovic and Palermo (2020) note that some cash transfer programmes target households with the objective of addressing adolescents' perceived greater vulnerability to specific risks, including gendered risks, and can thus adopt gender-specific objectives. In doing so, they provide an opportunity to meet adolescents' needs, even though they do not deliver the cash to the adolescents themselves (Gavrilovic and Palermo 2020).

⁷ However, the evidence is somewhat more limited on improving grade attainment and progression (Alam et al. 2011; Millán et al. 2019), and less conclusive with regards to learning outcomes (see, for instance, Barham et al. 2014; Behrman et al. 2019; Baird et al. 2013; IEG 2014 cited in Bastagli et al. 2016; Gaentzsch 2019; Andersen et al. 2015).

Innocenti Working Paper 2020-16

However, targeting social protection benefits such as cash transfers at the household level (and thus leaving the decision of who will receive, spend or benefit from the non-contributory programme to intra-household decision-making dynamics) rests on the assumption that female individuals have sufficient bargaining power to negotiate with other household members, and receive or take control over the benefit on behalf of the household, or at least benefit from it (regardless of who in practice receives the cash transfer). If the aim of a transfer is to improve women's or children's well-being, the welfare effects of such a transfer may differ depending on who, within the household, receives that transfer and the relative bargaining power of that individual (UN Women 2019, p.29). The assumption that providing transfers at the household level would automatically benefit women or children as well does not always hold, as was found in the case of MGNREGS in India, which is designed to provide work entitlement to the household, leaving the possibility of deciding who within the household (man or woman) gets employment through MGNREGS, to men and women themselves, without accounting for women's likely lower bargaining power (Chopra 2020).

On the other hand, providing social protection benefits to women has critical implications to be considered for gender equality. In fact, more and more often non-contributory programmes explicitly nominate a recipient who is generally either the mother or the main caregiver; the latter, across most contexts and countries, is generally perceived to be the female adult. This is following the assumption that women are better 'recipients' of the cash transfer given their greater and better spending for children's human capital development (Bastagli et al. 2016). For instance, the first wave of conditional cash transfers (CCTs) used the political argument that paying transfers to women would guarantee that the money was going to be spent on household's and children's human capital or other investments (see Section 1 and Bastagli et al. 2016). In part, this argument was substantiated by early research findings that transferring resources, including cash, to women did lead to improved human development outcomes for children. However, many feminist researchers and women's rights advocates contested this assumption and its political use; for instance, Molyneux (2006) contended that the argument has been used politically in a way that has further stereotyped women as caregivers, by virtue of their higher (often only assumed) propensity to spend on children's human development (see also UN Women 2018). Thus, by identifying mothers as recipients, social protection programmes may be exacerbating or perpetuating stereotypes that conform to existing unequal gender norms and hence perpetuating inequality, however unwittingly.

Empirically, recent systematic reviews have appraised the evidence on the extent to which targeting female or male recipients makes a difference in programme effectiveness. There is some evidence of positive effects when the benefit is transferred to women in male-headed households, for instance on consumption decisions related to children's well-being (see, for instance, Independent Evaluation Group 2014 cited in Bastagli et al. 2016); however, these effects are often small. In their systematic review⁸ of the evidence of the effects on well-being outcomes of non-contributory cash or in-kind transfers to women relative to men, Yoong et al. (2012) found that targeting cash transfers to women through CCTs and pensions appeared to improve child nutrition and health. In the Independent Evaluation Group's (2014, cited in Bastagli et al. 2016) systematic review, women receiving CCTs were on average less likely to experience domestic violence, and invested in livestock and agricultural tools as much as or more than men, and also invested in different types of assets from men. Other small positive effects of transfers given to women were found on health service use, when compared with transfers given to men in the Burkina Faso CCT, and when compared to transfers given to the extended family in the

⁸ Fifteen studies were included for the analysis and narrative synthesis. Four studies covered unconditional cash transfers, two grants to household enterprises, and six microcredit programmes (Yoong et al. 2012).

Mexican *Progresa* CCT (Bastagli et al. 2016). Another example is from Siaplay (2012, cited in Bastagli et al. 2016), who evaluated the effects of the South African old-age social pension and found that young adults were more likely to be married (relative to the comparison group) in households with a male old-age pension recipient. Conversely, when the pension recipient was female, young males in the household were less likely to be married, while the effect on females was not statistically significant.

However, when considering a range of outcomes, the evidence on whether there is any difference when transfers are received by women or men is far from conclusive, as confirmed in the systematic review by Bastagli et al. (2016). More research is needed to better understand these pathways across contexts. For instance, one study on Morocco's Tayssir programme explicitly tested the differential effect of transferring money to mothers compared with fathers of school-aged children and found no significant difference in school participation (Benhassine et al. 2015). Similarly, Akresh et al. (2012) estimated the impact of two alternative cash transfer delivery mechanisms (conditional and unconditional) given to either mothers or fathers, on household demand for routine preventative health services in Burkina Faso and found beneficial impacts of similar magnitude when cash was given to mothers or fathers. In a study of a CCT conditional on school attendance in North Macedonia, Armand and Carneiro (2018) compared payment to the head of household with payment to the mother and found that while there was improved household nutrition when the CCT was received by the mother, the results were not confirmed in the second round of follow-up data. Using data from the impact evaluation of Lesotho's Child Grants Programme directed to poor households with children, Sebastian et al. (2016) found that having a father as a recipient was more likely to lead to positive effects on girls' schooling, to reduce boys' child labour in agriculture, and to increase boys' engagement in unpaid care and domestic work in the household.

However, even when women are beneficiaries or the recipients of social protection programmes, they may not necessarily use and benefit equally from the transfers as they may still face constraints to controlling the use of the money if they have weak bargaining power and authority, limited confidence, or lack financial and functional literacy (Yoong et al. 2012; Ulrichs 2016 and Kidd 2014 cited in FAO 2018a; Myamba 2020). Gavrilovic and Palermo (2020) note that giving a cash transfer programme directly to girls may also potentially lead to unintended effects, such as the risk of economic coercion by other household members and intra-household conflict, although there is limited evidence of this (partly due to very limited programmes directed at girls in the first place). Moreover, the implications of women as beneficiaries for gender equality depends considerably on the targeting mechanisms used to assess eligibility. In many non-contributory programmes, evidence suggests the targeting design and eligibility criteria have led to many exclusion errors, in some cases triggering stigma and tensions (UN Women 2018).

Transfer size

Another design feature that is critical to ensure effectiveness of non-contributory programmes, including on achieving gender equality outcomes, is the level or size of the transfer. Most studies that assessed the relative importance of the transfer level on the programme's objectives have concluded that a higher transfer level is associated with greater effects, for instance on education outcomes, and that in general, transfers need to be of a meaningful level to have any sustainable effect on poverty and other outcomes (Bastagli et al. 2016). Even when transfers increase expenditures, their levels might be not enough to act on poverty, well-being or other objectives (Bastagli et al. 2016).

Evidence from the Transfer Project, a multi-agency partnership evaluating government-run cash transfers in sub-Saharan Africa, generally suggests that cash transfers equivalent to 20 per cent or

more of baseline household monthly expenditures are required to achieve any meaningful change (Gavrilovic and Palermo 2020). In a systematic review by Saavedra and Garcia (2012, cited in Bastagli et al. 2016), cash transfer programmes with more generous transfers were found to have larger primary and secondary school enrolment effects.⁹

However, the evidence base is limited and more mixed on whether different transfer sizes and benefit levels have actual implications from a gender equality perspective. Further, there are a few studies that found either larger transfers were not associated with bigger effects (Filmer and Schady 2011; Manley et al. 2013), or that they actually caused harm. A few other studies have highlighted that larger transfers could have unintended outcomes for intra-household dynamics and relations. For example, in a study on the Mexican CCT *Progresa* (Angelucci, 2008, reviewed by Bastagli et al. 2016) a larger transfer was unintendedly associated with the likelihood of experiencing physical abuse, and it is hypothesized that this could be due to intensified resentment by men of the female's increased contribution to household income. However, the existing evidence overwhelmingly points to the importance of ensuring a sufficiently high level of the transfer for it to have an effect on the intended outcomes, including gender equality ones.

Transfer frequency and predictability

In addition to the transfer size, much of the consensus among researchers and practitioners on cash transfers contends that a critical factor in ensuring that programmes achieve their intended outcomes is the transfer predictability, which enables households to plan expenditures and investments and overcome liquidity constraints (Bastagli et al. 2016; Bazzi et al. 2012). Benefits that are not predictable can lead to negative coping strategies that risk worsening gender inequalities in outcomes (Peterman et al. 2019).

Few studies were found that explicitly assessed the effect of transfer predictability or estimated the impacts of delays in delivery on gender equality outcomes specifically, but findings suggested that delays in payments generally undermined the effectiveness of these programmes (Bastagli et al. 2016). With regards to transfer frequency, more evidence is also needed. For example, in the systematic review by Saavedra and Garcia (2012, cited in Bastagli et al. 2016), programmes that pay transfers less frequently than monthly, such as bimonthly or quarterly, showed larger enrolment and attendance effects, especially for secondary schooling. Baird et al. (2013), who carried out a meta-regression of studies looking at effects on education, found that neither the transfer size (as a share of baseline average household income) nor the transfer frequency had a significant effect on the pooled effect size for school enrolment. Thus, more research is needed to test transfer frequency and predictability on outcomes in general, disaggregated by sex, and on their effects on gender equality outcomes specifically.

Delivery modalities

Another design feature is the delivery modality. This includes whether cash transfers are delivered electronically via a mobile phone, a bank or ATM, point-of-sale devices, or through 'manual' cash payments (Oberländer and Brossmann 2014).

⁹ Saavedra and Garcia (2012, cited in Bastagli et al. 2016) constructed a monthly equivalent average transfer for each programme relative to gross domestic product (GDP) per capita for the country, using information on the transfer size and bivariate random effects models to calculate the effect of transfer sizes on educational outcomes. While the results seem promising, Bastagli et al. (2016) cautioned that due to the method used, there could be other characteristics associated with a given design feature that were equally or more important in explaining any modification of effect sizes.

Electronic delivery modalities are rapidly spreading in non-contributory social protection programmes, prompted by the rapid penetration of cell-phone infrastructure, and a growing interest from banks to extend financial services to previously unreached segments of the population (Vincent and Cull 2011). The benefits of delivering cash transfers electronically include improved access to financial services (Vincent and Cull 2011), reduced time spent collecting the transfer (Bastagli et al. 2016), reduced risk of experiencing stigmatization associated with (being poor and) receiving the transfer, and reduced risk of expropriation of the transfer by other household members (Peterman et al. 2019, p.143). The systematic review of cash transfer programmes in LMICs by Bastagli et al. (2016) found two studies that specifically tested for the effectiveness of electronic versus cash payments and their effects on outcomes, and both studies were on a programme run by a non-governmental organization (NGO) in the Niger (Aker et al. 2011, 2014, cited in Bastagli et al. 2016). More evidence is needed considering recent developments in delivering cash transfers electronically, to investigate the benefits in general and from a gender equality perspective, with one of these potential benefits being women's financial inclusion by using formal banking for electronic cash.

Another aspect related to the delivery modality and to transfer predictability (also linked to transfer frequency and predictability, see 'transfer frequency and predictability' above) is whether more regular but smaller payments compared with larger but lump-sum payments give different results. Armand and Carneiro (2018), in a study of a CCT in North Macedonia, tested whether the timing of the CCT payments, specifically equal quarterly payments to smaller quarterly payments and a larger final payment, matters for household nutrition, school enrolment and attendance. They did not find any substantial differences in household or child outcomes between receiving the payments in equal instalments or having a graduation bonus (a lump sum) at the end of the programme.

Berhane et al. (2017) evaluated the Productive Safety Net Programme (PSNP) in Ethiopia and its effects on child labour, schooling and nutrition, using inverse probability weighting regression adjustment estimators. They found that when, in 2008, PSNP payments were small amounts relative to work requirements (in terms of number of days of work per year), participation in the PSNP lowered grade attainments for both boys and girls, although for boys this was offset by reductions in domestic work. As PSNP payments increased relative to PSNP work requirements, especially in 2012, these adverse outcomes were reversed, and thus girls' grade attainment increased (variably, depending on age), school efficiency improved, and boys' work decreased.

Similarly, for food transfers, Kazianga et al. (2012) evaluated the impact of two food-for-education schemes in northern rural Burkina Faso, where female pupils were randomly assigned to take-home rations, school meals, or control groups. For school meals, both boys and girls were eligible and the only requirement was to be present in the school, while for take-home rations every female pupil would receive, each month, 10 kg of cereal flour, conditional on a 90 per cent attendance rate. They found that both schemes increased school enrolment for both boys and girls; that the interventions, particularly the take-home rations, altered the allocation of child labour away from productive activities, especially among girls, and more towards domestic activities. However, school meals did not significantly affect either form of child labour.

Duration and timing of exposure

Receiving a cash transfer for a longer period has been found to lead to better outcomes, with some studies specifically finding effects on gender equality outcomes such as a lowered likelihood of marriage and pregnancy and increased likelihood of contraceptive use (Bastagli et al. 2016). Manley et al. (2013) investigated the effect of a cash transfer programme's duration (the number of months

during which the average household received payments) on height-for-age and found a positive though statistically non-significant relationship. This suggests that effects may accumulate over time because households may be able to make livelihood decisions that increase their income. So, for the transfer to have a bigger and more sustainable effect, beneficiaries should be receiving the transfer for a longer period of time (Bastagli et al. 2016). Timing of exposure also seems to matter, to incentivize households. For example, Barrera-Osorio et al. (2011) compared the effects of three education-based cash transfer designs in the municipality of Bogotá, Colombia, on attendance, re-enrolment and graduation: a standard bi-monthly cash transfer conditional on school attendance, a 'savings' cash transfer where two thirds of the cash transfer is distributed on a bimonthly basis while the remaining third is postponed until the time children are supposed to re-enrol in school, and a third cash transfer that provides incentives for graduation and tertiary enrolment. They found that the larger lump-sum 'savings' design delivered around the time children are supposed to re-enrol increased enrolment in both secondary and tertiary education, without reducing daily attendance, with roughly equal positive effects for both boys and girls.

Conditionality

The issue of conditionalities – provisions that condition the receipt of the non-contributory benefits to specific behaviours by beneficiary households – has generated much debate, and many studies have sought to assess the relative effectiveness of these features compared with unconditional transfers. Much criticism of conditionality centres around the fact that while these design features might seek to be gender-sensitive insofar as they seek to address women's practical needs and increase their disposable income, they often end up being gender-discriminatory because they put additional (time) burden onto women, who are the ones left with having to spend time and resources to comply with the conditionalities.

The evidence seems to dismantle the myth that conditionalities bring about greater benefits in all circumstances (Pega et al. 2017; Bastagli et al. 2016; Baird et al. 2013). Instead, it suggests that conditionalities may bring about greater benefits when: (1) they are properly enforced and monitored, as found in the systematic review by Baird et al. (2013) on the relative effectiveness of CCTs and unconditional cash transfers (UCTs) for schooling outcomes in developing countries; (2) they seek to encourage education or health service use, when those are available, for example via acting to encourage certain behaviours, change beneficiaries' perceptions of the intended objectives and support service use (Bastagli et al. 2016); (3) they take the form of 'soft' labels rather than actual (hard) conditionalities - such as in the case of the Moroccan 'labelled' cash transfer, not conditional on school attendance but explicitly labelled as an education programme for school-age children, which possibly affected education outcomes via increasing parental perception of the value of education (Benhassine et al. 2015); and (4) among the beneficiaries that were worse off to start with – as in the case of the evaluation by Akresh et al. (cited in Bastagli et al. 2016) of Burkina Faso's Nahouri Cash Transfers Pilot Project (NCTPP) programme, comparing a UCT and a CCT, the latter with larger effects among children who were initially less likely to go to school, such as girls, younger children and children with lower ability.

What the cash transfer is conditional on also matters. In a systematic review by Manley et al. (2013), conditional programmes were found to accomplish statistically the same as unconditional ones on height-for-age outcomes, and transfers conditional on participation in health care were also found to be effective, while programmes conditional on work or savings (but not on health or education) strongly inhibited child growth (they were negatively and significantly related to height-for-age scores).

In addition to the relative effectiveness of conditionalities compared with unconditional programmes, many studies have sought to assess whether these conditionalities had unintended adverse effects among beneficiaries or other household members. For instance, Molyneux (2006) on the Mexican Progresa CCT, highlighted how women were put as recipients of the transfer given their caregiving role, and in charge of meeting the conditionalities, which de facto further stereotyped women as caregivers. Another example is from qualitative ethnographic research on the Peruvian Juntos programme: Cookson (2018) found conditionalities risked being punitive on women, who were often the ones expected to be or were responsible for meeting those conditionalities, if appropriate services and infrastructure were not in place (e.g., accessible health centres for women to take their children for vaccinations and health check-ups, appropriate transportation systems, accessible and safe schools). Camfield (2014), reviewing the existing evidence and drawing from Young Lives qualitative and quantitative data from Ethiopia and Andhra Pradesh, found that public works schemes such as the PSNP in Ethiopia and MGNREGA that are conditional on labour rather than child outcomes have increased unpaid domestic work carried out by girls due to the increase in time spent on paid work by their mothers or parents for the public works programme. Finally, Streuli (2010, cited in Camfield 2014) found that one of the effects of Juntos, which was conditional on school attendance, was that older girls who would have previously migrated to continue their education or work remained in the community to help their younger siblings.

Complementary interventions and supply-side services

Increasingly, despite many benefits that cash transfer programmes have achieved, evaluations show that cash transfers alone can be insufficient for achieving larger effects and on a wider range of outcomes. For instance, reviews of social protection programmes highlight the limitations in the ability of cash transfer programmes alone to achieve long-term, second-order effects on outcomes such as nutrition and stunting, learning outcomes, and morbidity (Attah et al. 2016; Manley et al. 2013).

Further, while cash transfers aimed at improving child or other outcomes can address some of the risks and vulnerabilities that girls and women face, supply-side services are needed to address the multifaceted risks and vulnerabilities. For example, cash transfers targeted to households to improve girls' schooling must be combined with appropriate investments in schools to make them a safe learning environment (see, for instance, Hasan 2010). Programmes that provide cash transfers to households to decrease violence against women, on the assumption that increasing disposable income could decrease stress which can trigger violence, could benefit from referral to case management services that women can resort to, if needed. Those programmes providing cash to women and households to improve labour force participation, might benefit from complementary labour market interventions, from investments in care services that could help reduce the time women have to spend on unpaid care and domestic work, or from behaviour change communications initiatives that seek to involve fathers in bringing up young children, which can also help redistribute the unpaid care work burden from women.

Theoretical and empirical research has started to emerge that conceptualizes complementary interventions to cash transfer programmes, such as 'cash-plus' initiatives, whereby cash transfers are combined with other types of complementary support, or linkages to other services and programmes. However, the evidence base is still limited and, in most cases, not focused on gender equality outcomes.

¹⁰ Roelen et al. (2017) define the 'plus' as: "(i) components that are provided as integral elements of the cash transfer intervention, such as through the provision of additional benefits or in-kind transfers, information or behaviour change communication (BCC), or psychosocial support, and (ii) components that are external to the intervention but offer explicit linkages into services provided by other sectors, such as through direct provision of access to services, or facilitating linkages to services."

Innocenti Working Paper 2020-16

Positive effects of complementary interventions and supply-side services have been found in the areas of savings, investment and production, where combining cash transfers with agricultural insurance, additional supervision and training, and productive business grants led to positive effects (Bastagli et al. 2016). For nutrition, further supplementing cash transfers with nutritional supplements led to a halving of moderate acute malnutrition (Bastagli et al. 2016). For education outcomes, Saavedra and Garcia (2012, cited in Bastagli et al. 2016) found that those programmes that complemented transfers with additional supply-side interventions such as grants or other resources for schools, had statistically larger effects on primary enrolment (but not for secondary); however, caution must be exercised because of the bivariate method used. For health outcomes, Palermo et al. (2019) carried out a mixedmethods impact evaluation of Ghana's Livelihood Empowerment Against Poverty (LEAP) programme paired with fee waivers on enrolment in the National Health Insurance Scheme (NHIS) for extremely poor households with orphans and vulnerable children, elderly people with no productive capacity and persons with severe disability. They found an increase in enrolment in health insurance among the treatment group, compared with the control group. Ham and Michelson (2018) evaluated the impact of the Honduras CCT programme, which was randomly assigned as demand-side intervention to households through vouchers, or as supply-side interventions through clinic and school subsidies, or as a combination of the two. They found that exposure to demand-side incentives individually had no lasting impact, while joint exposure to demand- and supply-side incentives increased the number of years of schooling, and the share of young adults with secondary studies, for both young women and young men (aged 18-24 years) who were exposed to the programme as primary school-age children (aged 6-12 years).

However, there are also a few studies reporting no difference or unintended adverse effects. For child labour, Del Carpio et al. (2016) analysed the impact of the Nicaraguan CCT, which transferred cash to poor rural households, conditional on children's attendance and health check-ups, and to a third of the beneficiaries also transferred a grant to start a non-agricultural business. The programme reduced overall child labour, especially household chores and traditional farming, but increased it for nontraditional activities, with such impacts driven by the business-grant intervention. Disaggregating the findings by gender, the authors found that in both the 'basic'- and the 'business'-treated households, reduction of farm work was more for boys than for girls, but girls' reduction of time spent on household chores was more than that of boys. Bastagli et al. (2016) reviewed studies that considered the effects of different complementary interventions and supply-side services (e.g., vouchers for participation in vocational training, and a lump sum to start a business) on increase in expenditure but concluded that the evidence was weak on this outcome. They acknowledged that this might be due to the effects of complementary interventions needing time to affect household expenditure. Roelen et al. (2017) reported only modest reductions in out-of-pocket health expenditures among LEAP households enrolled in Ghana's NHIS, and no commensurate effect on the use of health services. Unintended adverse effects were also foun; for instance an increase in work outside the agriculture sector for children of those households that received a productive investment grant in addition to a basic cash transfer, or the rise in controlling behaviours by male partners (not the main beneficiaries) participating in group training provided by the programme (Bastagli et al. 2016).

Much of this literature does not necessarily focus on gender equality outcomes. More evidence is thus needed from testing of different designs of integrated social protection programmes, such as cashplus programmes and programmes that include complementary interventions and linkages to other programmes and services (against those that do not). This would help identify how to effectively design such integrated social protection programmes, and which design features would ensure they contribute to gender equality outcomes. Ongoing studies on cash-plus programmes, for instance, will contribute to this strand of scholarship.

C. Contributory social protection programmes

This subsection presents the evidence on the design features of two types of contributory social protection programmes, health insurance and old-age pensions, and their effects on the six gender equality outcome areas. Caution must be exercised when interpreting findings for the following reasons. First, compared to other types of social protection, such as non-contributory or labour market programmes, contributory social protection programmes are more rarely evaluated through experimental studies, partly because it is difficult to apply randomization for programmes that individuals are entitled to by virtue of their contributions. This implies that there is also less evidence from studies testing different design features and their effects on outcomes.

For example, the systematic review on the impact of health insurance in Africa and Asia by Spaan et al. (2012) included 159 studies, of which most were observational, four were randomized controls and 20 had a quasi-experimental design. Similarly, the systematic review by Erlangga et al. (2019) on the impact of public health insurance on health-care utilization, financial protection and health status in LMICs retained 68 studies, of which only six were randomized. For this reason, this subsection is not structured like others by design features, but rather by selected types of contributory social protection programmes: health insurance, and old-age contributory pension schemes. Secondly, the evidence reviewed and presented in this subsection is not always disaggregated by sex or focused on gender equality outcomes, which makes it difficult to draw implications for women and girls, or gender equality more broadly.

Contributory programmes are critical means for risk pooling in any society and in protecting individuals and households from the risk of poverty and income insecurity (Behrendt and Nguyen 2018). However, in settings where contributory programmes such as social insurance are limited to a minority of the population – for instance, workers in the formal economy, as is the case in many LMICs – the general taxation can be under strain by having to finance non-contributory programmes if many individuals and households have to rely solely on tax-financed social protection (albeit sometimes extremely basic) (Behrendt and Nguyen 2018). With the expansion of contributory programmes relative to non-contributory ones in LMICs, studies argue that the pressure on tax-financed, non-contributory social protection programmes is likely to reduce (European Commission 2017, cited in Behrendt and Nguyen 2018). Contributory programmes are also important for promoting equity and a sense of cohesion within the society by fostering the social contract between the population and the state (Behrendt and Nguyen 2018).

Health insurance

Health insurance specifically plays a critical role in protecting the health and well-being of individuals and households and advancing gender equality. Women are more likely to be working in the informal economy as well as more likely to experience interruptions in their employment or careers due to care responsibilities (see Section 2). These and other gendered risks and vulnerabilities likely put them at greater risk of being left behind in terms of health protection in countries and contexts where health insurance is exclusively tied to formal jobs. Many countries have in recent decades sought to extend health insurance to previously uninsured population groups. Positive effects of the extension of health insurance are documented in several studies on both health and non-health outcomes, however the findings have rarely been disaggregated by sex, nor did they specifically look at other types of gendered impacts of health insurance that are relevant for gender equality. Yet such findings may provide insights for poverty reduction efforts and also shed light on evidence gaps on the gendered impacts of health insurance.

Innocenti Working Paper 2020-16

For example, extending access to health insurance to previously uninsured population groups was found to have positive effects on reducing out-of-pocket inpatient or outpatient expenditures and overall, improved financial protection against health shocks (Acharya et al. 2013; Erlangga et al. 2019; Fan et al. 2012 for India's Andhra Pradesh; Nguyen and Wang 2013 for Viet Nam; Sood et al. 2014; Lu et al. 2012 for Rwanda), improved health-care utilization, including for example in antenatal care (Novignon et al. 2019 for Ghana; Erlangga et al. 2019; Nguyen and Wang 2013 for Viet Nam; Robyn et al. 2012a for Burkina Faso; Lu et al. 2012 for Rwanda); and improved health outcomes, including for example, children's height-for-age (Erlangga et al. 2019; Bagnoli 2019 for Ghana; Nguyen and Wang 2013 for Viet Nam).

A systematic review of the impact of health insurance in Africa and Asia found positive effects on financial protection against catastrophic health expenditures, improved health service utilization by all socioeconomic groups, and specific benefits from the inclusion of the poor and the vulnerable (Spaan et al. 2012). Another systematic review, by Acharya et al. (2013), of the evidence on the impact of state-subsidized or social health insurance schemes to the informal sector in LMICs is more cautious. They found no strong evidence of an impact on utilization, or protection from financial risk or health status, with the exception of a few insurance schemes that successfully provided significant protection from high levels of out-of-pocket expenditures. Karan et al. (2017) also did not find positive effects of the extension of health insurance to the poor in India on the reduction of inpatient or outpatient out-of-pocket expenditures, hypothesizing that either insured households had been persuaded by health-care providers to utilize inpatient services not covered by the health insurance, or may have been denied care due to providers' concerns of delays in reimbursements by the health insurance scheme to the hospital, or that the relatively low coverage limit of the health insurance scheme may have meant that households overspent.

Extending access to health insurance to previously uninsured population groups also has positive effects on non-health outcomes, such as increased labour force participation (Bérgolo and Cruces 2014b for Uruguay), and increased employment among married women (Wagstaff and Manachotphong 2012 for Thailand). Woode (2017) found that access to the Rwanda Mutual Health Insurance mitigates the negative effects of maternal or paternal illness on children's school attendance. However, some studies have found unintended negative consequences of the extension of health insurance programmes, especially increased informality (Aterido et al. 2011, Azuara and Marinescu 2013, and Bosch and Campos-Vazquez 2014 for Mexico's *Seguro Popular* programme; Wagstaff and Manachotphong 2012 for the Thai universal health coverage scheme; Camacho et al. 2013 for Colombia's subsidized regime *Plan Obligatorio de Salud Subsidiado*).

The strategies for the extension of health insurance that have been used in LMICs include extending health-care coverage to children, as in the case of Viet Nam for all children younger than six (Nguyen and Wang 2013), and of Uruguay for all workers' children (Bérgolo and Cruces 2014b). Colombia, Mexico and Thailand have progressively extended health insurance to informal workers. Thailand has done this through automatic full coverage with minimal co-payments and no joining fees, and without coverage for dependents (Wagstaff and Manachotphong 2012), while Mexico requires co-payments for households with the means to pay, and with coverage for dependents (Azuara and Marinescu 2013; Aterido et al. 2011). Colombia has a subsidized regime partly financed by a 1 per cent transfer from the contributory arm of the health insurance system (for formal workers and self-employed), and it covers all dependents (Camacho et al. 2013). Rwanda expanded health insurance to the informal sector through mutual health insurance schemes (Woode 2017).

Spaan et al. (2012), in their systematic review of the impact of health insurance in African and Asian countries, found strong evidence that community-based health insurance and social health insurance schemes improve service utilization and provide financial protection by reducing out-of-pocket expenditures, and that community-based health insurance also improves resource mobilization. They found weak evidence of positive effects of both social health insurance and community-based health insurance on improved quality of care, and social inclusion, namely that the provision of health services is done in alignment with the needs of various population groups, especially the poor and vulnerable, for example by including vulnerable population groups.

However, no evidence has been found from studies that specifically tested for different design features or health insurance extension strategies, so it is not possible to draw definite conclusions on what is more effective in extending health insurance and ultimately positively affecting intended outcomes. Further, while health insurance programmes are critical in progressively achieving universal health coverage, preventing the risk of falling into poverty due to out-of-pocket health expenditures, and increasing health service utilization, as for non-contributory social protection programmes, they should be accompanied with supply-side services that increase service availability, accessibility and quality, and improve users' satisfaction with health-care providers and perceived quality of care (see, for instance, Robyn et al. 2012b).

Old-age contributory pensions

Contributory old-age pension schemes also play a critical role in addressing gendered risks and vulnerabilities and advancing gender equality. Women are more likely to be working in the informal economy, as well as more likely to be experiencing interruptions in their employment or careers due to care responsibilities (see Section 2). Combined with the fact that women on average tend to live longer, these and other gendered risks and vulnerabilities likely put them at greater risk of being left behind in terms of protection against the risk of poverty during old age (ILO 2017; UN Women 2019). Yet contributory pension coverage of women tends to be significantly lower than that of men, and the amounts received by women also tend to be on average lower (ILO 2017, p.85). Thus, contributory old-age pension programmes could address, in their design, the gendered risks and vulnerabilities that women face, many of which derive from cumulative disadvantages in the labour market (ILO 2017, p.85).

Studies propose ways to incorporate gender considerations into specific design features of contributory old-age pension programmes to address gender inequalities, yet the number of programmes that do so in LMICs, and therefore, the evidence on these programmes in such countries, remains limited. Arza (2015) suggests there are at least three design features in contributory pension systems that can be particularly important for women and for addressing gendered risks and vulnerabilities: (1) derived benefits for widows, (2) pension rights for divorcees and (3) contribution credits for caregivers. Derived benefits for widows provide for pensions to survivors after the death of the partner (Arza 2015). They have been criticized for stereotypically viewing women as care providers and being economically dependent on men, and also because they risk excluding single or divorced women and those women married to men working in the informal economy lacking access to formal social protection (Arza 2015). However, they can provide protection against old-age poverty, especially in those countries and contexts where the pension systems do not provide for individual pension rights, where gender inequalities in paid and unpaid work remain substantial, and for those women close to retirement ages (Arza 2015). Pensions for divorcees can consist of either special benefits for divorcees or regulations for pension sharing after divorce (Arza 2017). They can be important in contexts in which families

are changing and gender inequalities in paid and unpaid work remain substantial, yet they might be insufficient for women as care responsibilities continue after divorce, further compromising women's labour force participation or earnings (Arza 2015).

Contribution credits for caregivers specifically seek to recognize and address the care burden faced by women during the productive and reproductive age as well as the risk of facing interrupted career patterns as a result of care responsibilities (Arza 2015). Better recognition of care responsibilities in social protection systems can accommodate interrupted careers particularly for women who interrupt their careers, or reduce their working time, for the sake of care responsibilities (ILO 2016a, 2016c, 2017a, cited in Behrendt and Nguyen 2018). Contributory pensions that provide for a top-up of social security entitlements by the state for caregivers for a specified duration, or the inclusion of care periods as contribution periods for social security entitlements, can enhance the levels of coverage for workers who have interrupted their careers or reduced their working hours due to care responsibilities, likely to be women (Behrendt and Nguyen 2018). Examples from old-age pension programmes include Bolivia, Chile, Uruguay, and other high-income countries that contributed to reducing gender inequalities in pension coverage (Behrendt and Nguyen 2018; Arza 2015).

Who receives the pension within an household can also affect other household members' well-being. For instance, Ponczek (2011) evaluated the 1991 reform of the Brazilian old-age pension system, which comprised three main modifications: (a) old-age benefits were extended to anyone who was not a household head, thus more than one person per household could be eligible; (b) the minimum benefit payment was set to one minimum monthly salary; and (c) the minimum age for eligibility was reduced to 60 years for men (from 65) and to 55 years for women (from 60). Ponczek (2011) found that while the reform had no effect on overall health and educational outcomes, disaggregation of the findings showed that children living with an eligible man were 4.8 per cent more likely to attend school and 7.1 per cent more likely to be literate than children living with a non-eligible man. In contrast, the presence of an eligible woman in the household appears to have had no effect on any outcome. Moreover, only girls living with an eligible man were more likely to be literate, while the effects on school attendance for both girls and boys living with an eligible woman lacked statistical significance. Due to the woman's head status in the household and her related bargaining power, child literacy improved only when eligible women were head of household, whereas the effect of eligibility on literacy remained similar, independent of the family status of eligible men.

D. Labour market programmes

Labour market programmes have been designed and implemented across many countries to improve labour market outcomes, such as increased labour force participation, employment, earnings or productivity. They include training and internships, job rotation, employment incentives or wage subsidies, and income maintenance programmes, such as interventions for the unemployed (ISPA n.d.). Labour market programmes are often targeted to vulnerable or marginalized population groups such as youth and women out of the labour force, thus they are often perceived as critical to improve equity for those groups who face vulnerabilities due to lower income levels, lack of basic skills, or discrimination (ILO 2017).

There is considerable evidence from experimental and quasi-experimental studies on the effects of labour market programmes in LMICs on a range of labour market outcomes. Such programmes have been found to increase the probability of being employed (Levinsohn et al. 2014; Adoho et al. 2014; Kluve et al. 2019). This includes formal employment (Alzuá et al. 2016; Attanasio et al. 2011; Ibarrán et al. 2014; Hirshleifer et al. 2014), of having higher earnings (Card et al. 2011; Ibarrán et al. 2014, 2015;

Adoho et al. 2014; Blattman et al. 2014; Kluve et al. 2019), of working for a large firm (Attanasio et al. 2011); and of contributing more months to social security (Attanasio et al. 2011). They have also been found to decrease the probability of being dependent on income support measures such as social assistance programmes (Alzuá et al. 2016). Positive effects have also been found on other outcomes beyond the direct labour market effects, such as on secondary school completion (Kugler et al. 2015), non-cognitive skills (Ibarrán et al. 2014, 2015), tertiary education enrolment (Kugler et al. 2015), on the reduced likelihood of teenage pregnancy (Ibarran et al. 2014), and on measures related to psychosocial well-being such as increased self-confidence and reduced anxiety about the future (Adoho et al. 2014). A few studies have also documented positive spill-over education effects to other household members (Kugler et al. 2015).

A strand in the literature on the effectiveness of labour market programmes has sought to understand whether labour market programmes have had heterogeneous effects by gender. However, the evidence on effects by gender is mixed, with some studies finding more positive effects for men, and others for women. For example, Alzuá et al. (2016) found the effects of entra21, a job training programme for low-income youth in Córdoba, Argentina, to be stronger for men, although the effects dissipated over time. Ibarrarán et al. (2015) evaluated the long-term effect of the Juventud y Empleo, a youth training programme in the Dominican Republic, and found persistent effects on the formality of employment, in particular for men. Cho et al. (2013) evaluated an apprenticeship programme (on-the-job training) aimed at vulnerable youth (mainly orphans or school dropouts) in Malawi. They found better training outcomes for men compared with women, including greater improvement in subjective measures of well-being and confidence. They further analysed dropouts from the training programme and the reasons behind training dropouts and found that dropouts are often due to both the conditions under which women participate in training and gender differences in the training experience, which can affect the less favourable outcomes for women. For example, women are more likely to drop out due to adverse shocks, family obligations or marriage. Secondly, participation in the training is expensive and women draw on their savings while men are more likely to receive financial support from trainers or master-craftspersons during the training. Distance to training facility is also more of a constraint for women than men. Similarly, in the context of a systematic review of vocational and business training to improve women's (18 years old and older) labour market outcomes in LMICs, Chinen et al. (2018) carried out a narrative meta-synthesis and found that structural conditions, such as transportation time and costs and other time constraints and gender norms, such as occupational segregation and inequalities in unpaid care and domestic work as well as the costs and availability of childcare services, were the main barriers to programme effectiveness.

Other studies found labour market programmes have more positive effects for women. Attanasio et al. (2011) assessed the impact of a randomized subsidized vocational training programme for disadvantaged youth in Colombia and found stronger earnings and employment effects for women, mainly in formal sector jobs. Escudero et al. (2019) carried out a systematic review and meta-analysis of studies assessing the effects of active labour market programmes (ALMPs) in Latin America and the Caribbean on a range of labour market outcomes. They found that the probabilities of being employed and in formal employment were the labour market indicators most likely to be positively affected by these programmes, which were also found to be more successful among women and youth and when they were implemented during periods of economic expansion.

The rest of this subsection will summarize the evidence on the design features of labour market programmes and their effects on the six selected gender equality outcomes. Labour market programmes have been designed in different ways, and for different population groups, so it is critical

to unpack which design features matter the most in contributing to addressing gendered risks and vulnerabilities and to promoting gender equality.

Programme type

Evaluations of labour market programmes also sought to unpack whether specific types of labour market programmes were more effective for women specifically, or for gender equality outcomes more broadly. However, few issues related to the existing evidence are worth noting. There are few systematic reviews that compare the effectiveness of different types of ALMPs, and few of these reviews have systematically sought to understand the gendered impacts.

A few studies exist on voucher programmes specifically targeted at women, and on programmes whose evaluations disaggregated findings by gender; however, this evidence is mixed. For example, Groh et al. (2012) evaluated a pilot programme in Jordan designed to help female community college graduates find employment by randomly assigning one group of graduates to a voucher that would pay an employer a subsidy equivalent to the minimum wage for up to six months if they hired the graduate, a second group to 45 hours of employability skills training designed to provide them with soft skills that employers say graduates often lack, a third group that was offered both interventions, and a fourth group acted as control. They found that the job voucher led to a 40-percentage point increase in employment in the short term, but most of this employment was not formal and the average effect was much smaller and no longer statistically significant four months after the voucher period ended. The voucher did appear to have persistent impacts outside the capital, where it almost doubled the employment rate of graduates, but this appears likely to largely reflect displacement effects rather than added employment, namely firms' temporary additional hires were for voucher or training graduates over the control groups for positions that firms themselves were planning on hiring anyway.

Soft-skills training had no average impact on employment, although again there was a weak significant impact outside the capital. In their systematic review, Card et al. (2018) found larger average gains for ALMPs that emphasized human capital accumulation. Specifically, job search assistance programmes that emphasize a 'work first' approach tended to have similar effects in the short and long terms, while training and private sector employment programmes had larger average effects in the medium and longer terms, and public sector employment subsidies tended to have small or negative average effects over all time frames (short, medium and long term). The authors found, regardless of the type of programme, larger effects for females and participants who entered from long-term unemployment, but smaller average effects for older workers and youths.

Job search assistance programmes seemed to be more effective for disadvantaged participants, while training and private sector employment subsidies were so for the long-term unemployed (Card et al. 2018). Chinen et al.'s (2018) systematic review of vocational and business training to improve women's labour market outcomes in LMICs found that business training combined with cash transfers or life-skills training had positive and statistically significant effects on the likelihood of self-employment, although it is unclear whether these effects were driven by the business training, cash transfers or life-skills training. However, business training programmes were not found to be more impactful on sales and profits when complemented with either cash transfers or microfinance.

Among systematic reviews that take gender into consideration, the evidence seems to point to the fact that, regardless of gender, the type of ALMP matters relatively less than its design and delivery features and the quality of services provided in determining the programme's effectiveness. For instance, Escudero et al. (2019) carried out a systematic review and meta-analysis of studies assessing

the effects of ALMPs in Latin America and the Caribbean, finding that training programmes increase both formal employment and earnings; training was particularly effective when it was more intensive and when explicitly targeting poor individuals. They concluded that the number of components of a programme did not directly matter in the case of training, while the intensity and quality of the services provided (e.g., amount of investment in human capital) mattered more than the 'packaging' of these interventions. In a recent global meta-analysis of 113 impact evaluations of youth employment programmes worldwide, Kluve et al. (2019) carried out a meta-regression framework and found that the programme type was less important than design and delivery features (see also Kluve et al. 2017).

Programme components

A few studies assessed whether specific components of labour market programmes are more effective, but the evidence is rarely focused on gender. The recent global meta-analysis conducted by Kluve et al. (2019) found that programmes integrating multiple services were more successful (see also Kluve et al. 2017). This is likely because such programmes can better address different sets of risks related to labour market outcomes.

The evidence on whether the 'content', especially training, of programmes matter is mixed. Kluve et al. (2019) found that, contrary to widely held perceptions, training programmes that include training in socio-emotional, behavioural and non-technical skills do not necessarily do better than other programmes. Hirshleifer et al. (2014) assessed the impact of a large-scale vocational training for the unemployed in Turkey and tested which course characteristics associated with training quality matter. They found little evidence of heterogeneity by participant assessments of what the course teaches. Meanwhile, the Chinen et al. (2018) systematic review of vocational and business training to improve women's labour market outcomes in LMICs found some evidence that the effects increased with the inclusion of life-skills training or an internship. A strong gender focus seemed to have increased the effect of business training on the likelihood of self-employment in South Asia, although the presence of confounding factors might have driven these results. Compared with vocational training, business interventions tended to have less gender focus. Chinen et al.'s (2018) narrative meta-synthesis showed that structural conditions, such as transportation time and costs and other time constraints, and gender norms-related factors, such as occupational segregation and inequalities in unpaid care and domestic work as well as the costs and availability of childcare services, were the main barriers to programme effectiveness.

Duration of the programme and lasting effects

As for evaluations of non-contributory programmes, studies of labour market programmes have also sought to understand the sustainability of their effects over time. Whether the positive effects of labour market programmes are maintained over time is unclear, as is the case of non-contributory social protection programmes – some studies that found programmes' positive effects in the short term had dissipated over the medium to long term (Alzuá et al. 2016; Escudero et al. 2019), but some studies suggest this might be due to programme duration, with programmes that last longer being relatively more effective (Escudero et al. 2019). Meanwhile, other studies found that positive effects were sustained in the long term (Kluve et al. 2019; Attanasio et al. 2015; Card et al. 2018).

However, this strand of the evidence is not focused on gender, thus it does not provide insights on whether the duration of labour market programmes or the sustainability of their effects over time have any gendered nature or gendered implications, or any implications for women in particular. Only a few studies provide some insights related to interventions specifically targeted at women. For example,

Chinen et al.'s (2018) systematic review of vocational and business training to improve women's labour market outcomes in LMICs found some evidence that at six months after the programme, the effects were stronger compared with later stages. They hypothesized that this might be due to the short period for implementation of these vocational training programmes, and that programmes might need to provide follow-up training to achieve longer-term effects. They also found mixed evidence with regards to business training and the sustainability of effects over time, with the effects of business training on profits decreasing over time in some contexts, while in other contexts they become more positive over time.

In a pilot programme in Jordan designed to assist female community college graduates find employment, Groh et al. (2012) found that the job voucher that paid an employer a subsidy equivalent to the minimum wage for up to six months if they hired the graduate, which had positive effects in the short term, had much smaller average effects and was no longer statistically significant four months after the voucher period ended. Conversely, one study found that effects were sustained, especially for men: Ibarrán et al. (2015) evaluated the long-term effect of the *Juventud y Empleo* programme in the Dominican Republic based on experimental data, tracing 3,279 young people six years after the random assignment. They found persistent effects on the formality of employment, in particular for men (but not on overall employment) and on labour earnings, particularly for youth living in the capital of Santo Domingo.

E. Social care services

Access to quality social care services is one crucial component to ensure social protection systems contribute to gender equality. Social care services include care for children and youth (e.g., childcare), care for the family, care for the vulnerable working-age population, care for people with disabilities and care for the elderly (ISPA n.d). This section will specifically focus on childcare for its relevance for children's well-being as well as for gender equality among parents and caregivers, as women tend to spend considerable time on childcare. Childcare is particularly important for families with young children (under 6 years of age), as evidence shows that women with children are less likely to participate in the labour force than women without children of that age due to their care responsibilities at home (UN Women 2015). Evaluations of childcare services have found positive effects on women's employment and labour force participation (Mateo Diaz and Rodriguez-Chamussy 2013; Clark et al. 2019; Martínez and Perticará 2017; Hojman and López Bóo 2019; Barros et al. 2011; Angeles et al. 2014), while the evidence is less conclusive on the effects of such programmes on either women's or household income (Angeles et al. 2014; Mateo Diaz and Rodriguez-Chamussy 2013). High-quality childcare services are also beneficial to children's health, nutrition and development (Leroy et al. 2011; Bernal and Ramírez 2019; Hojman and López Bóo 2019; Andrew et al. 2018; Angeles et al. 2014).

The availability of childcare services, while important, is not the only indicator that must be taken into account when analysing the potential of this type of programme to contribute to gender equality. Childcare services should also be accessible, for example through the provision of information about available programmes, services and infrastructure, as well as the physical accessibility of these (Akua Anyidoho and Fodor 2018; Mateo Diaz and Rodriguez-Chamussy 2016).

Further, childcare services should also be of high quality. Measuring quality includes that programmes, services and infrastructure are appropriate and safe (Akua Anyidoho and Fodor 2018), that they have a high staff-child ratio (Mateo Diaz and Rodriguez-Chamussy 2016; Angeles et al. 2014), and that they are not stratified according to gender, social class or geographical location, among other factors (Akua Anyidoho and Fodor 2018). The importance of the quality of services is confirmed by evidence from

Innocenti Working Paper 2020-16

smaller, qualitative studies; for example, Chopra (2020) reported that while the Indian MGNREGA had specific provision that childcare arrangements were to be provided to women participating in the public works programme, in those circumstances when they actually were provided, the uptake was low because the beneficiary women did not trust the quality of the services being offered. The quality of childcare services also matters for children's health and development. In Nicaragua, Hojman and López Bóo (2019) evaluated the effects of access to part-time publicly provided childcare centres for children under 4 years of age in poor urban areas, and examined the effects of the quality (including a measure of quality of classroom interactions, materials and infrastructure) of the service on programme effects, using quality as a moderator of the effects of the programmes (rather than a mediator); they found that the quality of the service mattered for the effects at the child level, suggesting that small improvements in the existing quality could pay off in terms of children's developmental outcomes, although it did not matter for the mother-level outcomes.

The available evidence on the design features that contribute to women's labour market outcomes suggests the importance of free or highly subsidized services. Mateo Diaz and Rodriguez-Chamussy (2013) reviewed the evidence from experimental and quasi-experimental studies of childcare services and their effects on women's labour market participation across Latin America and the Caribbean. They found more evidence of positive effects when the services were free (compared to when there was a fee and to when there was no fee but a small parents' contribution of either money or time was required) and had direct public provision (compared to publicly subsidized services provided by the private sector, and to community organization with public subsidy). Further, the evidence suggests that high-quality childcare services should also have working hours that accommodate the needs of women and caregivers. Mateo Diaz and Rodriguez-Chamussy (2013) found more evidence of positive effects when services operated on a full-time basis (compared to a part-time basis). These findings are aligned to findings from a qualitative study by Women in Informal Employment: Globalizing and Organizing (WIEGO), which interviewed women informal workers in LMICs and solicited their views on the criteria for a quality childcare centre: respondents stressed the importance of it being free or heavily subsidized, with working hours that accommodate women informal workers and their own working hours, and having trained staff, appropriate infrastructure linking to health services, an integrated educational component and the provision of nutritious food (Moussié 2020).

4. CONCLUSIONS AND IMPLICATIONS FOR FUTURE RESEARCH

A. Summary of key findings

This paper has summarized the available evidence on the relative importance of design features of four types of social protection programmes, namely non-contributory social protection programmes, contributory social protection programmes, labour market programmes, and social care services, on six gender equality outcome areas, namely economic security and empowerment; health; education; psychosocial well-being; protection; voice and agency in LMICs.

Poverty, risks and vulnerabilities are gendered, and increasingly so throughout the life course.

First, it has reviewed the evidence on how risks and vulnerabilities over the life course are gendered. Research suggests that inequalities and disadvantages experienced early in life can be cumulative over the life course. For example, the risk of poverty is higher for children and women. Girls and women are also likely to bear the burden of unpaid care and domestic work, with implications for their right to education, and their position in the labour market, which in turn has implications for their access to social protection. Health risks are also gendered, such as in sexual and reproductive health and the risk of sexually transmitted infections such as HIV. Women and girls also face significant violence, abuse and exploitation risks, including physical and sexual violence. Combined with the risk of dropping out of school for adolescent girls, and of getting married early, these factors influence girls' labour market participation, and in turn their access to social protection. These risks and vulnerabilities are often derived not only from material poverty and constraints but also from harmful norms and stereotypes, which intersect among each other and further limit adult women's ability to pursue jobs with labour and social protection. When they succeed in getting into the labour market, they often face gender pay gaps and interrupted careers due to their care responsibilities. Considering this gendered nature of risks and vulnerabilities, social protection has a role to play in addressing such risks and vulnerabilities through specific design features.

Addressing these gendered risks and vulnerabilities through specific design features in social protection programmes is critical, however evidence is limited on the specific pathways leading certain design features to improvements in gender equality outcomes.

Secondly, this paper has reviewed the evidence on the design features of four types of social protection programmes, and their effects on gender equality. Appropriately designing programmes in a way that specifically addresses such gendered risks and vulnerabilities is critical to ensure that poverty is reduced sustainably, and that gender equality is achieved.

Non-contributory social protection programmes often target women as recipients, however unintended adverse effects may occur. Delivery modality, benefit level and duration seem critical to address specific gendered risks and vulnerabilities.

The existing evidence shows that non-contributory social protection programmes, such as cash transfers, positively affect women's income and savings, girls' school enrolment and attendance, and risky sexual behaviours, among others. When considering the specific design features that matter the most in contributing to achieving gender equality outcomes, this

review has found that evidence remains unclear whether targeting cash transfer programmes to women achieves greater effects on gender equality outcomes. Conversely, the evidence suggests that non-contributory social protection programmes should be of an adequate benefit level or size and should be delivered in a regular and predictable manner.

Increasingly, social protection programmes are being delivered through debit cards or via other electronic means. It is suggested that this delivery modality can have positive effects for women's empowerment, especially in contexts where women's mobility is restricted and where women's ability to own cash is negatively viewed or actively constrained. More evidence is needed however, testing the hypothesis of the greater gender equality effect of electronic delivery modality of non-contributory social protection programmes versus cash-based delivery. Future research efforts should consider potential unintended effects of low access to technological devices such as mobile phones, bank accounts, etc. and low capacity of women to use them.

Further, another design feature that has been contested in research, policy and practice is conditionality, such as those related to school attendance and healthcare visits. While there can be some positive effects in incentivizing service utilization, the available evidence suggests that non-contributory social protection programmes do not need to be conditional to achieve positive outcomes and that often, conditionalities actually have the unintended effect of increasing women's time poverty (due to being the nominated recipients of these conditional programmes and being in charge of meeting the conditionalities associated with receiving the transfer) and perpetuating the stereotype of unpaid care and domestic work being women's responsibility. Finally, emerging evidence suggests non-contributory social protection programmes can be linked to other programmes and services and have greater effects on well-being outcomes for beneficiaries, because through multiple components they may be able to simultaneously address a more diverse set of risks and vulnerabilities. However, more research is needed testing this hypothesis specifically from a gender perspective; for example, to advance our understanding of which combination of programmes and services matters the most to achieve which gender equality outcomes.

The evidence on whether specific design features of contributory social protection programmes matter more to achieve gender equality is more limited. For health insurance, health insurance extension strategies have rarely been evaluated from a gender perspective. For pensions, contributions based on care leave periods have been suggested to be effective at ensuring that women do not face poverty during old age, however more evidence is needed.

The second type of social protection programme considered in this review of the literature is contributory programmes. Health insurance and old-age contributory pensions were selected for their relevance for gender equality. Many LMICs have recently sought to extend health insurance to previously uninsured population groups. This has considerable implications for women living in those contexts where health insurance is tied to formal jobs, as women are often more likely to work in the informal economy and thus to be left out of (formal) health insurance mechanisms. Many studies have documented the positive effects of extending health insurance on both health outcomes, such as reductions in out-of-pocket

health expenditures and healthcare utilization, as well as non-health outcomes. However, the empirical evidence remains rarely disaggregated by sex, it does not examine the gendered aspects of health insurance extension, nor it specifically tests for different designs of health insurance extension strategies and their relative effectiveness on gender equality outcomes, including women's physical and mental health, gaps that future research should fill. Further, while health insurance programmes are critical in progressively achieving universal health coverage, preventing the risk of falling into poverty due to out-of-pocket health expenditures, and increasing health service utilization, evidence suggests they should be accompanied with supply-side services that increase service availability, accessibility and quality, and improve users' satisfaction with health-care providers and perceived quality of care.

Old age pensions are also critical to prevent old age poverty. Integrating gender considerations into the design of old age pensions is particularly important for women, as they are more likely to face interrupted careers, and therefore interrupted social security contributions. Studies propose ways to incorporate gender considerations into specific design features of contributory old-age pension programmes to address gender inequalities, yet the number of programmes that do so in LMICs, and therefore the evidence on these programmes in such countries, remain limited. Contribution credits for caregivers is suggested by the existing evidence as an important strategy to acknowledge the unpaid care and domestic work burden than women face throughout their life course, and especially during productive and reproductive ages, and to mitigate the risk for women of having limited social security contributions due to interrupted employment trajectories.

Labour market programmes have been effective at improving labour market outcomes for women. Design features that seem to matter from a gender equality perspective include trainings on gender issues, and complementary interventions that address transportation costs, gender norms, and childcare needs.

The third type of social protection programme considered in this review of the literature is labour market programmes, such as training and internships, job rotation, employment incentives or wage subsidies, and income maintenance programmes, such as interventions for the unemployed (ISPA n.d.). There is considerable evidence from experimental and quasi-experimental studies on the effects of labour market programmes in LMICs on a range of labour market outcomes and to a lesser extent, on other outcomes such as psychosocial well-being. A strand in the literature on effectiveness of labour market programmes has sought to understand whether labour market programmes have had heterogeneous effects by gender. However, the evidence on the effects by gender is mixed, with some studies finding more positive effects for men, and others for women.

Further, one strand of the evidence focused on whether targeting these programmes to women versus men was more effective, however findings remained mixed. Further, the existing evidence seems to point to the fact that, regardless of gender, the type of ALMP matters relatively less than its design and delivery features and the quality of services provided in determining the programme's effectiveness. Available systematic reviews suggest the intensity and quality of the service mattered, as well as their longer duration, with longer or more intensive programmes being more effective. Structural barriers to take-up among

beneficiaries, especially women and girls, should also be considered when designing labour market programmes, such as transportation time and costs and other time constraints, and gender norms-related factors such as occupational segregation and inequalities in unpaid care and domestic work as well as the costs and availability of childcare services.

Social care services can positively affect children's development as well as improve women's labour market outcomes, however availability of such services must be combined with specific design features that promote uptake such as quality and affordability.

The fourth and final type of social protection programme considered in this review of the literature is social care services. Childcare services were selected for their relevance for gender equality as, in addition to being critical for children's development and wellbeing, they are also important from a gender equality perspective as a means through which to reduce and redistribute the unpaid care and domestic work burden that women overwhelmingly face. While the existing evidence suggests that making childcare services available to women and their households is critical, studies point to availability of childcare services being only one among many aspects to be considered. Specifically, the existing evidence suggests childcare services should also be accessible, for example through the provision of information about available programmes, services and infrastructure, as well as the physical accessibility of these. They should also be of high quality, meaning that programmes, services and infrastructure are appropriate and safe, that they have a high staff-child ratio, and that they are not stratified according to gender, social class or geographical location, among other factors.

B. Concluding reflections

Several considerations and implications for future research are worth discussing.

The evidence reviewed is primarily focusing on non-contributory programmes.

First, in terms of types of social protection programmes, this review has found a considerable body of evidence from rigorous experimental and quasi-experimental studies on non-contributory programmes such as cash transfer schemes, but fewer experimental or quasi-experimental studies on other types of social protection programmes such as health insurance and childcare services. This is perhaps not surprising as cash transfer programmes have been expanding recently in many LMICs across Africa, Latin America and parts of Asia. Thus, while much research on the intersections of gender and social protection in LMICs has focused on non-contributory social protection programmes (see, for instance, Bakrania et al. 2018; Bastagli et al. 2016; Peterman et al. 2019; UNICEF Innocenti 2020), less is known about how other types of programmes, such as contributory programmes, labour market programmes and social care services, have been effective in achieving gender equality.

The evidence reviewed remains mixed for certain gender equality outcome areas and limited for others. More conceptual and theoretical research is needed to map pathways through which different types of social protection programmes can lead to different gender equality outcome areas. Secondly, when mapping the existing empirical evidence on the effectiveness of social protection programmes against the six gender equality outcome areas mentioned above, the evidence seems mixed for some outcomes, and limited for others. This points to the complexity of pathways of change to gender equality. A conceptual and theoretical gap also remains as to which social protection programmes (contributory, non-contributory, labour market, social care) can better achieve which gender equality outcomes.

Further, it seems that while cash transfer programmes have been evaluated across a wide range of outcomes – often related to both their primary and secondary objectives – other social protection programmes have been evaluated across a smaller range of outcomes, mostly related to their primary objectives. For instance, labour market programmes tend to be evaluated mostly for their effectiveness on labour market outcomes; similarly, childcare services on children's health and women's labour market outcomes. While one might argue that this is not necessarily an evidence gap as the outcomes in the evaluations reflected the primary objectives of the programmes themselves, it means that the number of studies of social protection programmes other than non-contributory ones is much smaller with regards to gender equality outcome areas that fall outside their primary objectives. Yet, there is some evidence that social protection programmes can have (indirect or even unintended) effects beyond their intended outcomes, thus future evaluations could, building on the existing evidence, identify potential indirect effects that such programmes could have and measure them in the evaluations.

The evidence reviewed suggests a set of methodological issues that future research should consider, including the challenges in synthesising the existing evidence due to differences in how outcomes are measured; the challenges in understanding medium- and long-term impacts of social protection programmes, as evaluations often remain limited to a short time frame; and finally, the challenges in unpacking effects by age and sex, intended and unintended, as evaluations do not always report on disaggregated findings.

Moreover, three methodological issues are important for future evaluations and reviews. First, measuring gender equality outcomes, beyond disaggregating effects by sex, is complex. Studies often use different indicators and proxies, which makes it difficult to compare findings and draw conclusions. Secondly, many rigorous evaluations of social protection programmes remain limited to a short time frame. Evaluating the effects of a programme over time is critical for two main reasons. On one hand, effects can be compounding over time, implying that too few waves of data collection can fail to capture the accruing of benefits deriving from receiving a cash transfer or participating in a labour market programme over time. On the other hand, past evaluations that, for instance, examined the effects of cash transfer programmes over a medium- and long-term period sometimes found that the effects of cash transfers had dissipated. Understanding whether positive effects are sustained over time is critical from a policy perspective, to ensure that policymakers base their decisions on programmes that are evaluated in their effectiveness across a longer timeframe so as to avoid wasting resources on ineffective policies and programmes. Thirdly, the findings of many studies of social protection programmes on their effects on non-beneficiary individuals, either intended or unintended and either positive or adverse, call for a gender- and life coursebased approach, not only in social protection programmes themselves (e.g., in their planning, design, implementation and financing), but also in their evaluations, in order to monitor and measure effects at individual (both main beneficiary and other household members) and

Innocenti Working Paper 2020-16

household levels. This is because positive effects on beneficiaries within a household might mask negative effects on other household members, for instance, the likelihood of engaging in domestic work.

Finally, future evaluations and reviews should continue to shed light on the role that design and implementation features play in achieving the intended outcomes of social protection programmes, including gender equality outcomes. Assessment of these features is critical so that programmes and policies can be adequately designed and effectively achieve their intended outcomes. Future research could systematically assess the degree of integration of gender considerations in design and implementation features, and the relative importance of specific features in achieving gender equality outcomes.

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ANNEX: GLOSSARY

Term	Definition
Adolescents	Individuals between the ages of 10 and 19, although the 2016 General Comment on the rights of the child during adolescence focuses "on the period of childhood from 10 years until the 18th birthday to facilitate consistency in data collection."
Children	Individuals under the age of 18 as per Article 1 of the Convention on the Rights of the Child.
Contributory social protection programmes	Programmes where the contributions made by protected persons directly determine entitlement to benefits (ILO 2017, p.193). Examples include social insurance schemes, usually covering workers in formal wage employment and in some countries the self-employed, such as pensions, unemployment insurance and health insurance (ILO 2017, p.193).
Empowerment	The "expansion in people's ability to make strategic life choices in a context where this was previously denied" (Kabeer 2001, cited in FAO 2018a). Kabeer envisions the concept of empowerment as encompassing three closely interlinked dimensions (Kabeer 2005): (1) agency, namely the processes by which choices are made and put into effect (2) access to and future claims to social, material and human resources, which are the medium through which agency is exercised (3) achievements, which refer to the outcomes of agency (Kabeer 2005, pp.14-15). For Kabeer, agency refers not just to the ability to make choice, but also doing this in a way that challenges power relations (Kabeer 2005, p.15). This is related to the fact that agency can be conceptualized along two lines: on one hand, agency can be about effectiveness, for example about women's greater efficiency in carrying out their given roles and responsibilities; on the other hand, transformative agency can refer to the ability to act on restrictive aspects of these roles and responsibilities in order to ultimately challenge them. Moreover, changes in one of the three dimensions can provide the basis for changes in one of the others (Kabeer 2005, p.15).
Gender	"A social construct that refers to the roles, behaviours, activities and attributes that a given society at a given time considers appropriate for men and women (UN Women n.d.). In addition to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, gender also refers to the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context" (UN Women n.d.). Gender is thus a socially constructed concept that refers to an individual's self-presentation in accordance with collectively held ideas of masculine and feminine. It refers to the socially constructed, culturally appropriate and context-specific roles and responsibilities, attributes and opportunities associated with being female or male (FAO 2018a; WHO 1998 cited in Luttrell and Moser 2004). In addition to being context-specific, these roles, behaviours, activities and attributes are time-specific and therefore changeable, for instance via appropriate policies and programmes. By contrast, sex refers to the physical and biological characteristics of females or males, according to their reproductive organs and functions (FAO 2018a; UN Women Training Centre n.d.).

Gender equality

The principle of equal rights, responsibilities and opportunities of women and men and girls and boys (UN Women n.d.). It implies that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female, and that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men (UN Women n.d.).

Gender norms

Ideas about how men and women should act (UNICEF et al. n.d.). They are "the informal rules and shared social expectations that define socially acceptable roles and responsibilities of men and women, their expected behaviour and the power relations between them" (FAO 2018a, p.6). Gender norms are internalized through the *gender socialization* process, which starts early in life, intensifies during adolescence, and continues throughout the life course, with effects on well-being outcomes across health, education, and economic participation, among others (John et al. 2017).

Gender socialization

Process by which individuals develop, refine and learn to 'do' gender through internalizing gender norms and roles as they interact with key agents of socialization, such as their family, social networks and other social institutions (John et al. 2017).

Intersectionality

"Complex, irreducible, varied, and variable effects which ensue when multiple axes of differentiation – economic, political, cultural, psychic, subjective and experiential – intersect in historically specific contexts" (Brah and Phoenix 2004, p.76). It is sometimes used as an analytical framework to demonstrate the need to account for multiple grounds of social identity (and thereby discrimination), such as sexual orientation and gender identity, race, class, religion, disability (Cooper 2016).

Non-contributory social protection programmes

Programmes that do not require direct financial contribution from beneficiaries or their employers as a condition of entitlement to receive the benefit (ILO 2017, p.194). They are usually financed out of general taxation or other state revenues or through external grants or loans (ILO 2017, p.194). Examples include universal schemes (e.g., national health services in certain countries), categorical schemes for certain population groups (e.g., programmes for children below a certain age or for older persons above a certain age), and means-tested programmes such as social assistance schemes (e.g., cash transfers targeted to poor and labour-constrained households) (ILO 2017, p.194).

Preventive social protection programmes

Programmes that aim to avert deprivation (Devereux and Sabates-Wheeler 2004, p.4), for instance contributory pension schemes that seek to prevent oldage poverty.

Promotional social protection programmes

Programmes that seek to enhance income (Devereux and Sabates-Wheeler 2004, p.4), for instance labour market programmes.

Protective social protection programmes

Programmes that seek to provide relief from deprivation (Devereux and Sabates-Wheeler 2004, p.4). An example is cash transfer aimed at reducing poverty.

Social norms

Actions that are deemed acceptable and 'normal' for females or males by individuals in a specific reference group, for instance a community or a country, and are held in place by reciprocal social expectations and are maintained by social approval or disapproval – ranging from covert attitudes to overt positive appreciation or negative sanctions (Mackie et al. 2015; Bicchieri 2016). Gender norms are a 'subgroup' of social norms that specifically relate to gender.

Social protection

The set of policies and programmes aimed at preventing or protecting all people against risks, poverty, vulnerability and social exclusion throughout their life course (ILO 2017; UNICEF 2019). The Inter-Agency Social Protection Assessment group (ISPA n.d.)¹¹ developed a definition of social protection shared among several United Nations agencies and other development partners, which includes:

- Non-contributory programmes, such as cash or in-kind transfers, and public works programmes
- Contributory programmes, such as health insurance and (contributory) oldage pensions
- Labour market programmes (e.g., active programmes such as training or vouchers, or passive programmes such as unemployment compensation programmes)
- Social care services, such as day care, case management and support
- General subsidies.

International legal and policy frameworks recognize social security and social protection as a human right, and acknowledge its importance in addressing multidimensional poverty, having positive effects on a range of well-being outcomes (e.g., health, education, nutrition and violence) throughout the life course, as well as contributing to achieving gender equality. For instance, the International Labour Organization's (ILO) Social Security (Minimum Standards) Convention, 1952 (No. 102) calls on States Parties to ensure the protection of individuals and households against a set of nine risks and contingencies across the life course (medical care, maternity benefit, child and family benefit, sickness benefit, unemployment benefit, employment injury benefit, invalidity benefit, old-age benefit, survivors' benefit). The Convention on the Rights of the Child - signed in 1989 - establishes that all children have the right to social security, including social insurance. More recently, the 2030 Agenda for Sustainable Development makes specific reference to social protection as one of the public policies that States must set in place to end poverty (SDG 1), achieve gender equality (SDG 5) and reduce inequalities (SDG 10). Specifically, the recognition of social protection as a means to contribute to achieving gender equality is evident in SDG Target 5.4, which calls on States to recognize and value unpaid care and domestic work "through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate" (United Nations 2015).

¹¹ See ISPA (n.d.) for a detailed classification of social protection.

Transformative social protection programmes	Programmes that address concerns of social equity and exclusion, such as changes to the legal and policy frameworks to protect socially vulnerable groups from discrimination and abuse, or sensitization campaigns to transform public attitudes and behaviours and enhance social equity (Devereux and Sabates-Wheeler 2004, p.4).
Young people	Individuals aged 10 to 24 (United Nations 2018).
Youth	Individuals aged 15 to 24 as per definition by the United Nations Secretariat for statistical purposes (United Nations 2018).

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