



CHAPTER 10

Toward Gender Equality: A Critical Assessment of Evidence on Social Safety Nets in Africa

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Over the last decade, social safety nets (SSNs) have rapidly expanded on the African continent, becoming a core strategy for addressing poverty and vulnerability, responding to shocks, increasing productivity, and investing in human capital. SSNs' popularity among governments and other stakeholders has been bolstered by regional evidence showing that they are effective at combating poverty and food insecurity, increasing resilience and agricultural productivity, and improving the education and well-being of future generations (Bastagli et al. 2016; Garcia and Moore 2012; Handa et al. 2018; Hidrobo et al. 2018). By 2017, every country on the continent had at least 1 SSN, with the number ranging from 2 (Republic of the Congo and Gabon) to 56 (Burkina Faso), and the average country having 15 (Beegle, Coudouel, and Monsalve 2018).

Although the design and system integration of SSNs continue to evolve, at their core, SSNs operated in Africa typically consist of noncontributory economic support to households and individuals given at regular, sustained intervals—whose common forms include cash, vouchers, or in-kind transfers; fee waivers; cash-for-work or public works programs; and school feeding.² According to the World Bank, on average, SSNs cover 10 percent of the African population, with cash transfers accounting for nearly 41 percent (and growing) of the share of SSN spending (Beegle, Coudouel, and Monsalve 2018). Thus, by their coverage as well as the political commitment to continue expanding them, SSNs, particularly noncontributory ones, represent an important policy tool for reaching poor populations across countries and at scale.

Poverty, vulnerability, and well-being have inherent gender dimensions, and thus it is not surprising that gender considerations have historically motivated and driven certain design features of SSNs. Since the late 1990s, with the emergence of social welfare policies in Latin America, women have been targeted as transfer recipients for their instrumental value in helping programs to achieve their intended outcomes, particularly outcomes related to household food security and child human capital (health and nutrition). In addition, targeting women was preferred from an operational point of view, because women are

often responsible for taking children to the health clinic, for example, or *perceived* as having more free time to attend training sessions as part of co-responsibilities. Despite targeting women as recipients for instrumental reasons, the evidence causally attributing differences in outcomes to beneficiaries' sex is scarce and yields mixed findings (Bastagli et al. 2016; Yoong, Rabinovich, and Diepeveen 2012). Further, some have argued that making women responsible for fulfilling conditionalities or work requirements attached to programs has exacerbated gender inequalities in care work, thus limiting poor women's opportunities to engage in more productive work (Molyneux 2006).

More recently, the narrative has expanded to acknowledge the intrinsic value of increasing gender equality and facilitating women's empowerment, broadly defined. In 2016, the Sustainable Development Goals (SDGs) called for social protection policies as a target under SDG 5 (gender equity and empowerment of women and girls) as an avenue for reducing unpaid care, in addition to calling for minimum social protection coverage, by sex and age, as part of SDG 1 (ending poverty and inequality). In 2018, the Social Protection Inter-agency Cooperation Board of the International Labour Organization formed its first-ever working group on gender in preparation for the 63rd Commission on the Status of Women (CSW63), with a priority theme on social protection systems (UN Women 2018). Background discussion papers in preparation for CSW63 emphasized the importance of SSNs to address gender dimensions of well-being.³ Among these, a statement from the African member states called for an “agenda for action [to] optimize current efforts and investments in social protection ... by making [them] gender responsive and attuned to the needs and challenges of women and girls” (Africa Ministerial Pre- CSW 2019, 2). Thus, SSNs, which traditionally have been focused on poverty and vulnerability, are now additionally being championed for improving gender equality.

Despite this recent attention to gender equality and women's empowerment, it is worth reflecting on the breadth of rigorous evidence available to guide programming to achieve these goals. The majority of papers commissioned for CSW63 to inform whether SSNs are achieving results for women have primarily

2 SSNs (or social assistance programs) fall within broader typologies of social protection (including, for example, input and fuel subsidies, microfinance, and contributory social insurance, among others) and are likely to be diverse, with substantial heterogeneity in gendered designs and implications. The definition of and focus on SSNs and noncontributory programming adopted in this chapter aligns with recent prominent reports from Africa (Beegle, Coudouel, and Monsalve 2018).

3 CSW63 background papers can be accessed on the following page of the UN Women website: <http://www.unwomen.org/en/csw/csw63-2019/preparations/expert-group-meeting>.

summarized “promising” case studies and highlighted successes, rather than providing a comprehensive understanding of impacts. However, recent reviews at the global level broadly agree on a number of conclusions, including that (1) there is promising evidence that SSNs can facilitate gender equality and women’s empowerment, but (2) such effects are not assured and may depend critically on program designs that reflect the relevant context. In addition, for many domains of women’s well-being, additional research is needed (de la O Campos 2015; Newton 2016; van den Bold, Quisumbing, and Gillespie 2013). Further, there is little research that rigorously identifies the design features and impact pathways that contribute to the impact of SSNs on gender equality and women’s well-being (Bastagli et al. 2016). Finally, despite calls for integration of gender within program design, implementation, and monitoring/evaluation, there are few examples of programs that have fully taken this advice (World Bank 2014).

Past reviews of the evidence have drawn heavily on Latin America, where SSNs were scaled up in the early 2000s. Because the program design, poverty dynamics, and gender norms underlying the potential for program impact are likely to vary by region, region-specific learning is needed. For example, Africa has higher poverty rates and a larger poverty gap, as well as poorer access to services and lower-quality infrastructure, than Latin America. In addition, poor populations in Africa are more likely to live in areas that are prone to drought or conflict, with deteriorating services and governance structures. Due to these factors, SSNs in Africa have traditionally had greater focus on resilience and shock responsiveness, with fewer punitive co-responsibilities related to service provision. From a gender perspective, Africa is likely to be unique in a number of important ways related to social norms and demographics. For example, Africa has a higher share of HIV-affected households and individuals (including orphans and vulnerable children), higher fertility rates, and earlier marriage transitions (including polygamous marriages), than elsewhere. Due to the wide diversity of program typologies and objectives, women have not necessarily been targeted *instrumentally* as recipients of SSNs in Africa—however, coverage by sex may vary by program type (Garcia and Moore 2012). These unique considerations translate into both opportunities and potential restrictions on how SSNs can be leveraged by and for women on the continent.

This chapter contributes to a broader understanding of the evidence on how SSNs in Africa affect gender equality and women’s empowerment. First, it describes the motivations for gender-sensitive SSNs and takes stock of ways in

which gender is factored into SSN design. Second, it summarizes evidence from rigorous evaluations of the impact of SSNs on women’s well-being across five key domains. This section includes a summary of literature on program design features within the impact evaluations reviewed, in order to understand how much is known about gender-sensitive design features—and whether they truly result in better outcomes for women. The chapter closes with recommendations for future research on how to improve the impact of SSNs in Africa on gender equality and women’s empowerment.

SSNs in Africa: The Role of Gender in Program Design

The motivations for gender-sensitive SSNs stem from deep-seated gender norms that determine differential roles and responsibilities for women and men, girls and boys, within households, communities, and society at large. These differential roles result in differential economic and social assets, risks, and vulnerabilities, leading to different experiences of poverty. Further, even when faced with common risks, men and women’s coping strategies differ, yet both tend to make women worse off on a range of outcomes such as food and nutrition security, wages, and safety (Kumar and Quisumbing 2014). Due to structural inequalities and perpetuated by gender norms, women and girls face unequal opportunities to participate in and fully benefit from economic and social activities, politics, and local governance. SSNs have the potential to directly attack some of these gender inequities by addressing poverty and providing complementary skills and linkages to service provision. However, as previously discussed, this potential does not result in automatic benefits for women, and SSNs may also reinforce, rather than address, inequalities.

SSNs use multiple instruments and design features to address gender objectives. Broadly, programming approaches can be categorized into three groups on a “gender sensitivity continuum”: gender-blind, gender-neutral, and gender-transformative (FAO 2018). *Gender-blind* (also called *gender-discriminatory*) interventions are those that fail to recognize gender issues by ignoring gender roles and gender gaps (in various dimensions) in their design, thereby reinforcing gender inequalities. *Gender-neutral* interventions may recognize gender issues in their design but take no measures to address them. *Gender-transformative* (or *gender-sensitive*) interventions, on the other hand, are interventions that not only recognize existing gender inequalities but also take measures to address them.

Because both gender-neutral and gender-transformative interventions recognize gender issues, they are further classified as *gender-aware*.

Although a full review of design features is outside the scope of this chapter and has been detailed elsewhere (FAO 2018; Holmes and Jones 2010a; UN Women 2018), we provide a brief description of design and implementation features with gender implications, alongside examples from SSNs in Africa.

1. *Gender-based targeting.* One of the most prevalent gender-aware design features is the targeting of transfers or benefits to women, rather than to men or to households. Some programs specifically target women (girls) because they are primary caregivers of young children, or in order to meet program objectives related to maternity benefits (Cohen et al. 2017), widow pensions, or benefits for adolescent girls (Kilburn, Pettifor, et al. 2018). Whereas putting benefits in the hands of women (girls) may enhance preconditions for favorable impacts, simply reaching women (girls) does not equal benefiting them via transformative outcomes.
2. *Conditionality and behavioral features.* Traditionally, conditionalities and behavioral requirements, such as school enrollment or health monitoring visits, were often placed on SSNs. However, in Africa, such conditions are more frequently viewed as a continuum, in which features such as indirect conditions (with no punitive measures), nudges, labeling, and messaging are seen to be beneficial alternatives to punitive “co-responsibilities” (Pellerano and Barca 2014). For example, a cash transfer program in the Zomba district of Malawi tested both unconditional transfers and those conditional on schooling for young women, with the hypothesis that conditional transfers would help increase human capital and transitions to adulthood, providing benefits outweighing the time and cost of school attendance (Baird, McIntosh, and Özler 2011).
3. *Payments and transfer mechanisms.* A large body of literature indicates that benefits should be reliable, timely, and sizable in order to have the intended protective, preventive, and promotive impacts. Benefits that are not reliable and timely can lead to suboptimal coping strategies that widen gender asset gaps or lead to worse comparative outcomes for women. The situation is more nuanced, however, for the size of the transfer (whether cash or in-kind), which may affect the ability of the woman recipient to

make autonomous decisions about how to use it. One hypothesis is that women may be likely to have greater control over how to spend smaller transfers—or even be better able to hide them from their spouse. However, there is little empirical evidence from Africa to verify this claim, and benefits of larger value are presumed to have greater potential for addressing economic constraints in general.

How benefits are delivered to or collected by recipients also has many gender implications. If there are mobility restrictions for women (due either to seclusion norms or safety concerns), benefits that are delivered far from recipients’ homes are not gender-aware. Electronic transfers can be cost-effective and safe, reduce stigma (because they are not observable), and reduce the threat of expropriation by partners or family members.

Electronic transfers also may have wider benefits than physical money in terms of financial inclusion and economic empowerment of women. For example, a cash transfer program run by a nongovernmental organization (NGO) in Niger provided women with mobile phones and tested mobile money versus physical transfers (Aker et al. 2016). Providing mobile money accounts and training to program staff, as well as transfer recipients, is important when providing transfers through electronic or other unconventional payment mechanisms that women may not be familiar with.

4. *Integrated approaches.* Theoretically, adding “plus” components—that is, integrating SSNs with linkages to other services—has high potential for enhancing a gender-transformative design (Roelen et al. 2017). As noted previously, this is simply because the additional component can be either directed at enhancing women’s status or well-being (including economic status), or focused on facilitating impacts on gender equality via addressing masculinities (the many socially constructed definitions of being or acting male) or involving men as allies. One example is the government of Ghana’s Livelihood Empowerment against Poverty (LEAP) 1000 program, which bundles an unconditional cash transfer (UCT) for pregnant and lactating women with a waiver for the national health insurance scheme—allowing women to access healthcare during the critical maternity and postpartum period.

5. *Gender-aware operational features.* Programs can be mindful of gendered social risks related to women's childcare and domestic duties by incorporating operational features that can accommodate these risks. Ethiopia's Productive Safety Net Programme takes such risks into account by providing childcare facilities at public works program locations, flexible work hours for women, and direct support (through UCTs) for women during advanced pregnancy and nursing (if the work requirement is not fulfilled by other household members) (Holmes and Jones 2010b). Women are also involved in the targeting and selection of community assets to be built as part of the public works (Coll-Black et al. 2012).

SSNs in Africa: Impacts on Women's Well-Being Outcomes

This section reviews the evidence from rigorous evaluations of SSNs' effects on women's outcomes, focusing on five key domains: (1) food security and nutrition, (2) economic standing and productivity, (3) empowerment, (4) psychological well-being, and (5) gender-based violence. These domains were chosen based on their perceived importance to women's overall well-being, as well as their potential for impacts based on dominant program objectives of SSNs. In addition, global reviews have tended to focus on outcomes traditionally linked to women, including early marriage, sexual and reproductive health, and maternal health, so less is known regarding the domains we examine (Bastagli et al. 2016). This section discusses only outcomes that are measured at the individual woman level using samples with women 18 and older (rather than those measured among female-headed households or those that measure comparative gaps between women and men). We focus on rigorous experimental and quasi-experimental studies (with identification of a credible counterfactual) taking place after the year 2000 in Africa. Published studies in journals or books, as well as working papers and reports, are included. In addition, we do not investigate impacts on outcomes for adolescent girls, which are important but are being reviewed elsewhere.

We conducted a rigorous review, starting by aggregating studies in recent relevant reviews and then conducting forward and backward citations of key qualifying studies. Further, we searched the websites of organizations known to conduct impact evaluations of SSNs in Africa, inquired with key researchers, and

conducted searches via Google Scholar, using various combinations of SSN type and outcome examined. Additional information regarding the search procedure is available in Peterman and colleagues (2019).

Table 10.1 summarizes the evidence by domain and indicator group, listing the number of programs evaluated; the countries included; the percentage of impacts for which there were positive, negative, mixed, or null findings; and citations of the studies. We focus on average impacts, because not all studies are powered for heterogeneous impacts, and additional analysis is largely at the discretion of authors. In a companion paper (Peterman et al. 2019), we provide detailed tables disaggregating evidence from each study, including description of the program, evaluation, indicators analyzed, and impact coefficients. In addition, we summarize evidence of design features (drawing on the categories described below) that have been tested empirically by the included studies.

Women's Food Security and Nutrition

In total, we identified 5 studies that examined impacts of SSNs on women's food security and nutrition domains, representing 5 countries and 40 individual indicators (9 nutritional indicators, including body mass index and anemia; 30 dietary diversity indicators; and 1 food security indicator, representing food coping strategies). In general, results indicated few significant impacts of programs on women's individual outcomes, with 2 studies (40 percent) showing positive results and the remainder having nonsignificant findings. In terms of indicator groups, dietary diversity indicators showed more promising results (43 percent significant), whereas nutritional biomarkers and food security were less promising (11 percent and 0 percent significant, respectively).

The limited evidence on women's food security and nutrition is notable, because improving these outcomes is often a main objective of SSNs—yet such outcomes tend to be measured only at the household or child level. Recent global reviews and meta-analyses suggest that the average social protection program increases the value of food consumed at the household level by 14 percent and caloric acquisition by 8 percent, including increases in consumption of fruits and vegetables, grains, and animal-source foods (Hidrobo et al. 2018). Studies from Africa make up the majority of the global evidence across the food consumption categories—thus it is surprising that none of these studies collected intrahousehold measures.

Though the evidence on positive impact for nutritional biomarkers is even more limited, global reviews suggest that child nutrition specifically is unlikely to

TABLE 10.1—SUMMARY OF EVIDENCE FROM EVALUATIONS OF SOCIAL SAFETY NET PROGRAMS' EFFECTS ON WOMEN'S WELL-BEING OUTCOMES

Domain / Indicator group	No. of programs / No. of indicators	Countries covered (#)	Direction of results (% of studies/indicators)				Citations (7)
			Positive	Mixed	Negative	Nonsignificant	
	(1)	(2)	(3)	(4)	(5)	(6)	
Food security and nutrition	5	Egypt; Lesotho; Malawi; Rwanda; South Africa (5)	40%	0%	0%	60%	Baird, McIntosh, and Özler (2019); Breisinger et al. (2018); FAO and UNICEF (2018); Kilburn et al. (2019); McIntosh and Zeitlin (2018)
Nutrition biomarkers	9		11%	n.a.	0%	89%	
Dietary diversity	30		43%	n.a.	0%	57%	
Food security	1		0%	n.a.	0%	100%	
Economic standing and productivity	14	Ethiopia; Ghana; Kenya; Lesotho; Malawi; Nigeria; Sierra Leone; South Africa; Tanzania; Uganda; Zambia (11)	50%	7%	14%	29%	Asfaw et al. (2014); Baird, McIntosh, and Özler (2019); Bastian, Goldstein, and Papineni (2019); Daidone et al. (2014); Ghana LEAP 1000 Evaluation Team (2019); Gilligan, Hoddinott, and Taffesse (2009); Kilburn et al. (2018); Malawi Cash Transfer Evaluation Team (2016b); Merttens et al. (2016); Natali et al. (2016); PSSN Youth Evaluation Team (2018); Rosas and Sabarwal (2016); Seidenfeld and Handa (2016)
Labor force participation (any—extensive margin)	68		34%	n.a.	1%	65%	
Labor force participation (hours/days/wage—intensive margin)	53		17%	n.a.	8%	75%	
Savings	12		100%	n.a.	0%	0%	
Expenditure	6		50%	n.a.	0%	50%	
Credit, debt, or loans	1		100%	n.a.	0%	0%	
Aggregate economic standing and productivity	1		100%	n.a.	0%	0%	
Empowerment	16	DRC; Egypt; Ghana; Kenya; Malawi; Niger; Senegal; South Africa; Tanzania; Uganda; Zambia (11)	31%	6%	13%	50%	Aker (2017); Aker et al. (2016); Ambler (2016); Ambler, de Brauw, and Godlonton (2019); Baird, McIntosh, and Özler (2019); Bonilla et al. (2017); Breisinger et al. (2018); Haushofer and Shapiro (2016); Kilburn et al. (2018); Merttens et al. (2013); Merttens et al. (2016); Peterman et al. (2015); Peterman et al. (2018); PSSN Youth Evaluation Team (2018)
Primary decision-making	31		13%	n.a.	6%	81%	
Shared/joint decision-making	117		25%	n.a.	3%	73%	
Agency / locus of control	4		25%	n.a.	0%	75%	
Self-efficacy	3		0%	n.a.	0%	100%	
Aggregate "empowerment"	1		0%	n.a.	0%	100%	
Psychological well-being	9	Ghana; Kenya; Mali; South Africa; Tanzania; Zambia (6)	56%	0%	11%	33%	Angeles et al. (2019); Baird, de Hoop, and Özler (2013); LEAP 1000 Evaluation Team (2017); Haushofer & Shapiro (2016); Hjelm et al. (2017); Kilburn et al. (2016); Kilburn et al. (2018); Kilburn et al. (2019); Malawi Social Cash Transfer Evaluation Team (2016b); Natali et al. (2018); PSSN Youth Evaluation Team (2018)
Mental health	7		43%	n.a.	0%	57%	
Stress/distress/worries (including biomarkers)	19		47%	n.a.	5%	47%	
Life satisfaction / quality of life / happiness	10		70%	n.a.	0%	30%	
Other emotional well-being (hope/trust/optimism/self-esteem/future assessment)	8		38%	n.a.	0%	63%	
Aggregate psychological well-being	1		100%	n.a.	0%	0%	
Gender-based violence	5	Ghana; Kenya; Mali; South Africa; Tanzania (5)	80%	0%	0%	20%	Haushofer et al. (2019); Heath, Hidrobo, and Roy (2018); Kilburn et al. (2018); Peterman et al. (2018); Pettifor et al. (2016); PSSN Youth Evaluation Team (2018)
Controlling behaviors	4		50%	n.a.	0%	50%	
Emotional intimate partner violence	5		40%	n.a.	0%	60%	
Physical intimate partner violence	8		63%	n.a.	0%	38%	
Sexual intimate partner violence	6		17%	n.a.	0%	83%	
Aggregate gender-based violence	5		20%	n.a.	0%	80%	

Source: Peterman et al. (2019).

be influenced by economic transfers alone (de Groot et al. 2017). Nevertheless, because women's food security and nutrition are determinants of many other well-being indicators, including individual cognitive ability and productivity, there is value in measuring the potential beneficial effects of these outcomes. In addition, although food security is often used as a proxy for household poverty, including in SSN targeting formulas, evidence indicates that household resources are not necessarily allocated evenly across household members. Therefore, we conclude that there is indication that SSNs *have potential* to increase the food security and nutrition of women, but studies must proactively collect and report on the requisite data for researchers to fully understand this potential.

Women's Economic Standing and Productivity

In total, 14 studies were identified that examined impacts on women's economic standing and productivity domains, representing 11 countries and 141 individual indicators. We break these indicators down as follows:

(1) labor force participation (extensive margin—that is, any formal or informal wage work, any own-farm or self-employed nonfarm work; 68 indicators), (2) work intensity (intensive margin—that is, hours or days worked, wage rate; 53 indicators), (3) savings (12 indicators), (4) expenditure (6 indicators), (5) credit, debt, or loans (1 indicator), and (6) aggregate economic well-being (1 indicator). Overall, 7 studies (50 percent) reported at least 1 positive outcome, whereas 3 studies (21 percent) showed mixed or negative results. In terms of indicator groups, indicators of labor force participation were positive 34 percent of the time (1 percent negative), and indicators of work intensity were positive 17 percent of the time (8 percent negative). Other indicators of economic standing were more promising, with positive impacts ranging from 50 percent to 100 percent of the time (savings, 100 percent; expenditure, 50 percent; credit, loans, or debt, 100 percent, and aggregate economic well-being, 100 percent), and no negative impacts. These indicators were, however, measured less frequently than others. It should be noted that although negative impacts were realized in several studies, in 2 cases, these impacts related exclusively to samples of either women older than 60 (Daidone et al. 2014, in Lesotho) or women working in hard manual labor (Malawi Cash Transfer Evaluation Team 2016a). Therefore, the only impact that can be interpreted as strictly adverse is that in Malawi, which found that the typical wage of young women who received a conditional cash transfer and were

out of school at baseline had decreased two years postprogram—although the authors noted that the overall percentage of wage work in the sample was low (Baird, McIntosh, and Özler 2019).

There is now a robust global literature on the economic impacts of SSNs that shows increases in household economic standing, including better scores on poverty measures, assets, productivity, savings, and landownership as a result of these programs (Bastagli et al. 2016; Hidrobo et al. 2018). Nevertheless, as we show here, economic indicators measured in evaluation studies in Africa typically disaggregate measures for individual women by only their labor force participation (accounting for more than 85 percent of the indicators reviewed here). In general, results for labor force participation and work align with theory and existing evidence suggesting that UCTs in particular do not reduce work participation on average, but rather result in small increases (Ghana LEAP 1000 Evaluation Team 2019), shifts in labor allocation between farm and nonfarm activities (Lesotho: Daidone et al. 2014), or no change on average (Kenya: Asfaw et al. 2014). Thus, there appears to be little evidence of “dependency” effects for women, but also no evidence of consistent increases in labor force participation. Some have pointed out that these impacts need to be interpreted in light of the fact that households targeted by SSNs in Africa are often labor constrained by the presence of elderly adults, or are involved in unpleasant manual labor at the program start, so that shifts in labor allocation may not necessarily signal increases in economic standing (Handa et al. 2018).

We find more positive impacts on individual savings and personal expenditures, although the latter were rarely measured unless the intervention focused specifically on young women. Finally, although cash-for-work and public works programs increased women's and girls' labor force participation, this finding comes from two cases only (Liberia and Tanzania), pointing toward the need for broader evidence on these programming typologies. A highlight in terms of program design variation is a study in Nigeria examining the impact of a UCT that randomly varied the disbursement structure to women beneficiaries, with equivalent annual benefits disbursed either monthly or quarterly (Bastian, Goldstein, and Papineni 2019). While overall, there were no differences in women's labor force participation outcomes by disbursement structure, the study found that the amount of the transfer recipients shared with others (household members and friends) did not differ by whether the payments came monthly or

quarterly, but that monthly transfer recipients whose empathy in marriage was lowest shared a smaller portion of monthly transfers with their husbands than did those receiving quarterly transfers.

Women's Empowerment

In total, 16 studies were identified that examined impacts on direct measures of women's empowerment, representing 11 countries and 159 individual indicators. We break these indicators down as follows: (1) primary decision-making power (31 indicators), (2) joint or shared decision-making power (117 indicators), (3) agency or locus of control (4 indicators), (4) self-efficacy (3 indicators), and (5) aggregate empowerment (1 indicator). Overall, 5 studies (31 percent) reported at least 1 positive outcome, whereas 2 studies (13 percent) found negative impacts, and the remaining 8 found no relationship (50 percent). In relation to indicator groups, indicators of joint or shared decision-making appear the most promising (25 percent positive, 3 percent negative), whereas primary or sole decision-making indicators are less promising (13 percent positive, 6 percent negative). Only 1 indicator of autonomy (out of 4, or 25 percent) was positive and significant, whereas for other measures of self-efficacy or overall empowerment, there were no positive impacts.

Overall, the evidence found for this domain does not align with the narrative that giving SSN benefits directly to women (as was done in all but three studies) necessarily results in a shift in power dynamics in the household and higher direct measures of women's empowerment. In only two studies were authors able to contrast impacts by the gender of the recipient. In Kenya, Haushofer and Shapiro (2016) randomly selected men versus women as target recipients of the GiveDirectly UCT and examined the program's differential impact on locus of control. They found no significant impacts overall and no significant difference by sex of recipient. Ambler (2016) examined the effects of the South African old age pension among women and men on primary decision-making (for day-to-day purchases and in an overall category based on four domains). However, in this case, not only did the pension result in increased decision-making for women (alongside increases in personal income share), but there were no increases for men. Although few studies are able to investigate the potential program design variations or mechanisms responsible for shifting outcomes, it is likely that mixed results stem in part from ambiguity in the measurement of empowerment. More than 90 percent of the outcomes measured represent conventional household decision-making questions on standard domains

regarding household purchases, education, or health. Qualitative and other measurement work around such questions suggests they do not adequately capture nuances in empowerment experienced by women in different settings, and in particular fail to capture the motivation behind or the power associated with autonomy (Bonilla et al. 2017; Seymour and Peterman 2018). It is likely that more holistic measures of empowerment, such as autonomy and self-efficacy across different life spheres, would more accurately capture meaningful changes.

Women's Psychological Well-Being

In total, 9 studies were identified that examined SSNs' impacts on women's psychological well-being, representing 6 countries and 45 individual indicators. We break these indicators down as follows: (1) mental health and depression (7 indicators); (2) stress, distress, and worry—including cortisol biomarkers (19 indicators); (3) life satisfaction, quality of life, or happiness (10 indicators); (4) other emotional well-being indicators, including trust, optimism, hope, and future outlook (8 indicators); and (5) aggregate psychological well-being (1 indicator). Overall, 5 studies (56 percent) reported at least 1 positive outcome, 1 study (11 percent) showed negative results, and the rest found no relationship (33 percent). With respect to indicator groups, the 1 aggregate measure is significant, and in addition, indicators of life satisfaction (70 percent positive, 0 percent negative), as well as those of stress and worry (47 percent positive, 5 percent negative) and mental health (43 percent positive, 0 percent negative), are the most promising. Other emotional well-being measures are moderately promising (38 percent positive, 0 percent negative).

Whereas psychological well-being is rarely acknowledged as an objective or potential outcome of SSNs, there is a growing evidence base suggesting that poverty and mental well-being are linked and reinforcing (Lund et al. 2010). Further, poor mental health is linked to a host of adverse outcomes, including poor physical health, low productivity, substance abuse, intrahousehold violence, and suicide. Women consistently show higher rates of depression than do men, a gap that first emerges in adolescence and persists through age 45 to 50, making these findings particularly notable (Cyranowski et al. 2000).

Several studies examined the mechanisms behind their results, particularly with young women in Malawi, finding that improvements may be due to a wide range of factors, including better physical health, increased schooling, family support, higher consumption, more leisure, lower caregiver stress levels, and reductions in hard labor (Angeles et al. 2019; Baird, de Hoop, and Özler 2013).

Two studies examined design factors, one finding that cash with conditions attached resulted in smaller mental health impacts for young women than UCTs, potentially due to distress attached to fulfilling the conditions (Baird, de Hoop, and Özler 2013), and the other finding no differences between monthly and lump-sum UCTs on a range of psychological well-being outcomes (Haushofer and Shapiro 2016). Overall, results indicate promise in leveraging SSNs to improve the psychological well-being of women.

Women's Exposure to Violence and Abuse

In total, 5 studies were identified that examined impacts on women's experience of gender-based violence, representing 5 countries and 28 individual indicators. We break these indicators down as follows: (1) controlling behaviors (4 indicators), (2) emotional violence (5 indicators), (3) physical violence (8 indicators), (4) sexual violence (6 indicators), and (5) aggregate violence measures (5 indicators). Although studies were screened for broad typologies of violence, the only study that measured non-intimate partner outcomes from multiple perpetrators was done among youth in Tanzania (PSSN Youth Evaluation Team 2018). The remaining studies, and all significant indicators, referred to intimate partner violence (IPV)—therefore, for ease of description, we likewise refer to IPV when describing results. Overall, 4 studies (80 percent) reported at least 1 positive outcome (reduction in IPV), whereas 1 study found no relationship (20 percent). As for indicator groups, indicators of physical IPV are most promising (63 percent positive, 0 percent negative), followed by those for controlling behaviors (50 percent positive, 0 percent negative), emotional IPV (40 percent positive, 0 percent negative), aggregate measures (20 percent positive, 0 percent negative), and sexual IPV (17 percent positive, 0 percent negative). Measures of both experience (any) and intensity (frequency) were significant. The latter has rarely been measured in global studies, so its inclusion here represents a substantial contribution to the overall evidence base. No adverse impacts of SSNs were documented within the studies reviewed, either on average or within subgroups. This result is also notable, given some stakeholders' fear that giving economic benefits to women may increase the risk of violence within the household or community.

These results are in line with a recent mixed-methods review of the linkages between cash transfers and IPV in low- and middle-income countries, which found that three out of the four included studies documented decreases in

IPV (Buller et al. 2018). The findings presented here (of which only South Africa overlaps the results of the mixed-methods review) represent even more promising results, including similar findings that physical IPV showed the most consistent declines. Buller and colleagues (2018) suggested three mechanisms through which cash can lead to declines in IPV: (1) increases in economic standing and emotional well-being, (2) decreases in intrahousehold conflict, and (3) increases in women's empowerment. Studies included here provide evidence for all three pathways.

One interesting aspect of the included studies relates to household structure in West Africa. In Mali, Heath and others (2018) found that when transfers were given to male household heads, reductions in IPV were concentrated among polygamous households, via reductions in men's stress and anxiety as well as intrahousehold disputes. In contrast, in Ghana, Peterman and colleagues (2018) found that transfers given to women along with health insurance waivers resulted in decreases in IPV (primarily in frequency), concentrated in nonpolygamous households. In both cases, polygamous households had higher levels of IPV at baseline, indicating that such families may be more conflictual, with implications for the targeting of SSNs and the expected well-being gains for both men and women. Despite these promising results, we still know little about multiple types of violence, including violence against children and violence from co-wives or the broader community—suggesting the need to collect more holistic measures within evaluations to understand the full effects of SSNs on violence and underlying mechanisms (Peterman et al. 2017).

Research and Policy Implications

Despite high-level commitments made by African member states and global stakeholders to advancing gender equity through SSNs, and the important role of this shared objective, there remain significant evidence gaps in understanding what it means in practice. The volume of research conducted in Africa has increased exponentially in recent years. Of the research summarized here regarding the impacts of SSNs on women (including published and working papers), only five studies were released before 2016 (one in 2009, two in 2013, and one each in 2014 and 2015). This means that until recently, a review reflecting the realities and priorities of SSNs on the African continent was not possible. This chapter shows there is strong evidence that SSNs can decrease IPV (particularly physical violence) and increase psychological well-being for women, increasing

life satisfaction and decreasing stress. In addition, there is moderate evidence that SSNs can increase dietary diversity, as well as the economic standing of women (including their savings and expenditures). Changes in labor force participation, on the other hand, tend to be minimal. We find less strong evidence that SSNs can improve food security, and nutrition; however, few studies measure these outcomes for women. Finally, we find little evidence that SSNs increase direct empowerment—but this domain is dominated by measures of intrahousehold bargaining, which have measurement weaknesses.

Providing a region-specific understanding of SSNs' impacts on women (rather than on households in general) is important for a number of reasons. First, although there is now a large body of evidence showing the impacts of SSNs at the household level, our findings suggest that in many cases, knowledge of impacts at the individual level is lacking, and the requisite data are not necessarily collected or analyzed automatically. Second, few of the studies included in this review were able to disentangle design components. Therefore, we know very little about how programs can be modified in terms of design or operation to move toward gender-transformative approaches (see Peterman et al. 2019 for more complete discussion). Third, our analysis shows that conclusions from global evidence reviews do not necessarily translate to Africa-specific situations. For example, Bastagli and colleagues (2016) found strong evidence on women's empowerment, and women's decision-making specifically, through SSNs globally, yet we find relatively weak evidence for changes in decision-making in Africa. Finally, several evaluations have highlighted unique regional demographic features, including targeting of and impacts on individuals in polygamous partnerships, with critical implications for women's outcomes. These features highlight the need for a regional body of evidence for women in Africa, rather than continued reliance on household-level evidence from Africa and elsewhere, or global lessons on women.

A notable gap in the evidence presented here is in the diversity of program typologies studied. In all but one case (a cash-for-work program), programs consisted of cash transfers (of varying designs, with and without additional components); therefore, we know little about how noncash modalities affect women. For example, we found no evaluations of in-kind transfers alone or of school feeding programs, but we acknowledge that the latter primarily focus on school-age children and rarely measure individual-level outcomes for adults.

We do not include other program typologies that are not strictly SSNs—for example, graduation or livelihood programs—but these may add to researchers' understanding of how economic programs work for women. For example, in a diverse set of countries, NGOs including BRAC and Concern Worldwide are implementing bundled programming that incorporates training, coaching, and access to financial instruments along with cash or asset transfers.

A number of limitations are worth mentioning. Although this chapter summarizes available evidence across domains for adult women, it does not summarize research focused exclusively on outcomes for children, including adolescent girls. In addition, a true gender analysis of outcomes would give comparative impacts for men and women across the same outcomes for the same studies. However, due to lack of data for the evaluations included in this review, we were unable to examine truly gender-disaggregated impacts. Furthermore, this review does not consider qualitative work, although qualitative methodologies are needed to capture a holistic understanding of women's lived experiences. In addition, although we report all indicators directly from reviewed papers, a minority of sources explicitly controlled for multiple hypothesis testing. Finally, even though this analysis includes gray literature, it is likely that the measures reported suffer in part from publication (analysis) bias.

To move from promise to the successful implementation of gender-transformative SSNs in Africa, we must invest in evidence generation, in order not only to demonstrate impacts on women's well-being, but also to inform mechanisms related to design features and how they may differ according to the underlying gender inequalities in a given setting. Randomized variation—including program designs that make it possible to identify the unbundled contributions of components as well as their synergistic contributions toward women's and men's well-being—can maximize the potential of quantitative research to inform design decisions. It is likely that qualitative and political economy analysis will also play an important role in increasing understanding of both the impacts of and the constraints to adoption of gender-transformative programming. Finally, in areas where measurement is weak, investments must be made to refine existing measures or apply better measures to leverage the full potential of research efforts. We welcome future regional research that has the potential to contribute to this goal.