



# Gender and social protection in South Asia: an assessment of the design of non-contributory programmes

Raquel Tebaldi and Charlotte Bilo, International Policy Centre for Inclusive Growth (IPC-IG)

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#### Research team

##### Research Coordinators

Charlotte Bilo (IPC-IG)

Raquel Tebaldi (IPC-IG)

##### Researchers

Anna Carolina Machado (IPC-IG)

Carolina Bloch (IPC-IG)

Luca Lazzarini (IPC-IG)

Nicolo Bird (IPC-IG)

Pedro Arruda (IPC-IG)

Rafael Guerreiro Osorio (Ipea and IPC-IG)

Wesley Silva (IPC-IG)

##### Research Assistants

Juliana Bernardino, Nurth Palomo and Lea Smidt

#### Designed by the IPC-IG Publications team:

Roberto Astorino, Flávia Amaral, Priscilla Minari and Manoel Salles

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# **GENDER AND SOCIAL PROTECTION IN SOUTH ASIA: AN ASSESSMENT OF THE DESIGN OF NON-CONTRIBUTORY PROGRAMMES**

*Designed by the IPC-IG Publications team: Roberto Astorino, Flávia Amaral, Priscilla Minari and Manoel Salles*



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## ACRONYMS AND ABBREVIATIONS

<b>ANC</b>	Antenatal care
<b>ASPP</b>	Afghanistan Social Protection Program
<b>BISP</b>	Benazir Income Support Programme (Pakistan)
<b>BPL</b>	Below Poverty Line
<b>EGPP</b>	Employment Generation Program for the Poorest (Bangladesh)
<b>ESSA</b>	Environmental and Social Systems Assessment
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>FATA</b>	Federally Administered Tribal Areas (Pakistan)
<b>FFW</b>	Food for Work (Bangladesh)
<b>FSSSP</b>	Female Secondary School Stipend Programme (Bangladesh)
<b>FSVGD</b>	Food Security Vulnerable Group Development (Bangladesh)
<b>GR</b>	Gratuitous Relief (Bangladesh)
<b>HWDWA</b>	Husband-Deserted, Widowed and Destitute Women Allowance (Bangladesh)
<b>IGVGD</b>	Income-Generating Vulnerable Group Development (Bangladesh)
<b>ILO</b>	International Labour Organization
<b>JSY</b>	Janani Suraksha Yojana (India)
<b>KEP</b>	Karnali Employment Programme (Nepal)
<b>M&amp;E</b>	Monitoring and evaluation
<b>MGNREGA</b>	Mahatma Gandhi National Rural Employment Guarantee Act (India)
<b>NRAP</b>	National Rural Access Program (Afghanistan)
<b>NSAP</b>	National Social Assistance Programme (India)
<b>NGO</b>	Non-governmental organisation
<b>ODI</b>	Overseas Development Institute



<b>PESP</b>	Primary Education Stipend Programme (Bangladesh)
<b>PFDS</b>	Public Food Distribution System (Bangladesh)
<b>PMMVY</b>	Pradhan Mantri Matritva Vandana Yojana (India)
<b>PMT</b>	Proxy means test
<b>PWP</b>	Public works programme
<b>SC</b>	Scheduled Caste
<b>SDIP</b>	Safe Delivery Incentive Programme (Nepal)
<b>SPIAC-B</b>	Social Protection Inter-Agency Cooperation Board
<b>ST</b>	Scheduled Tribe
<b>TR</b>	Test Relief (Bangladesh)
<b>VGD</b>	Vulnerable Group Development (Bangladesh)
<b>VGf</b>	Vulnerable Group Feeding (Bangladesh)
<b>WeT</b>	Waseela-e-Taleem (Pakistan)
<b>WFM</b>	Work for Money (Bangladesh)
<b>WFP</b>	World Food Programme

# EXECUTIVE SUMMARY

## Introduction

Social protection has received increased attention as a measure to reduce poverty and vulnerability and achieve social transformation, including the reduction of gender inequality. According to the Social Protection Inter-Agency Cooperation Board (SPIAC-B 2019), to contribute to gender equality, social protection systems should address life cycle risks, increase access to services and sustainable infrastructure and promote women's and girls' economic empowerment, voice and agency.

Although South Asia has made remarkable progress in terms of human development in recent years, the region still faces significant gender disparities. Discriminatory social norms and structural factors lead to the neglect of girls' and women's rights in all areas of life. As a result, girls and women continue to face serious challenges in terms of health, nutrition, education and employment. Social protection systems that respond to these risks are, therefore, of utmost importance in the region.

Against this background, the International Policy Centre for Inclusive Growth (IPC-IG) and UNICEF's Regional Office for South Asia have partnered to analyse the extent to which South Asia's non-contributory social protection programmes have been designed in a gender-sensitive way. A total of 50 programmes were reviewed across the eight countries in South Asia: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. In addition, the study aims to review the evidence regarding the programmes' impact on gender outcomes.

## Methodology

The assessment of the programmes' design features was based on information publicly available in English, including government websites, programme manuals, and reports published by third parties. The assessment criteria were based on the most up-to-date toolkits and guidelines produced by international organisations, such as the Food and Agriculture Organization of the United Nations (FAO), UN Women and the Overseas Development Institute (ODI).

The assessment of each individual programme tried to answer the following questions:

- Are gender equality issues or awareness of gender-based vulnerabilities reflected in the programme's objectives? If yes, which ones?
- Are gender- and age-specific vulnerabilities taken into account in the targeting process?
- Have specific outreach and/or communications activities been conducted to reach particularly vulnerable groups and inform citizens about the programme?
- Which delivery mechanisms are used?
- Are complementary services (related to health, education or nutrition) or training offered?
- Does the programme collect gender-disaggregated data (e.g. number of male and female beneficiaries)?
- Does the programme evaluate gender-related outcomes?

- Does the programme rely on community monitoring or social audits?
- Is a grievance redress mechanism available?

### For cash transfer programmes:

- Are conditionalities part of the programme? If yes, which ones, and are any attempts made to avoid possible negative impacts (e.g. through the use of soft conditionalities)?
- Who is the main benefit recipient (mother, head of household, guardian/caregiver)?

### For public works programmes:

- Are quotas for women's participation used? Is the allocation of less physically intense tasks possible for women or for vulnerable groups?
- Are child-care and/or breastfeeding facilities and breaks or flexible working hours offered?
- Are there provisions for equal pay?
- Are there incentives for women to take on leadership roles?
- Do women participate in the decision-making about which community assets to build, or is there a prioritisation of assets that directly meet their needs?

### For school feeding programmes:

- Are incentives provided for girls' participation (e.g. take-home rations for girls)?
- Are women involved in the programme? If yes, how (e.g. as cooks)?

The review of the programmes' gender-related impacts was limited to experimental and quasi-experimental impact evaluations with gender-disaggregated results and/or with specific analysis of gender-related outcomes, including indicators related to health, education and empowerment as well as gender norms. The search was conducted within three weeks (between 22 January and 12 February 2019) using Google Scholar as well as the PEP and 3IE databases.

## Gender-based vulnerabilities in South Asia

**Despite progress in some countries, South Asia as a whole still faces severe issues in terms of gender inequality.** Legal and social discrimination against women prevents the realisation of gender equality. As a result, women still face significant gaps in terms of access to land, autonomous decision-making and mobility. The prevalence and acceptance of **gender-based violence**, including child marriage, still remain high across the region. The region is also the only one in the world that presents statistically significant bias in **poverty** rates against women (Boudet et al. 2018). Moreover, social norms related to **nutrition** (such as the practice of women eating last and least) contribute to some of the worst undernutrition rates worldwide. Sex-selective abortion and a neglect of girls'

health have resulted in a historically **unbalanced sex ratio**. Despite women's educational gains and the economic growth experienced in the region over past years, women's **labour force participation** in South Asia remains one of the lowest in the world. Many women are trapped in low-paid and vulnerable work, and one of the factors keeping women from entering the labour market is their disproportionate burden of unpaid work. As a result, coverage rates of contributory schemes among women remain low, making the need for gender-sensitive non-contributory systems even more urgent.

## Key findings

**Programme objectives** generally did not include specific gender considerations. Where they did, they have been found to more commonly tackle barriers to education, maternity health and/or income-related risks, widowhood or the vulnerabilities of single women and single parents, and barriers to the labour market. However, only limited evidence of significant follow-up on progress in these areas was found within programmes' monitoring and evaluation mechanisms.

Most countries have programmes that either **target or prioritise** women in general (including female-headed households) or pregnant women, mothers, widows and single women specifically. **Few programmes were found to explicitly target adolescent girls**, which represents a major gap given the particular vulnerabilities of this group. Some programmes were found to have provisions for **outreach and communications activities**; however, there are still barriers to be addressed to raise people's awareness of these programmes.

A variety of **payment mechanisms** are used to deliver social protection benefits in the region, including banks, mobile payments, post offices and other options. Existing assessments have shown that multi-layered and complex payment mechanisms, in combination with capacity constraints, can often increase women's time burden. It is, therefore, important to carry out more in-depth assessments to understand the difficulties that beneficiaries may have in accessing their benefits, as well as their preferences, so that the payment system can be adopted accordingly. In some cases, complementary measures, such as financial literacy training, are a good way to address existing challenges.

Where policies and programmes remain confined in their own sectors, there might be missed opportunities to address gender-based vulnerabilities. Activities that have been identified mostly focus on nutrition and health, but there are also programmes seeking to provide linkages to financial literacy, training in asset creation and productive activities, as well as skills development. Regarding the provision of **complementary services**, it is important not to reinforce gender roles through them—for instance, by also including fathers in activities related to child nutrition. This has rarely been found to be the case in South Asia. Moreover, training in productive activities and skills development can be strengthened to promote women's participation in the labour market. The assessment also showed that it is important that these are adapted to the local context and beneficiaries' needs and that they are designed in a way that they do not further increase women's time burden.

Though most programmes were found to provide gender-disaggregated information on beneficiaries, **monitoring and evaluation** needs to be strengthened to understand programmes' impact (whether positive or negative) on gender outcomes, not only in terms of health, education and nutrition outcomes, but also in terms of women's empowerment and gender norms, including changes in women's decision-making power and mobility. Another area which requires more research is the impact of programmes on women's time use. Different methods, including qualitative research, can be used to assess this.

**Social accountability mechanisms**, including social audits, community monitoring and grievance redressal mechanisms, need to be improved, as there were many reports of malfunctioning. Moreover, little evidence was found on how complaints and suggestions actually feed back into programme reform.

Looking specifically at **cash transfers**, many programmes focus on maternal health-related outcomes. Here it has been shown to be important that these programmes are accompanied by robust grievance redress systems that can capture women's complaints and feed them back into both the demand-side intervention and also to health service providers. Overall, it can be observed that relatively few programmes are attached to conditionalities in the region, though stipend or scholarship programmes are an exception.

**In terms of public works**, much more can be done to ensure women's participation in work activities on more equal terms. Quotas for women and vulnerable groups, provisions for equal wages, child-care and breastfeeding facilities and breaks and flexible working hours are all measures that can be strengthened. Moreover, incentives for women to take on leadership roles and for women's participation in decision-making about which community assets to build can also promote more positive gender outcomes.

**School feeding programmes** need to become more accountable in terms of women's involvement in programme implementation. The expectation that mothers will provide supervision in programme implementation without compensation risks putting more pressure on a group that is already typically overburdened with unpaid care work.

The review of the programmes' **impact evaluations**, though with mixed impacts for several outcomes, has also demonstrated the potential for significant impacts in terms of the gender equality of social protection programmes. **Maternal health** is an area where demand-side programmes have shown to increase service utilisation; however, service quality also needs to be improved. Regarding **food security, nutrition, education and employment**, findings point to rather heterogeneous impacts, which vary considerably depending on beneficiaries' age and gender. It is important to ensure that the lessons learned from the growing body of evidence feed back into programme design and implementation. Furthermore, very few studies looked specifically at programmes' impacts on **gender norms and attitudes**. However, there is some promising evidence from Afghanistan and Pakistan. More investment in understanding these issues is needed, as is the inclusion of more qualitative evidence in impact evaluation for a more nuanced understanding of how gender inequalities play out in different contexts.

## Conclusion

Gender disparities remain high in the South Asia region, yet at the same time there is growing recognition of the potential of social protection programmes, including for the promotion of gender equality and women's and girls' empowerment. This study has shown that despite some positive examples, governments in the region still have to invest significantly to make their social protection systems more gender-sensitive, and in turn advance gender equality in the region.

One of the **key gaps identified** relates to the lack of comprehensive **grievance and complaints mechanisms**, limiting women's ability to make their voices heard and the possibilities of improving the programme. In addition, programmes' **monitoring and evaluation mechanisms** need to be enhanced, as they currently rarely focus on gender outcomes. The review has also shown the importance of conducting **gender assessments** prior to implementation, as they can be key in making social protection programmes more gender-sensitive by taking context-specific vulnerabilities and needs into account. Finally, while the design of programmes is the first step to make programmes more gender-sensitive, their implementation is also crucial. Future assessments should also focus on programme implementation, which will be key for identifying gaps, informing policy reform and improving programme design and gender-specific provisions.

# 1. INTRODUCTION

## Background and objectives

Social protection has received increased attention as a measure to reduce poverty and vulnerability and achieve social transformation, including the reduction of gender inequality. As stated in a Joint Statement by the Social Protection Inter-Agency Cooperation Board (SPIAC-B) to the 63<sup>rd</sup> session of the Commission on the Status of Women (SPIAC-B 2019, 1): “Social protection systems which address gendered risks over the life cycle and provide support in situations of poverty, vulnerability or crisis, play a vital role in protecting women and men from poverty and insecurity, helping them to cope with risks, and recover from shocks and ultimately transforming women’s outcomes.”

To contribute to gender equality, social protection systems should address life cycle risks, increase access to services and sustainable infrastructure and promote women’s and girls’ economic empowerment, voice and agency (SPIAC-B 2019). According to the Food and Agriculture Organization of the United Nations (FAO 2018a), efforts to integrate gender considerations into policies or programmes can be described as a ‘continuum’, from gender-blind interventions which ignore gender inequalities, to gender-neutral ones which recognise them without specific measures to address them, and finally to those that are gender-sensitive or transformative. The latter refers to programmes that both recognise the specific needs and priorities of women and men and proactively seek to address gender inequalities.

Although South Asia has made remarkable progress in terms of human development in recent years, the region still faces significant obstacles when it comes to gender outcomes. Discriminatory social norms and structural factors lead to the neglect of girls’ and women’s rights in all areas of life. As a result, girls and women continue to face serious challenges in terms of health, nutrition, education and employment. Harmful gender norms also manifest themselves in women’s risk of early and forced marriage and gender-based violence (UNICEF South Asia 2018). Social protection systems that respond to these risks are, therefore, of uttermost importance in the region.

By providing income, social protection programmes can help address practical gender needs (understood here as gender inequalities in terms of living conditions, such as water supply, health care or employment). However, even if programmes address women’s practical needs and improve their living conditions, they can nevertheless reinforce traditional gender roles and thereby leave strategic gender needs unchanged. The latter relate to improving women’s disadvantaged position in society and include issues such as legal rights, equal pay and domestic violence. To avoid harming women and to achieve gender equality in the long run, programmes should be aware of both practical and strategic needs (Newton 2016; see also Moser 1989).

Against this background, this **study’s main objective** is to identify gaps and opportunities in gender-sensitive social protection programming in South Asia by analysing the extent to which the region’s non-contributory social protection programmes consider gender in their design features. In addition, the study aims to review the evidence regarding the programmes’ impact on gender outcomes.

## Methodology and limitations

This study is based on a desk review analysing the programmes’ main design features as well as impact evaluations of those programmes. The selection of programmes<sup>1</sup> stems from a previous mapping of non-contributory social protection programmes in the Asia and Pacific region conducted by the IPC-IG and UNICEF (2019). For the study at hand, a total of 50 programmes were reviewed across the eight countries in South Asia: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka (for a list of programmes, see Annex 1).

The assessment of the programmes’ design features was based on the information publicly available in English, including government websites and documents, programme manuals, and reports published by third parties, such

as international organisations and research institutes. The criteria were based on the most up-to-date toolkits and guidelines produced by international organisations such as UNICEF, FAO and UN Women, as well as research centres such as the Overseas Development Institute (ODI) and the IPC-IG.

The following questions were addressed for each individual programme:

- Are gender equality issues or awareness of gender-based vulnerabilities reflected in the programme's objectives? If yes, which ones?
- Are gender- and age-specific vulnerabilities taken into account in the targeting process?
- Have specific outreach and/or communication activities been conducted to reach particularly vulnerable groups and inform citizens about the programme?
- Which delivery mechanisms are used?
- Are complementary services (related to health, education or nutrition) or training offered?
- Does the programme collect gender-disaggregated data (e.g. number of male and female beneficiaries)?
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- Do women participate in the decision-making about which community assets to build, or is there a prioritisation of assets that directly meet their needs?

For school feeding programmes:

- Are incentives provided for girls' participation (e.g. take-home rations for girls)?
- Are women involved in the programme? If yes, how (e.g. as cooks)?

In some cases, these questions could not be answered due to a lack of information, which is an important limitation of this study. It is also important to highlight that more information is available for some countries and programmes than for others. Therefore, it cannot necessarily be said that a programme with less available information is less gender-sensitive than others. Another main limitation of this study is that it was limited to documents in English, yet important documents such as programme manuals are often only available in the country's official languages. Lastly, this study is limited to the programmes' design and does not include an evaluation of their implementation.

The review of the programmes' gender-related impacts was limited to experimental and quasi-experimental impact evaluations with gender-disaggregated results and/or with specific analysis of gender-related outcomes, including indicators related to health, education and empowerment as well as gender norms. The search was conducted within three weeks (between 22 January and 12 February 2019) using Google Scholar as well as the PEP and 3IE databases. Here it needs to be highlighted that while for many programmes no evaluation was conducted that met the inclusion criteria, other programmes have been evaluated in multiple studies.

## Structure of the study

The next chapter presents a review of the region's main gender-based vulnerabilities regarding poverty, health and nutrition, education, employment and violence. Chapter 3 presents the criteria assessed and the respective findings. Examples from the eight countries analysed are used to illustrate the findings for each criteria. The evidence of the programmes' impact on gender outcomes are presented in Chapter 4. Finally, the last chapter summarises the study and provides key recommendations.

## 2. GENDER-BASED VULNERABILITIES IN SOUTH ASIA: KEY ISSUES

This chapter reviews the main gender-based vulnerabilities in the context of South Asia, which should be taken into account when designing, implementing, monitoring and evaluating social protection programmes.

### Poverty and inequality

**South Asia has high levels of gender inequality.** UNDP's Gender Development Index, which measures the gaps in female and male achievements in the basic dimensions of human development, finds the largest gap worldwide in South Asia<sup>2</sup> (16.3 per cent) (UNDP 2018). Moreover, UNDP's Gender Inequality Index, a composite index that measures gender inequalities in a broad range of areas,<sup>3</sup> rates South Asia as the third most unequal region (0.515), not far behind sub-Saharan Africa (0.569) and the Arab States (0.531), and with still a long way to go to reach the lower levels found in Latin America and the Caribbean (0.386) and East Asia and the Pacific (0.312) (UNDP 2018).

**Legal and social discrimination against women in the region prevents the realisation of gender equality.** Access to land in South Asia is one such prominent area of gender inequality, due to the denial of equal inheritance rights to property by laws and customs. Similarly, marriage does not automatically confer property rights to one's spouse, as the separation-of-property regime prevails. Where dowry payment is still practised, it also tends to be considered a husband's property. Significant gender inequalities are also found in autonomous decision-making, mobility and access to communication technologies (de Schutter 2013).



**The region is the only one in the world that presents statistically significant bias in poverty rates against women.** As the standard poverty measures available tend to focus on the household level and monetary measures, individual-level poverty and welfare (and thus variations between men and women) are typically masked or not visible at all. However, based on a global database of harmonised country-representative surveys looking at how men and women experience poverty differently, Boudet et al. (2018) demonstrate that South Asia, which has the second largest number of people living in extreme poverty (less than USD1.90 per day), is also the only region that presents statistically significant disparities in poverty rates between males and females (14.7 per cent and 15.9 per cent, respectively). Moreover, children suffer disproportionately from poverty across all regions, but in South Asia girls are also poorer than boys (22.2 and 20.1 per cent, respectively) and represent a larger share of poor people (50.5 per cent), though differences between children's and adults' poverty rates are smaller than in other regions. Furthermore, a study based on individual-level data from Bangladesh shows that undernourished individuals are spread across the household per capita expenditure distribution; by employing a new methodology to compute individual-level poverty rates, it finds that women, children and elderly people are likely to be living in poverty even in households above the poverty threshold (Brown, Calvi, and Penglase 2018).

## Food and nutritional security

**In general, gender equity indicators and undernutrition rates (particularly those specific to children and women) present worse results in South Asia** than in the other regions of the world, with the exception of Sri Lanka (Sen and Hook 2012; de Schutter 2013). Table 1 shows that the latest data on child undernutrition follow this trend. These results have prompted research to investigate the linkages between gender inequality, women's decision-making power over food security and nutrition within their households, and nutritional outcomes, as well as to identify key groups experiencing nutritional deprivation.

**Table 1. Child malnutrition estimates (in %), 2018**

Regions	Stunted	Wasted [moderate and severe]	Wasted [severe]	Overweight
Global	21.9	7.3	2.4	5.9
East Asia and Pacific	8.4	2.9	0.9	6.3
Europe and Central Asia	-	-	-	-
Eastern Europe and Central Asia	9.0	2.0	0.6	14.9
Western Europe	-	-	-	-
Latin America and Caribbean	9.0	1.3	0.3	7.5
Middle East and North Africa	14.7	7.7	3.2	11.2
North America	2.6	0.4	0.0	8.8
South Asia	34.4	15.2	5.0	3.1
Sub-Saharan Africa	33.3	7.6	2.3	3.5
East and Southern Africa	33.6	6.2	1.7	4.2
West and Central Africa	33.1	9.0	2.8	2.8

Source: UNICEF, WHO, and World Bank (2019).

**Poverty, deficits in education and health, early pregnancy and poor breastfeeding practices are all factors driving poor nutritional outcomes.** South Asia is considered to bear around 40 per cent of the global burden of stunting, which is driven by women's poor nutrition before and during pregnancy, poor diet in the first years of life, and poor sanitation practices (Aguayo and Menon 2016). Analysing data from Demographic and Health Surveys from 1991 to 2014 from Bangladesh, India, Nepal and Pakistan, Krishna et al. (2018) find that Bangladesh and Nepal recorded the largest reductions in stunting among these countries. Furthermore, the authors observed that poor children with

inadequate diets from mothers with low educational levels were more at risk of stunting. Poor breastfeeding and complementary feeding practices also are found to predict child stunting and wasting in South Asia, affecting mainly those who are born small, have younger mothers and live in poorer households or in communities with deficits in access to or uptake of health services (Torlesse and Raju 2018). Benedict et al. (2018) also find that the factors associated with suboptimal breastfeeding practices include caesarean delivery, small size at birth, home delivery, and low levels of women's empowerment.

**Social norms and attitudes related to nutrition (such as the practice of women eating last and least) and early marriage are also reported as having a negative effect on girls' and women's nutrition in South Asia** (Sen and Hook 2012; Banu 2016). Though localised evidence from South Asia demonstrates some male advantage in terms of children's anthropometric data, worldwide there is no systematic bias against females to be found,<sup>4</sup> except in the case of pregnant women, who are disadvantaged when compared to other women and men (DeRose, Das, and Millman 2000). In a review of empirical evidence of women's roles in the realisation of household food security, Niehof (2016, 59) finds that "women definitely yield and wield power through their involvement in and responsibility for these practices, but that—at the same time—enhancing women's capabilities by improved access to critical resources would benefit their household's food security and their children's nutrition."

**Adolescent girls in South Asia are a particularly vulnerable group in terms of their nutritional outcomes:** 50 per cent of them, particularly those from poor socio-economic backgrounds, are affected by undernutrition and anaemia. Aguayo and Paintal (2017) further point out that the majority (60–80 per cent) of adolescent girls in South Asia are not meeting the recommended dietary intake. Moreover, their access to the health system might be compromised precisely during and after pregnancy, which presents a risk factor for their nutritional deprivation, as signalled by evidence from rural India (ibid.). Babies born to young mothers are more likely to die or suffer from undernutrition and cognitive impairments, thus perpetuating the transmission of undernutrition across generations (Sen and Hook 2012).

**Finally, considering women's extensive involvement in agriculture in the region (see also the section on the labour market, below), it is crucial to ensure their access to land, information and services.** However, these are not a panacea against all the risks that smallholders face, which are conditioned by labour constraints, poverty and shocks (Niehof 2016). Rao et al. (2019), in a systematic review of the impact of women's work in agriculture on maternal and child nutrition in South Asia, indeed find that the positive effects of women's empowerment are often muted by their heavy work burdens and deficits in their own health and nutrition. Taking into account all the vulnerabilities highlighted in this section and the long-term negative outcomes of nutritional deprivations, interventions that are gender- and nutrition-sensitive in a broad range of sectors, including social policy and social protection, are highlighted as urgent policy measures (Harding, Aguayo, and Webb 2018; Aguayo and Paintal 2017).

## Health

**Gender inequality across the life cycle affects girls' and women's health in South Asia.** Sex-selective abortion, neglect of girls' health, reproductive mortality and poor access to health care have been connected to a historically unbalanced sex ratio (Fikree and Pasha 2004; Banu 2016). Besides gender, regional, poverty-related and rural–urban disparities in health, negative outcomes are also concentrated among illiterate people, Dalits and ethnic minorities (Thresia 2018). While maternal mortality rates decreased in all countries in the region between 1990 and 2015, only the Maldives and Sri Lanka had already achieved target 3.1 under Sustainable Development Goal 3 of lowering the rate to less than 70 deaths per 100,000 live births by 2015, as can be seen in Table 2.

**Table 2. Maternal Mortality Ratio (number of maternal deaths per 100,000 live births), 1990–2015**

Country	1990	1995	2000	2005	2010	2015
Afghanistan	1340	1270	1100	821	584	396
Bangladesh	569	479	399	319	242	176
Bhutan	945	636	423	308	204	148
India	556	471	374	280	215	174
Maldives	677	340	163	101	87	68
Nepal	901	660	548	444	349	258
Pakistan	431	363	306	249	211	178
Sri Lanka	75	70	57	43	35	30
World average	385	369	341	288	246	216

Source: WHO et al. (2015).

**A focus on mortality rates can also overshadow the maternal morbidity dimension which is crucial to human development** and often related to unattended births, as argued by Banu (2016). The high prevalence of anaemia among pregnant women in the region, as can be seen in Table 3, is a case in point. Furthermore, treatment-seeking is reported to be influenced by women's lack of decision-making power within the household, as spousal or familial opposition to institutional delivery are, along with economic circumstances, cited as reasons for home delivery (Fikree and Pasha 2004).

**Table 3. Prevalence of anaemia among pregnant women (in %), 2010–2016**

Country	2010	2011	2012	2013	2014	2015	2016
Afghanistan	37.3	37.3	37.3	37.4	37.5	37.8	38.2
Bangladesh	47.9	47.5	47	46.6	46.1	45.8	45.7
Bhutan	38.2	37.2	36.2	35.2	34.2	33.4	32.8
India	51.4	51.1	50.9	50.6	50.4	50.2	50.1
Maldives	46.7	46.5	46.4	46.5	46.5	46.7	46.9
Nepal	44.4	43.5	42.6	41.8	41	40.4	40
Pakistan	49.2	49.6	49.9	50.2	50.5	50.8	51.3
Sri Lanka	32.1	32.3	32.7	33.2	33.7	34.5	35.4
World average	39.4	39.3	39.4	39.5	39.6	39.8	40.1

Source: (WHO 2019).

**Finally, as more women reach more advanced ages, inequality and poverty among elderly people are also expected to present significant challenges.** Elderly women in the region are typically illiterate, unemployed, widowed and dependent on others, whereas men mostly rely on the support of wives. Younger women, in turn, are typically the ones in charge of care work for elderly relatives and people with disabilities. Therefore, a higher female life expectancy is often not necessarily a healthy one (Banu 2016).

## Education

**Gender disparities in education remain another prevalent issue in South Asia that is inherently linked to pervasive socio-cultural gender biases in the region.** As put by Banu (2016, 22), “[s]tereotypical gender roles, the gender division of labour, and gender separations between public and private spheres have encouraged a notion in South Asia that women are dependent on their father, husband or son”. Sons are seen as the future breadwinner who will support their elderly parents in the future, while girls are expected to fulfil domestic duties and conduct

reproductive work, which are assumed to require fewer skills. Another factor for gender bias in education is related to the role of women and girls as low-skilled agricultural workers. Lastly, higher education, beyond the primary level, is perceived by some households as a threat to traditional male authority. As a result, boys are often prioritised when a decision has to be made about which children to send to school (Banu 2016).

These inequalities are also reflected in key indicators in the region. While there has been overall progress in terms of primary and secondary net school enrolment rates (from 75.8 per cent and 39.3 per cent in 2000 up to up to 89.5 per cent and 59.8 per cent in 2017, respectively) (World Bank 2019f), South Asia still lags behind most other regions, except sub-Saharan Africa (see Table 4).

**Table 4. Net primary and secondary school enrolment rates (in %), latest available year**

Country/region	Primary school enrolment		Secondary school enrolment	
	Male	Female	Male	Female
Afghanistan	-	-	62.1	36.1
Bangladesh	88.1	93.0	56.8	66.5
Bhutan	79.6	80.1	60.7	70.9
East Asia and the Pacific	96.4	95.3	77.9	81.4
India	91.7	92.9	61.4	62.2
Latin America and the Caribbean	92.7	93.5	75.2	78.8
Maldives	99.5	99.5		
Middle East and North Africa	94.3	91.9	72.2	68.5
Nepal	96.1	93.3	53.4	57.3
Pakistan	81.9	70.6	49.4	40.1
South Asia	90.2	88.9	60.0	59.5
Sub-Saharan Africa	79.8	75.3	36.3	32.6
Sri Lanka	98.0	96.3	87.6	90.4

Note: All data from 2017, except Sri Lanka (primary enrolment data from 2014) and India (primary and secondary enrolment data from 2013).

Source: World Bank (2019f).

**Moreover, although the gender enrolment gap has been closing over the years, in some countries girls are still disadvantaged when compared to their male counterparts.** While Bhutan, Bangladesh and India have achieved similar or even higher primary and secondary enrolment rates for girls, the opposite can be observed in Afghanistan and Pakistan. In Afghanistan, the gap in secondary enrolment for girls is particularly high: only slightly more than a third of all girls of secondary school age are enrolled, compared to just under two thirds of boys (see Table 4).

**Furthermore, South Asia has the second highest number of out-of-school children of primary school age (10 million in 2016), ranking only behind sub-Saharan Africa (34 million in 2016).** At lower secondary school age, about 18.2 million children are out of school (UNESCO 2018). Children in the poorest quintile are most likely to be out of school, with many of them are engaged in child labour (see the section on child labour later in this chapter). In Pakistan, it is estimated that 88 per cent of out-of-school children aged 7–14 years are engaged in child labour (UNESCO UIS and UNICEF 2015).

While girls are more likely to be out of primary school than boys (5.6 vs. 4.7 million), the scenario is reversed at lower secondary school age, with 10.2 million boys out of school, compared to 8.0 million girls (UNESCO 2018). Countries such as Bangladesh, Maldives and Nepal are witnessing a trend of more out-of-school boys than girls (UNICEF South Asia 2018). The situation for girls is particularly worrisome in Afghanistan, where it is estimated that almost 70 per cent of primary-school-age girls in the poorest quintile are out of school, meaning that about 50 per cent more girls than boys are out of school in this age range (UNICEF South Asia 2015). The biggest factor keeping girls out of school is gender discrimination coupled with caste, class, religious and ethnic divisions that pervade the region. Several case studies conducted in the region have shown that households often spend more on boys' education than that of girls (see Banu 2016). Being out of school also significantly increases the risk of early marriage (see also the section on child marriage, below) (UNICEF South Asia n.d.).

As a result of these inequalities, a higher proportion of men than women are literate in South Asia (79.4 per cent of males vs. 62.2 per cent of women) (World Bank 2019f), and only 39.8 per cent of adult women have reached at least a secondary level of education, compared to 60.6 per cent of their male counterparts (UNDP 2018).<sup>5</sup>

## Labour market

**Despite women's educational gains and the economic growth experienced in the region over the past years, women in the region are still lagging far behind men when it comes to equal opportunities in the labour market.** Women's labour force participation in South Asia remains one of the lowest in the world (only the Middle East and North Africa region presents lower figures, as seen in Table 5). Moreover, the gap between men and women is one of the highest in the world. Women's low labour force participation rates are the consequence of a general lack of opportunities and social norms which lead to gender discrimination and women's unequally high burden of unpaid care work. Over the last two decades, the region has even seen a decline in female labour force participation rates, dropping almost 3 percentage points since 2000 (World Bank 2019f). This decline is partially related to the lower participation rates in India due to younger women staying in education (UN Women 2015b).

**Table 5. Labour force participation and unemployment rates, 2018 (modelled ILO estimates)**

Region	Labour force participation rate [% of population aged 15+]		Unemployment rate [% of labour force]	
	Female	Male	Female	Male
East Asia and Pacific	58.9	76.3	3.4	4.2
Latin America and Caribbean	51.7	77.1	9.6	7
Middle East and North Africa	20.3	73.5	17.7	7.8
South Asia	26.3	79.2	4.0	2.4
Sub-Saharan Africa	61.4	72.9	6.5	5.7

Source: World Bank (2019f).

**A gender gap can also be observed in terms of unemployment rates.** Yet, compared to other regions, female unemployment rates are quite low in South Asia (see Table 5). This relatively low unemployment rate is likely due to the continuing demand for low-wage female labour in the manufacturing sector and to the fact that most women cannot afford to be unemployed and have to find work in the informal economy (ILO and ADB 2011).

**Many women in South Asia are trapped in low-paid and vulnerable work,** showing that women still encounter more barriers to the transition from school to work. About 64 per cent of women are informally self-employed, and 31 per cent work in informal wage employment, compared to 54 per cent and 36 per cent of men, respectively (UN Women 2015b). While in absolute terms there are more men than women in informal employment, women are often concentrated in

the most vulnerable segments of informal employment, receiving low, irregular or no cash returns, and are subject to a high level of job insecurity (ILO and ADB 2011). There are several reasons for the high proportion of women in informal employment in the region. One of them relates to the growth of export-oriented industries and a general trend of subcontracting that has moved formal jobs out of the factories into small, unregistered industrial workshops (sweatshops) or workers' homes. Women are often overrepresented in these industries (ILO and ADB 2011).

**Despite migration flows from rural to urban areas and the fact that agriculture has been overtaken by other sectors in terms of share of gross domestic product (GDP), it remains the most important source of work in South Asia, employing 71 per cent of women and 47 per cent of men (UN Women 2015b).** In recent years a so-called 'feminisation' of agricultural workers has been observed in the region, in which women often combine seasonal waged employment on farms with cultivating family land for subsistence (de Schutter 2013). Much of the agricultural work depends on women's low or unpaid work. For example, the livestock and dairy subsector relies overwhelmingly on women's and children's unpaid work (Gazdar 2018). Usually women are in charge of food production, while men manage commercial crops. Moreover, working conditions are often harsher than those of men, and, despite its hazardous nature, agriculture is often the least well-covered sector when it comes to national occupational safety and health regulations (ILO and ADB 2011). Given these often precarious working conditions, scholars such as Rao et al. (2019) and Gazdar (2018) argue that women's dominant participation in the agricultural sector cannot be interpreted as economic empowerment, even if it makes a significant contribution to the overall economy.

**In addition to agricultural work, domestic work has been an important source of informal employment.**

A lack of employment in rural areas has led to increased migration into cities. However, the lack of formal employment in cities has pushed many women into informal occupations, such as domestic work. Domestic work is often low-paid, highly feminised and poorly regulated, and it carries the risk of maltreatment and abuse. The fact that it replaces the otherwise unpaid work performed by women partially explains its undervaluation, in both monetary and non-monetary terms (ILO and ADB 2011).

**One of the factors keeping women from entering the labour market is their disproportionate burden of unpaid work,** which includes tasks such as child care, cooking, cleaning, and collecting water and firewood. Unpaid care and domestic work is seen as female and familial work, which is the result of an "interplay of gender norms; poverty conditions; and state, market and community support" (Zaidi and Chigateri 2017, 3). As argued by Chopra (2018, 9), "this gendered division of labour has profound implications for the lives that women lead, their options and their status in society. It comprises their ability to access education and decent work, and leaves women and girls physically and emotionally depleted." Women in South Asia perform the bulk of unpaid care and domestic work. As shown in Table 6, this inequality is most pronounced in Pakistan, where women do 10 times more unpaid work than their male counterparts. Table 6 also shows that even when adding paid and unpaid work together, women spend more hours working than men. This not only depletes their bodies and minds but also increases their time poverty.

The International Labour Organization (ILO 2016) further warns that due to ageing societies, Asia and the Pacific is the region with the largest shortage of long-term care workers, with demand expected to grow. Yet, given the absence of universal care services and the fact that elder care is mostly carried out by women, the growing demand for care work will continue to be borne by women, limiting their possibilities of entering decent work.

**The high number of women conducting unpaid and informal work is one of the main reasons for the low coverage rates of contributory schemes among women.** Schemes such as health insurance, maternity benefits and old-age pensions are often out of their reach, given the informal nature of their work. Moreover, even when women work in the formal sector, they often do not meet the minimum requirements (e.g. contribution time) needed to receive benefits. For example, figures from the UN Women 'Progress of the World's Women 2015-16' report show that in Bhutan 12.1 per cent of men aged 15–64 actively contributed to a pension scheme, compared to only 6.1 per cent of women in the same age range. In Nepal the proportion of men contributing is four times higher than that of women (4.1 per cent vs. 1.0 per cent) (UN Women 2015a).

**Table 6.** Time use in selected countries in South Asia (minutes per day)

Country	Unpaid care and domestic work		Paid work		Total work	
	Female	Male	Female	Male	Female	Male
Bangladesh	216	84	312	414	528	498
India	352	52	149	318	501	370
Pakistan	287	28	78	321	365	349

Source: UN Women (2015a).

**Another key issue faced in South Asia is the high number of children engaged in child labour.** It is estimated that about 16.7 million children (aged 5–17 years old) are engaged in child labour in South Asia, of which the majority (four fifths) are concentrated in the 11–17 years age range. The three most populous countries in the region—India, Pakistan and Bangladesh—account for 94 per cent of all South Asian children (Lyon and Khan 2015). Children in Nepal are most likely to be engaged in child labour, affecting more than a third of all those aged 7–17 years (see Table 7). While the figures for girls and boys do not vary significantly, girls constitute a majority of children engaged in some of the most dangerous work, including domestic work, forced and bonded labour and commercial sexual exploitation (ibid.).

**Table 7.** Children 5-17 years old involved in child labour (in%), various years

Country	Total	Male	Female	Survey/year
Afghanistan	29	34	24	Living Conditions Survey 2013-2014
Bangladesh	4	5	4	Child Labour Survey 2013
Bhutan	3	3	3	MICS 2010 reanalysed
India	12	12	12	NFHS 2005-2006
Maldives	-	-	-	
Nepal	37	37	38	MICS 2014
Pakistan	-	-	-	
Sri Lanka	1	1	1	Child Activity Survey 2016 (preliminary)

Note: Given the differences in survey methodologies and reference years, any comparisons across the region should be made with caution.

Source: UNICEF (2017).

## Violence

**The structural violence experienced by women, men, girls and boys in South Asia is the result of intersecting inequalities based on gender, age, social class, caste and ethnicity.** While violence does not only affect women and girls, they are subject to specific forms of violence, including sex-selective abortion, physical and sexual abuse, domestic violence, acid attacks, honour killings, sex trafficking and enslavement, child marriage and custodial violence (UNICEF 2018b).

As stated in a study on structural violence against children in South Asia, “norms around an ‘ideal’ girl or boy, maintaining family honour, kinship rules, socialization of discriminatory norms, devaluing of girls and women and acceptability of violence all play a role in creating conditions that increase the chances of children facing interpersonal violence” (UNICEF 2018b, 2). As a result, the prevalence and acceptance of gender-based violence still remain high across the region: more than half of all women in Bangladesh have experienced physical and/or sexual violence from an intimate partner at some time in their life. In addition, up to 80 per cent of all women in Afghanistan agree that a husband is justified in beating his wife under certain circumstances (see Table 8). Cultural norms often prevent victims of gender-based violence from seeking help, which is often due to women’s fear of bringing shame on their families (UNICEF 2018b).



**Table 8. Attitude and prevalence of violence (in %), various years**

Country	Attitudes towards violence	Prevalence of violence in the lifetime
Afghanistan	0.80	-
Bangladesh	0.28	0.53
Bhutan	0.68	-
India	0.22	0.37
Nepal	0.43	0.28
Pakistan	0.42	0.39
Sri Lanka	0.53	-

Source: OECD (2019).

**Human trafficking of girls and women is another area where poverty and gender norms intersect.** The ‘Global Report on Trafficking in Persons 2018’ (UNODC 2018) finds that about 27 per cent of all detected victims in South Asia are girls, compared to 4 per cent boys (based on information on 1,099 trafficking victims in four countries). In comparison, adult men and women represent 37 per cent and 32 per cent, respectively. Most victims in South Asia are trafficked within their own countries, but a significant share is also trafficked to Gulf Cooperation Council countries. About half of trafficking victims are trafficked for sexual exploitation (UNODC 2018). The demand for ‘cheap’ sex makes women and girls from poor backgrounds extremely vulnerable. As Cheema (2014) highlights, the ‘culture of demand for trafficking’ is based, among others, on women’s subordinate position in patriarchal societies, as well as the commodification of women’s bodies. The ownership of women’s bodies is seen as key for men’s honour (UNICEF 2018b)

**Women’s risk of experiencing violence is heightened in situations of crisis.** This is particularly relevant in South Asia, as the region is prone to a variety of disasters and crises, such as flooding, droughts, earthquakes, civil conflicts and refugee flows. While Afghanistan is suffering from continued conflicts, Pakistan has experienced clashes between armed groups and government forces. Nepal and Sri Lanka, on the other hand, have been suffering from severe natural catastrophes. In these situations, women and girls are particularly vulnerable to sexual violence, exploitation and early marriage. The likelihood of violence can increase in conflict settings (UNICEF South Asia 2018). Yet gender-based violence not only affects girls and women. Within the context of the Rohingya crisis, which forced more than 700,000 Rohingya to flee from Myanmar to Bangladesh, a recent study by the Women’s Refugee Commission (2018) shows that Rohingya men and boys are also targets of conflict-related sexual violence in Myanmar. However, few male survivors have come forward, and services for them are often very limited.

## Child marriage

**Child marriage is a practice that hampers girls’ decision-making over their own sexual health and welfare; it is linked to early pregnancy, school drop-out, increased risk of domestic violence, ill health and mortality.**

In the household context, this may lead to less power over decisions linked to food and other resources, which, combined with adolescents’ precarious nutritional and educational status, makes their children more vulnerable to malnutrition, morbidity and mortality (Banu 2016). Most countries have established a minimum age of marriage above 18 years (such as in Bangladesh, Bhutan India, Maldives, Nepal and Sri Lanka); however, in all of these countries, except Bhutan, legal exceptions exist regarding consent and/or some groups of women. Afghanistan’s and Pakistan’s laws, in turn, still allow child marriage for women but not for men (OECD 2019). Table 9 provides the latest data on the prevalence of child marriage across South Asian countries.



**Table 9. Prevalence of child marriage by country (in %), various years**

Country	Married by 15	Married by 18	Source
Afghanistan	9	35	DHS 2015
Bangladesh	22	59	DHS 2014
Bhutan	6	26	MICS 2010
India	7	27	NFHS 2015-2016
Maldives	0	4	DHS 2009
Nepal	7	40	DHS 2016
Pakistan	3	21	DHS 2012-2013
Sri Lanka	2	12	DHS 2006-2007

Source: UNICEF (2018a).

A recent study by UNICEF and UNFPA (2018) looking at Bangladesh, Nepal and Pakistan points to the drivers of this phenomenon. At the micro level, on the one hand, living in rural areas and households with sons and daughters living away due to marriage or migration are associated with a higher risk of child marriage. On the other hand, higher income, higher educational levels, more working members and having female household heads or presenting other indicators of women's empowerment (decision-making on resources and attitudes regarding domestic violence) were all related to lower risks of early marriage. At the macro level, increased economic activity was found to lower the risk of child marriage where it is already less prevalent, as in the case of Pakistan when compared to Bangladesh and Nepal (UNICEF and UNFPA 2018).

## Gender vulnerability assessments in social protection

**Programmatic choices affect the outcomes of social protection.** For instance, the literature points out the importance of the regularity and predictability of payments, to smooth consumption and facilitate long-term planning and investment. Bastagli and colleagues (2016) find that a longer duration of benefit delivery is more likely to improve health indicators, increase expenditure on food and lower the probability of early marriage and pregnancy. Larger transfers also enable economic investments and help avoid negative coping mechanisms in case of economic shocks, which tend to particularly affect girls and women (FAO 2018b). Benefit levels should be periodically readjusted to account for inflation, as price fluctuations might have direct consequences for women's and children's food intake in the region (Banu 2016). To decide on these and other design and implementation options, every social protection policy and programme should be informed by a contextualised vulnerability assessment to understand how men and women are affected differently by vulnerability and poverty (Holmes and Jones 2010; FAO 2018b).

**As shown above, women and girls in South Asia face multiple vulnerabilities. For a social protection programme to be gender-sensitive, it needs to take these into account.** Therefore, these assessments are important to understand the local gender relations and norms and to anticipate possible unintended negative impacts of a programme. They are also key to evaluate whether a proposed programme is appropriate in a given context, considering the capacity of local institutional structures and beneficiaries' preferences (Esser, Bilo, and Tebaldi 2019). The latter means considering, for example, preferences in terms of benefit type (cash or in-kind) and delivery mechanism. In some contexts, women might prefer in-kind transfers, since they can exercise more control over food than over cash (Gentilini 2016). Moreover, it is useful to understand how money is managed and used within households and how households are composed (who is considered head of household, who are household members), to determine benefit receipt procedures (Esser, Bilo, and Tebaldi 2019). The following paragraphs present some examples of gender vulnerability assessments conducted for the programmes included in this study.

World Bank-supported projects typically conduct an environmental and social assessment that reports on gender issues (World Bank 2017b). For example, the Public Food Distribution System (PFDS) in Bangladesh is an umbrella programme covering the country's main food transfer and food-for-work programmes. The Ministry of Food commissioned an environmental and social impact assessment prior to the construction of new food storage facilities, as part of the World Bank-supported Modern Food Storage Facilities Project.<sup>6</sup> One of the objectives of the assessment was to “identify and mitigate adverse impacts that the selected sites might cause on people (men and women), including protection against loss of livelihood activities, with culturally, socially and economically appropriate measure” (Directorate General of Food 2013, 48). It was found that in addition to the construction activities, the presence of a large workforce, the establishment of construction camps and project-related traffic could potentially imply privacy issues for women. As mitigation measures, the assessment recommended liaising with the affected communities throughout the construction phase and establishing grievance redress mechanisms at each construction site.

Moreover, the Safety Net Systems for the Poorest Project aims to improve the equity, efficiency and transparency of Bangladesh's major safety net programmes, including the Employment Generation Program for the Poorest (EGPP), Test Relief (TR), Vulnerable Group Feeding (VGF) and Gratuitous Relief (GR) (the latter three being part of the PFDS). For this project, the World Bank applied a social management framework, which included a tribal people's development framework, a gender assessment framework and a framework to assess inclusion, transparency and accountability issues. It was conducted in consultation with the communities concerned and local non-governmental organisations (NGOs) (World Bank 2013).

For the National Social Protection Program<sup>7</sup> in Pakistan, the World Bank's Environmental and Social Systems Assessment (ESSA) identified a number of obstacles that women faced to access payments from the Benazir Income Support Programme (BISP), including lack of financial knowledge and restricted mobility. The report thus recommended that such issues be addressed when finalising new payment methods. Moreover, consultations pointed to cases where men kept money withdrawn on behalf of women. In response, biometric verification for payment withdrawal was suggested (World Bank 2017a). Under the social impacts mitigation strategies proposed for another project in the country, the Federally Administered Tribal Areas (FATA) Temporarily Displaced Persons Emergency Recovery Project<sup>8</sup> (see Table 10), a number of recommendations were proposed to address women's limited mobility and the local norms around privacy (NADRA and Department of Health, FATA 2015).

The programme guidelines for the Afghanistan Social Protection Program (ASPP) (MOLSAMD 2012) also refer to the National Risk and Vulnerability Assessment 2007-2008, which incorporated gender-specific indicators in its overall analysis as well as a chapter on the “position of women” in decision-making and in Afghan society in general (ICON Institute GmbH 2009). This risk assessment reported on issues such as household decision-making in a vast array of domains (from spending decisions to reproductive ones), as well as gender disparities in decision-making at the community level and in the areas of health, education and the labour market. However, it was not possible to identify from the programme documents the specific ways in which this assessment informed programme design. Furthermore, in 2013, the World Bank engaged the consultancy Samuel Hall for a gender assessment of the pilot study of the future ASPP. The objectives of the study were to identify the key practical and socio-cultural constraints limiting women's access to social safety net programmes, study women's status in the household and their decision-making power, and understand the various implications for women or men directly receiving cash transfers through a social safety net programme. To this end, focus group discussions were conducted not only with women but also with men and local leaders to understand the potential reactions of women as direct beneficiaries of a cash transfer. The authors recommended that community support should be sought when targeting married women, particularly in traditionalist areas. Given the severe security concerns in some areas, they also recommended the use of trusted money distribution systems (Samuel Hall 2015).

**Table 10. Gendered risks in access to services and mitigation strategies proposed within the FATA Temporarily Displaced Persons Emergency Recovery Project**

Risks identified	Mitigation strategies
<p>Access to One-Stop Shops: The terrain of the area, the restricted or limited mobility of women and the absence of a reliable transportation system in the region can adversely impact the accessibility to One-Stop Shops. Further, the security situation also creates challenges related to travel.</p>	<p>This impact can be minimised by identifying appropriate locations for One-Stop Shops so that a maximum number of people can access the facility. One-Stop Shops will be selected on supply and demand criteria, which will be based on easy access for most people.</p> <p>In addition, a travel grant will be provided to meet travel costs. Awareness campaigns will be carried out to motivate people to travel, and an on-the-spot cash disbursement will be offered to further encourage the communities to participate.</p>
<p>Availability of competent female staff: Due to the physically harsh terrain of the project area and conservative social norms which discourage females from working, competent female staff are either reluctant or unavailable to work in the area. The absence of competent staff can adversely impact the effectiveness of child health service activities.</p>	<p>Competent female health workers should be engaged at higher costs and with special incentives to encourage them to work in the project area. In addition, training may be imparted to locals to develop their skills in undertaking health service provision activities.</p>
<p>Privacy and gender issues: Privacy is a core value in the tribal norm. It is challenging for local women to interact with any outsider male during implementation of the proposed activities. In addition, the lack of separate waiting areas and washroom facilities may also discourage females from accessing health facilities.</p>	<p>The project will ensure that, as far as possible under the circumstances, qualified female staff are present at the health facility to interact with females accompanying children for health check-ups. In addition, separate waiting areas and washroom facilities will be designated for women.</p>

Source: NADRA and Department of Health, FATA (2015, 15–16).

India’s Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) has also been assessed for its gender-sensitivity throughout its implementation. Notably, a study by Holmes, Sadana, and Rath (2011) found that though the programme already included significant gender-sensitive features, there was still a lot of room for improvement. The authors recommended, among other points: paying greater attention to life cycle vulnerability, particularly to pregnant and nursing women, by providing options of less physically intense work; recognising unequal intra-household conditions by providing flexible working hours and transferring the money to women’s accounts; and creating community assets that reduce women’s time poverty, such as improving fuel-wood and water collection sources.

### 3. ASSESSMENT OF PROGRAMMES’ DESIGN FEATURES

By contributing to people’s economic and social empowerment, non-contributory social protection policies can help address gender-based vulnerabilities and risks. Nonetheless, social protection policies by themselves are unlikely to change the persistent discriminatory social norms in South Asia, which are at the core of most of the vulnerabilities outlined in Chapter 2. Significant investments in the public provision of services such as health, education and infrastructure, as well as access to decent employment opportunities and social insurance systems, are also needed for comprehensive change.

Nevertheless, social protection programmes can have a role to play in addressing gender inequality, and, to increase the likelihood of positive equity effects, programmes should seek to address gender-based risks throughout the entire programme cycle, including design, implementation and evaluation. Though the programme assessment contained in this study focuses mainly on the first stage of the policy cycle (design), it is important to stress that effective programme implementation is key to achieving programme objectives.<sup>9</sup>

This chapter presents an assessment of the design of non-contributory social protection programmes in South Asia (see Annex I for the complete programme list and Annex II for the assessment matrix, which presents a schematic overview of all the criteria analysed for each programme). The selected criteria are based on a review of a number of toolkits, reviews and reports on the topic, produced by United Nations agencies and other international organisations and research centres.<sup>10</sup> An overall assessment of programme design is followed by specific analysis of cash transfers, public works and school feeding programmes.

## Overall assessment of programme design

This subsection introduces the general assessment which has been conducted for all programme types, and the next subsection delves into the specific features found in cash transfers, public works and school feeding programmes. The following questions were addressed for each individual programme:

- Are gender equality issues or awareness of gender-based vulnerabilities reflected in the programme's objectives? If yes, which ones?
- Are gender- and age-specific vulnerabilities taken into account in the targeting process?
- Have specific outreach and/or communication activities been conducted to reach particularly vulnerable groups and inform citizens about the programme?
- Which delivery mechanisms are used?
- Are complementary services (related to health, education or nutrition) or training offered?
- Does the programme collect gender-disaggregated data (e.g. number of male and female beneficiaries)?
- Does the programme evaluate gender-related outcomes?
- Does the programme rely on community monitoring or social audits?
- Is a grievance redress mechanism available?

## Gender in programme objectives

**Programme objectives should ideally seek to respond to the gender-specific vulnerabilities identified in a vulnerability assessment** (Holmes and Jones 2010). Clearly stated objectives also allow progress on gender equality and women's empowerment to be measured when monitoring and evaluating the programme (FAO 2018b). It is important to note that for this assessment we considered any mention contained in a programme-related document or official website. Twenty-three (of 50) programmes were found to seek to address gender-based vulnerabilities. These can be understood as relating to practical gender needs, such as maternity health risks or the income risks that particular groups of women face (such as widows); however, some programmes can also address

strategic gender needs if they promote gender equality in education or in the labour market. The most common vulnerabilities or structural inequalities that programmes recognised in their objectives were:

- barriers to education (six programmes), including early marriage (one programme);
- maternity-related health and/or income risks (six programmes);
- widowhood or the vulnerabilities of single women and single parents (five programmes); and
- barriers to the labour market (four programmes).

Other factors considered in programme objectives included the vulnerabilities experienced by orphan girls and elderly single women. Barriers to education were mostly addressed by scholarships and school feeding programmes, while widowhood and maternity-related risks were mostly addressed by cash transfer programmes. An example of the latter includes Bangladesh's Maternity Allowance for Poor Lactating Mothers, which aims at improving maternal health outcomes by reducing maternal mortality, increasing the rate of lactation, enhancing mothers' nutritional uptake, increasing the use of maternity-related services and ensuring safe motherhood and a sound upbringing for infants (Jetha 2014). Barriers to accessing the labour market were commonly addressed by cash-for-work programmes, such as India's MGNREGA and Bangladesh's EGPP, which both establish quotas for women and aim to increase women's skills.

More strategic gender needs that relate to women's subordinate position were less commonly addressed. Pakistan's BISP provides an exception here by including women's empowerment, access to finance, voice and agency as specific issues raised in the programme's objectives (BISP n.d.; World Bank 2017c). Moreover, the Higher Secondary Stipend Programme (HSSP) in Bangladesh pays particular attention to closing gender gaps in education by providing stipends to 40 per cent of all female students and 10 per cent of all male students in the targeted schools. In addition to enabling children, and specifically girls, from poor families to study in secondary education, the programme also aims to encourage them to study in science by providing higher rates for science students, which can indirectly also contribute to higher numbers of girls in science. Other objectives of the programme are to encourage female participation in socio-economic activities, which is expected to accelerate women's overall empowerment, to reduce population growth by ensuring that stipend students do not get married, and to reduce disparities between men and women in society (Bangladesh Bureau of Statistics and UNICEF Bangladesh 2017). The Husband-Deserted, Widowed and Destitute Women Allowance (HWDWA) in Bangladesh provides another interesting example, as it also aims to improve women's mental health and dignity (Ministry of Social Welfare 2019). As such, it is one of the few programmes that also aims to improve beneficiaries' mental well-being.

However, it is important to note that even for programmes that stated some objective or priority related to gender, there was scant evidence regarding monitoring and evaluation of gender outcomes. More details are presented in the monitoring, evaluation and social accountability section in this chapter. Chapter 4 also presents results from experimental and quasi-experimental studies with gender-disaggregated data or specifically analysing gender outcomes.

## Targeting, enrolment and registration

### **The targeting mechanism can play a key role in making programmes more (or less) gender-sensitive.**

Many programmes, such as cash transfers, simply target households, and the main benefit recipient is the household head, which in most cases is the man (FAO 2018b). However, gender vulnerabilities can be taken into account by various targeting methods. For example, explicit categorical targeting can be used to reach particularly vulnerable groups by targeting young girls at risk of child marriage, or out-of-school children. Geographic targeting can prioritise regions presenting the worst results in terms of equality indicators. Proxy means test (PMT)<sup>11</sup> targeting can allocate a higher score to female-headed households.

Yet, even if programmes target women or have a particular focus on them, it does not mean that they will necessarily ultimately benefit, as social-cultural factors, including intra-household decision-making power and resource allocation, need to be taken into account. Likewise, it is important to note that programmes do not necessarily have to target women to be gender-sensitive. In any case, the different targeting measures should be carefully weighted to mitigate potential negative consequences. In the study at hand, programmes were analysed based on the extent to which gender was considered in terms of eligibility and in priority considerations for enrolment.<sup>12</sup> The existence of provisions for outreach and communications activities in programme design was also investigated, as they can prevent exclusion errors, particularly of the most vulnerable groups.

Among the programmes reviewed, those that either targeted or prioritised women in general (including female-headed households) or pregnant women/mothers or widows and single women specifically were found in most countries. Table 11 shows which groups were eligible for (E) or prioritised in (P) beneficiary selection processes.

**Table 11. Eligibility for (E) or priority in (P) beneficiary selection processes by country**

Country	CHI	ORP	ELD	ETHN	PwD	WOM	PREG/MOTH	WID/SIN	WAG
Afghanistan	E	P			E, P	P			E
Bangladesh	E, P	P	E, P		E, P	E, P	E, P	E, P	E
Bhutan	E								
India	E		E	E, P	E, P	P	E	E, P	E
Maldives	E		E		E			E	
Nepal	E		E	E, P	E, P	E, P	E, P	E	E
Pakistan	E	E			E	E		E	
Sri Lanka	E	E	E		E		E	E	

Note: CHI = children; ORP = orphans; ELD = elderly people; ETHN = ethnic groups; PwD = people with disabilities; WOM = women; PREG/MOTH = pregnant women or mothers; WID/SIN = widows/single women; WAG = working-age group.

Source: Authors' elaboration.

**A total of 13 programmes were found that target women directly** (including widows or pregnant women). Seven were found to prioritise them in the selection process. The latter is the case of Bangladesh's Allowance for Financially Insolvent Persons with Disabilities, which prioritises women among other vulnerable groups, such as children or those with multiple disabilities (World Bank 2019a). Public works programmes can prioritise women by establishing quotas; this is the case in Bangladesh and India, as also further discussed below (see section on programme-specific considerations).

**Widows and single women as well as pregnant or lactating women are often targeted or prioritised by cash transfer programmes in the region.** Examples include Bangladesh's HWDWA and Nepal's Single Women's Allowance, which targets widows of all ages and single women aged 60 or older. Sri Lanka's Public Welfare Assistance Allowance (PAMA), an unconditional cash transfer programme for low-income households, targets poor households with widows or women living separately from their husbands, among other vulnerable groups (UNESCAP 2015). Among the priority groups of the Old-Age Allowance Programme in Bangladesh are elderly men and women who are either widowed or live alone (DSS 2019). It can be observed that, with the exception of scholarship programmes, there are few programmes that target adolescent girls. This represents a critical gap, given the particular vulnerabilities that this group faces in the region.

Moreover, it is important to consider the interconnected nature of ethnic and gender disadvantages that people experience. In this sense, though there are certain targeted programmes to promote the **inclusion of specific ethnic groups**, it should be carefully analysed whether they may reinforce stigmatisation and exclusion. This was the case for Nepal's scholarships, for example, which, at the local level, were reported to be diluted beyond the target group to avoid

any tensions within communities (IDS 2016). Nevertheless, including these groups in larger programmes that target poor households in general might also present some challenges, as was reported in the case of Pakistan's BISP: the country's PMT targeting system is reportedly unable to capture indigenous populations' particular experience of poverty, because of their peculiar poverty profile and household definition; moreover, the BISP's enrolment procedures do not address the needs of mobile populations in the country (World Bank 2017c). Discrimination has also been reported in India's Mid Day Meal programme through segregation on the basis of caste during meal times and in the opposition to appointing Dalits, who are also typically women, as cooks (Kadari and Roy 2016).

**Also noteworthy are programmes which grant eligibility or priority to transgender people<sup>13</sup> and other vulnerable groups.** India's National Social Assistance Programme (NSAP) guidelines state that "[i]t is the responsibility of the implementing authorities to adhere to a policy of prioritising in favour of those applicants whose socio-economic and health condition is vulnerable. Thus, persons who are suffering from long-term/terminal ailments like leprosy, TB, AIDS, Cancer and such like ailments deserve special attention. Similarly, transgender, manual scavengers, bonded labourers, women victims of crime and harassment, deserted women also deserve to be addressed on priority" (MRD 2014, 8). Moreover, a complementary project under MGNREGA 'Project Livelihoods in Full Employment under MGNREGA' which aims to "proactively prioritise willing youth from households largely dependent on Mahatma Gandhi NREGA for livelihood, to be supported through skilling programmes" (MRD 2018, 80), also foresees the inclusion of transgender young people, among other groups. In Pakistan, in turn, the BISP has been criticised for not ensuring the inclusion of transgender people among other vulnerable groups (World Bank 2017a). However, it is important to note that the inclusion (and exclusion) of transgender people in relation to social protection systems is still not a commonly explored subject in the literature.

Beyond explicit categorical targeting, gender-based vulnerabilities can also be considered by other targeting methods. For instance, two examples were found that incorporate gender-based vulnerabilities into geographic targeting mechanisms: India's *Janani Suraksha Yojana* (JSY) maternity programme prioritises "low-performing states" in terms of institutional delivery rates (Department of Health and Family Welfare 2017), and Nepal's National School Meals Programme, supported by the World Food Programme (WFP), selected schools by considering gender and social gaps in enrolment as well as poor retention rates of girls (Brennan 2017).

**Furthermore, specific outreach and communications activities can be implemented to ensure that the most vulnerable groups are included in programmes.** India's MGNREGA promotes special communications strategies targeting "women, small and marginal farmers, BPL [Below Poverty Line] families, scheduled tribes, scheduled castes and other extremely disadvantaged groups" (MRD 2013, 46) and the involvement of civil society organisation in raising awareness about people's rights and entitlements. MGNREGA and NSAP also promote 'proactive' identification of beneficiaries as a method of ensuring the inclusion of the most vulnerable. In particular, the programme manual establishes that states and union territories may proactively reach out to those households that were registered as 'landless households dependent on manual casual labour for livelihood' in the Socio Economic Caste Census and register those who do not yet have a Job Card and are willing to work under the scheme (MRD 2018; 2014). Where the demand for specific documentation, such as birth registration, is required for enrolment, outreach activities might include linkages to this specific service, as in the case of Nepal's child grant (IDS 2016). However, in many cases there were reports of beneficiaries not being aware of their right to social protection. For example, for the Old Age Allowance and the HWDWA in Bangladesh it was found that "[t]here is little awareness of entitlements or communication with beneficiaries. Most of the beneficiaries do not know why they have been paid. They think this is some kind of relief by the government which may be stripped off any time by the government officials/politicians" (SPFMSP 2017b, 30).



## Delivery modalities, payment regularly and frequency

**The mechanism used to deliver benefits is another important design feature which can help make a programme more gender-sensitive.** This can be done in two main ways: 1) by enabling secure and easy access to benefits; and 2) by promoting outcomes related to financial inclusion and livelihoods development as well as women's autonomy and agency. For example, electronic cash transfers can offer greater security when it is unsafe for women to collect benefits elsewhere. They can also help reduce stigmatisation, as queuing for money is no longer necessary. In addition, electronic payments have the potential to support the financial inclusion of poorer people and thus to open the door to borrowing and savings accounts. Moreover, collecting benefits can be time-consuming and add to women's time poverty. However, financial literacy training might be a required complementary measure to ensure beneficiaries can access payments without difficulty and/or use transfers to improve their financial status (i.e. accumulate savings, access credit for income generation, among others) (Esser, Bilo, and Tebaldi 2019). Against this background, the programmes in this study were analysed with regard to the type of delivery methods used. Different delivery mechanisms may present different challenges depending on the context. Any relevant considerations in terms of mitigating potentially negative impacts (for instance, offering financial literacy training to beneficiaries where banks are the main delivery option) were noted.

A variety of payment mechanisms is used to deliver social protection benefits in the region, including banks, mobile payments, post offices and other options. It is important to note that it cannot be said that one payment mechanism is more gender-sensitive than another. Rather, it depends on the local context and the available payment infrastructure. For example, while the use of banks can provide a smooth and speedy payment option in one country, in another country it can lead to delays and imply an additional time burden for beneficiaries.

There were instances where benefit delivery has been reported to be diluted among the wider community, such as in Nepal's scholarships (IDS 2016) and in Afghanistan's ASPP (AMMC 2013), where distribution is mediated by communities or local authorities. Nevertheless, even where bank transfers are available, as in the case of the BISP, women have reported needing to pay a proxy to withdraw the benefit for them due to their restricted mobility. The roll-out of biometric verification for withdrawals and the increase in the number of pay points were identified as ways to reduce risks associated with payment; however, it was recognised that women will continue to be susceptible to these vulnerabilities. In remote areas, Pakistan Post was used to provide cash transfers through postal money orders, and a financial literacy component is to be built into the programme to mitigate potential negative effects of using new technologies in benefit delivery (World Bank 2017c). Doorstep delivery through postal services or other mechanisms can thus be a way to address these mobility limitations. There are provisions made for this in the programme design for India's NSAP (MRD 2014), for instance.

Moreover, in Bangladesh, all major cash transfer programmes (including the Allowance for Financially Insolvent Persons with Disabilities, the HWDWA and the Old-Age Allowance Programme) operate through a similar system in which funds released from the Ministry of Social Welfare pass through several transfer steps before they arrive at the local upazila<sup>14</sup> or district bank branches, which then transfer the benefits to beneficiaries' individual accounts. Due to this multi-layered process it can take several months before the cash arrives in beneficiaries' accounts. To withdraw the money, beneficiaries have to go to the banks, and although in theory the beneficiaries may withdraw the benefit on any day, many of the local branches pay out the benefits on scheduled days only. However, in districts with larger number of beneficiaries, beneficiaries often have to wait several hours, and not all of them can be served in one day. This means that they have to return the next day, which is not only physically exhausting, especially for elderly beneficiaries, but can also imply additional transportation costs (World Bank 2019a; 2019e; 2019c). Moreover, it increases the time burden on beneficiaries.

In response to these challenges, the Department of Social Services started piloting two new payment modalities in 14 *upazilas*: in the first model, beneficiaries were provided with a savings account, offering increased accessibility, as there are more agent banks available at the local level. Through the second option, beneficiaries received a



postal cash card through the post banking system, which is also more accessible at the local level. Moreover, the card can be used for deposits, withdrawals and savings (SPFMSP 2017e). In addition, the government has initiated the development of the Direct-2-Citizen (D2C) scheme, which is similar to the Direct-Benefit-Transfer (DBT) scheme in India. D2C would allow social protection programmes to issue payments using the Bangladesh Electronic Fund Transfer Network, enabling beneficiaries to collect benefits from any financial access point of their choice (World Bank 2018e).

Similarly, for the Maternity Allowance for Poor Lactating Mothers, an assessment conducted within the Strengthening Public Financial Management for Social Protection Project (SPFMSP 2017a) which included focus group discussions with beneficiaries, showed that most mothers live rather far away from the *upazila* branch. The interviewees, therefore, suggested that it would be more convenient to use the bank branch of their choice closer to their homes. A number of beneficiaries also complained that bank officials were reluctant to open and maintain new accounts for only two years (the length of the programme) and that they felt the bank officers did not always treat them with respect. When withdrawing the benefit, the full amount needs to be withdrawn, limiting women's choice of when to withdraw the cash, and how much. Despite these problems, most mothers still confirmed that they prefer to receive money through banks due to the greater control they have on the money deposited.

In India's *Pradhan Mantri Matritva Vandana Yojana* (PMMVY), a maternal health-related cash transfer programme, though the husband's consent must be expressed for women's registration in the programme, its guidelines also state that payments shall be credited "to the Bank/Post Office account of the beneficiary, as the case may be and not in the husband's/family member's/joint account" (Ministry of Women and Child Development 2017, 7) and that they should receive assistance in opening a bank or post office account if needed. Similar guidelines have been associated with the MGNREGA since 2012 (UN Women 2012; Field et al. 2017). Nevertheless, the rate of women receiving benefits into their own account has been reported to vary significantly by state; indeed, in their experimental study,<sup>15</sup> Field and colleagues (2017) found that depositing benefits into female-owned bank accounts and providing them with information on the usefulness of financial services was linked to an increase in women's work under the MGNREGA, as well as to their engagement in economic transactions outside the household and higher levels of mobility. It is also important to highlight that on the programme's website it is possible to access reports from its management information system<sup>16</sup> which show the details of joint bank accounts and in whose name it is in relation to the programme beneficiary (husband, son etc.).

## Complementary services

**Where policies and programmes remain confined in their own sectors, there might be missed opportunities to address gender-based vulnerabilities.** For instance, Sen and Hook (2012) found that nutrition interventions were not addressing gender concerns comprehensively because even though they employed health services, provided supplements and behaviour change communication activities, they were not able to address other aspects such as mental health, social support or control over resources. Likewise, social protection programmes can be integrated with initiatives in other sectors (such as nutrition, health and education) to maximise the potential for bringing about positive outcomes. Therefore, in this assessment, particular attention was paid to whether programmes offer any type of additional services, such as financial literacy or job training, health insurance, behaviour change communication or child-care support. While it is important to see whether complementary measures were designed with the aim of addressing gender needs (e.g. skills trainings for women), it is also necessary to assess whether complementary measures are designed in a gender-sensitive way (e.g. whether they increase women's time burden).

Some programmes, such as school feeding, scholarships or non-contributory health insurance schemes, by default link beneficiaries to education and health services. Moreover, 14 programmes were found to provide linkages to services or training activities as complementary measures. Awareness-raising activities specifically focused on gender equality outcomes were not identified in most cases, though in Nepal, the WFP-supported school feeding programme reportedly conducted awareness-raising campaigns on the importance of girls' education (Brennan 2017). In general,

the activities that have been identified mostly focus on nutrition and health, but there are also programmes seeking to provide linkages to financial literacy, training in asset creation and productive activities, and skills development. While the former are often part of cash transfer programmes, the latter are usually provided by cash-for-work programmes (for a more detailed discussion on cash-for-work programmes, see also below).

In Bangladesh's Maternity Allowance for Poor Lactating Mothers, for example, NGOs provide beneficiaries with additional training on health and nutrition aspects related to pregnancy and newborns, as well as income-generating activities. However, an assessment of the programme (SPFMSP 2017a) highlighted several challenges with regard to the training, questioning its appropriateness. While the training sessions are supposed to be organised from the start of the programme, when women are pregnant, it was found that most beneficiaries only received training after giving birth. The reasons for these delays are that it often takes a long time until beneficiaries are selected (up to six months). In focus group discussions, mothers also complained that they often had to travel long distances to attend training and that they found it difficult to concentrate on the training while looking after their babies. According to the authors, a significant number of beneficiaries also noted that they did not find the sessions very useful. Moreover, the trainers were often not very knowledgeable about the subject. This shows that training has to be well designed, with gender in mind, ideally with the participation of women, and that those delivering the training have to be well trained. It is also important that training sessions do not increase women's time burden and physical exhaustion. This example illustrates once more that having gender-related objectives is not enough; it is equally important that complementary measures are designed in a gender-sensitive way.

**Moreover, it is important not to reinforce gender roles through child-focused activities, such as training related to health or nutrition.** In most cases, there seems to be an implicit assumption that attending such activities is the responsibility of women, as they are the primary caregivers; however, fathers, extended families and communities more broadly should also be involved. For instance, in Nepal, the WFP-supported school feeding programme promoted the involvement of mothers and fathers in their children's health and education, with both being targeted for related training activities (Brennan 2017).

In terms of training in productive activities and skills development, the Vulnerable Group Development (VGD) programme (part of Bangladesh's PFDS) is one of the few food-based programmes that also offers complementary training. The programme targets women, and in addition to 30kg of rice or wheat, training on income-generating activities and life skills is offered to participants. Moreover, the programme includes a compulsory saving scheme requiring beneficiaries to contribute BDT40 per month over the project life cycle of 24 months. Within the programme, an income-generating component (IGVGD) was introduced and piloted with selected VGD beneficiaries, offering them a one-time grant of BDT15,000 to be used by the beneficiaries for an income-generating activity of their choice. Instead of the regular rice, beneficiaries receive 30kg of fortified rice per months as well as income-generating training provided by specialist trainers from the government. These are offered in addition to the regular saving scheme and the life skills and income-generating trainings. While the participants found the IGVGD training by the specialists useful, the normal training sessions were criticised for not being adapted to the context. The diagnostic study of the SPFMSP (2017d, 24) also found that the training curriculum does not "do an adequate job of exposing the beneficiaries (all of whom are women) to other organisations that have enhanced knowledge and experience in building confidence and empowerment within the family and community".

**Some of the school feeding programmes in the region also offer complementary services.** The programmes in Sri Lanka and Bangladesh, for instance, provide deworming for students. In Bangladesh the programme also aims to raise awareness among students and local people on safe water, disaster risk reduction and vegetable gardening. It also encourages women's participation in school management committees (Directorate of Primary Education 2017). A WFP evaluation of the programme in the Gaibandha district reported that awareness-raising campaigns with teachers, students, parents and the community were conducted, delivering messages of the importance of girls' education and gender equality, and the negative consequences of early marriage, dowry and early pregnancy (WFP 2017).

Yet, where these complementary activities depend on support from third parties, it can be challenging to ensure uniform coverage nationwide, as was noted in the case of Nepal's child grant, which relied on NGOs to link beneficiaries to birth registration and other services, leading to gaps in areas where this type of support was not available (IDS 2016). Moreover, implementing these services in areas where women have very restricted mobility and where gender norms may present obstacles to their participation also presents significant challenges (see Table 10 in chapter 2 for an overview of the risks and mitigation strategies explored in the case of Pakistan's FATA Temporarily Displaced Persons Emergency Recovery Project).

## Monitoring, evaluation and social accountability mechanisms

**Gender should also be taken into account when it comes to monitoring and evaluation (M&E).** As men, women, boys and girls are affected differently by poverty and thus also by poverty alleviation measures, for any M&E approach, it is important to collect gender- and age-disaggregated data for participation, coverage and outcomes. Moreover, to ensure that a programme takes beneficiaries' views and needs into account, it is crucial to provide channels for them to provide feedback during the programme's implementation. To ensure women's participation in social audits or community meetings, they have to be scheduled at a convenient time for women. If necessary, separate meetings only with women can be organised (Holmes and Jones 2010). In the programme assessment, M&E systems were analysed based on whether they included gender-disaggregated indicators and whether gender-related outcomes were an aspect of evaluation. To assess the programmes' social accountability features, the existence of specific provisions for community monitoring and/or social audits was noted in the programme design, as well as whether the programme had any grievance, feedback or complaint mechanisms.

**Most programmes have been found to provide gender-disaggregated information on beneficiaries.** In some cases, gender-disaggregated beneficiary numbers are not publicly available, but there is evidence that these figures are collected within the programme's management information system. For example, in Sri Lanka, the World Bank supports the government to strengthen the national social safety net system, which includes the establishment of a unified social registry that will collect information on all current and former beneficiaries as well as new applicants. The projects also aim to strengthen the monitoring system and longer-term planning. All programmes managed by the Ministry of Social Empowerment and Welfare are part of the project, which covers most of Sri Lanka's main social protection programmes, including the *Divineguma* programme, previously *Samurdhi* (a welfare programme encompassing cash transfers, microfinance and various community and livelihood development activities). The project description foresees the establishment of a gender-disaggregated M&E system and states that the Ministry of Finance or the Welfare Benefits Board publishes an annual report on its website with the main indicators related to programme implementation, including caseload, number of beneficiaries registered and gender of beneficiaries (World Bank 2016b). Yet, according to the project's latest Implementation Status & Results Report, these reports have not yet been published, and there is no mention of a gender-disaggregated M&E system (World Bank 2018d).

**When it comes to programme evaluations, it can be observed that only a few analysed outcomes related to gender-equality.** It needs to be highlighted here that only evaluations commissioned or supported by the programme implementers or the national government were considered. For a general discussion on experimental and quasi-experimental impact evaluations with gender-disaggregated results and/or with specific analysis of gender-related outcomes, see Chapter 4.

In addition to general performance indicators, such as the number of benefits paid and actual benefit value as a percentage of household or per capita income, the National Social Security Strategy (NSSS) of Bangladesh suggests monitoring the following effects: increases in self-esteem, confidence and voice among beneficiaries; empowerment of women and a greater say in decision-making; transformations in traditional social gender norms and attitudes; and reductions in the gender gap in investments for children's education. To do so, it is emphasised that "within the M&E of NSSS, equal attention should be given to qualitative analysis during impact evaluation to improve the richness

of quantitative analysis and delve into dimensions not feasible through quantitative methods, such as changes in social dynamics, decision making, gender norms ...” (General Economics Division 2015, 87). However, it is not clear at this point to what extent these types of evaluations have been conducted. The evaluation of the Primary Education Stipend Programme (PESP) in Bangladesh conducted by UNICEF and the Directorate of Primary Education (2013) is one of the few government-supported evaluations encountered of scholarship programmes that looked at the impact on school attendance for girls and boys separately. Female empowerment is also one of the areas suggested for qualitative evaluation within the World Bank’s Safety Net Systems for the Poorest Project (covering FFW, EGPP, TR, VGF and GR) (World Bank 2013).

Though programmes themselves may not carry out rigorous evaluations, ministries or departments of health have sought to keep track of achievements in maternal health (such as mortality ratios and the use of antenatal care (ANC) services) in tandem with the implementation of maternity-related cash transfers, as in the case of India (Department of Health and Family Welfare 2017) and Nepal (Ministry of Health 2016a).

**In terms of including participants’ voices, we found that less than half of all programmes analysed use some form of community monitoring or social audits.**<sup>17</sup> Programmes in India are noteworthy for having specific guidelines on conducting social audits, such as for the Mid Day Meal programme and the MGNREGA (MHRD 2014; MRD 2012). In Bangladesh, a pilot implemented by a national NGO, Manusher Jonno Foundation, and several partner NGOs in 100 union *parishads* was found to be a good example of including citizens’ voices. The project included citizen and civil society forums to raise awareness of citizens’ rights and provide a space for concerns and grievances related to the country’s 10 main social protection programmes (World Bank 2019e).

**Moreover, to enable citizens to complain about unjustified exclusion, the poor quality of a programme or unfair treatment, it is key that programmes have a functioning grievance mechanism.** Here it is important that these are also accessible to groups that may be difficult to reach, such as the poorest populations, elderly people, illiterate people or women with limited mobility, and that the processes and purpose of the mechanisms are explained clearly to these groups. The existence of grievance mechanisms was identified for most programmes, though many report irregularities. In Bangladesh, for example, it was found that complaints can be filed with the Union Committee. Yet, as noted in a review by the World Bank, “this indicates a serious conflict of interest given that these committees are the ones that undertake the primary selection of beneficiaries. If the Committee fails to come up with a mitigation measure, the grievance shall escalate sequentially up to the central level; though the implementation guidelines do not define specific procedures” (World Bank 2019a, 8). According to the authors, there is little evidence of resolution of the complaints presented. Similar problems were found for the HWDWA, the Old-Age Allowance and the TR and Food for Work/Work for Money (FFW/WFM) (World Bank 2019e; 2019c; 2019d).

## Programme-specific considerations

In addition to the general programme features analysed above, cash transfer, public works and school feeding programmes were analysed separately, given their distinct features which are highly relevant for any gender analysis (e.g. conditionalities of cash transfers, or quotas for participation in public works programmes). The following sections seek to address the following questions:

#### For cash transfer programmes:

- Are conditionalities part of the programme? If yes, which ones, and are any attempts made to avoid possible negative impacts (e.g. through the use of soft conditionalities)?
- Who is the main benefit recipient (mother, head of household, guardian/caregiver)?

#### For public works programmes:

- Are quotas for women's participation used? Is the allocation of less physically intense tasks possible for women or for vulnerable groups?
- Are child-care and/or breastfeeding facilities and breaks or flexible working hours offered?
- Are there provisions for equal pay?
- Are there incentives for women to take on leadership roles?
- Do women participate in the decision-making about which community assets to build, or is there a prioritisation of assets that directly meet their needs?

#### For school feeding programmes:

- Are incentives provided for girls' participation (e.g. take-home rations for girls)?
- Are women involved in the programme? If yes, how (e.g. as cooks)?

### Cash transfers

The preference for transferring benefits to women is common among cash transfers that target children, especially those with conditionalities attached. Though this preference can be framed as a way to explicitly seek women's empowerment in programme design, it can also reflect gender essentialisms which place child-rearing responsibilities exclusively on mothers. One way to deal with this issue is to decouple the choice of benefit recipient from their sex, directing it to the 'main caregiver' instead of 'mother' and to incentivise equally the participation of parents and communities in reaching programme objectives (Esser, Bilo, and Tebaldi 2019).

In the South Asian region, Pakistan's BISP was found to frame the choice of recipient primarily to women, "to achieve the supplementary objective of women[s] empowerment" (BISP n.d.). Indeed, the programme followed up on this commitment in the impact evaluations that were commissioned, which looked at different dimensions of women's empowerment through the programme (Cheema et al. 2014; 2015; Cheema, Hunt, et al. 2016).<sup>18</sup>

Another widely debated topic in the design of cash transfers is that of conditionalities, which are commonly used in child-centred cash transfers to promote positive outcomes regarding maternal health and children's health and education. The use of conditionalities remains a widely debated issue. Although conditionalities may have contributed to positive impacts in some contexts, their necessity to achieve the desired programme outcomes has often not been proven. Moreover, conditionalities have the potential to reinforce gender inequalities by making women responsible for compliance, which can lead to an increase in women's time poverty. These considerations are particularly relevant in the South Asian context, given women's already low labour market force participation and high levels of time poverty due to unpaid domestic and care work (see Chapter 2).

**The assessment shows that there are relatively few programmes that are attached to conditionalities in the region, although stipend or scholarship programmes are an exception.** Some education-related programmes for children aim to reduce early marriage, which is a common phenomenon in the region, as shown in Chapter 2, by requiring that beneficiary children remain unmarried. This is the case in the Higher Secondary Stipend Programme (HSSP) in Bangladesh and the Single Parent Allowance and the Forest Parent Allowance in the Maldives. Similarly, if the child starts working, the eligibility is reassessed. Interestingly, neither programme mentions the sex of the parent or guardian. For instance, the website of the Single Parent Allowance always refers to both single mothers and fathers, thus employing fairly gender-neutral wording (National Social Protection Agency 2019b; 2019a).

A few programmes have implemented soft conditionalities, meaning that they are not strictly monitored and do not lead to exclusion from the programme in case of non-compliance. The Maternity Allowance for Poor Lactating Mothers in Bangladesh, for example, requires beneficiaries to verbally commit to having a maximum of two children. Even though it is not monitored, this type of soft conditionality can be considered as infringing women's freedom of choice and might require the availability of family planning services. In his research on the programme, Jetha (2014, 19) notes that "despite the lack of verification, there is very little anecdotal evidence of beneficiaries violating the conditionality imposed. Local officials speculate this is partly a result of community levied stigma and scorn directed towards MAP [programme] violators, which may damage social capital enough to outweigh any potential benefit of an additional child."

Other cash-based maternal health incentives are provided on a 'results basis,' meaning that women have to perform the desirable activities (ANC visits, institutional delivery) to receive the benefits (see Box 1). Programmes such as this can be more gender-sensitive if they incorporate the costs associated with transportation, which can be very high for the most vulnerable population in remote areas, and also provide flexibility in terms of women's choice to deliver at home, particularly where accessing the appropriate services might be too expensive or put women's safety at risk. Moreover, it is important that these programmes are accompanied by robust grievance systems that can capture women's complaints and feed them back into both the demand-side intervention but also to health service providers.

**Box 1. Cash transfers focused on maternal and newborn health:  
programmatic considerations**

India's PMMVY and JSY: PMMVY provides INR5,000 for the first living child of all pregnant and lactating women, except those who are employed by the government or who receive similar benefits. The benefit is paid in instalments after the completion of the following activities: early registration of pregnancy at an Anganwadi Centre or an approved health facility; at least one ANC visit; and birth registration and first immunisation cycle. Programme guidelines state that for registration in the programme, forms must be signed by the beneficiary and her husband; therefore, it is not clear whether single mothers are also eligible (Ministry of Women and Child Development 2017). Under JSY, in turn, all pregnant women delivering via public health facilities in low-performing states (those with low institutional delivery rates), all Below Poverty Line/Scheduled Caste/Scheduled Tribe (BPLSC/ST) women delivering in public health facilities in high-performing states and all BPL/SC/ST women delivering in private institutions are eligible for cash assistance which varies from INR600 to INR1,400. BPL women who prefer to deliver at home are entitled to cash assistance of INR500, and the programme has removed a prior eligibility condition restricting access to the benefit for underage women (below 19) and the cap on two children.



## Public works

Public works programmes (PWP) are labour-intensive development projects, typically in the infrastructure sector, that provide cash or payments in kind to those unable to find employment. PWPs are especially popular in low- and middle-income countries and are often “perceived to present a win-win policy option, addressing both poverty and unemployment, while also creating assets...” (McCord 2011, xvi). From a gender perspective, however, PWPs have been criticised for not offering culturally or physically appropriate work for women and for ignoring the fact that women are often already overworked due to their care responsibilities at home (Holmes and Jones 2010; Kabeer 2010). In response, the International Labour Organization (ILO 2015) has issued the ‘Illustrated Guidelines for Gender-responsive Employment Intensive Investment Programmes’,<sup>19</sup> presenting good practices for incorporating a gender lens into the different stages of the project cycle, including identification, design, appraisal, implementation, and monitoring and evaluation.

In this study, programmes were reviewed to understand whether they promoted quotas to ensure equitable participation. It was also analysed whether they established provisions for equal wages, child-care and breastfeeding facilities and breaks and flexible working hours, thus taking into account women’s reproductive responsibilities and avoiding the outsourcing of childcare to other female household members. Furthermore, the assets to be built through PWPs can take women’s needs into account by, for example, developing community assets, such as child-care facilities, water points or fuel sources, that can help reduce women’s time burden. Finally, women’s leadership can be explicitly incentivised by ensuring their participation in leadership roles in the programme (FAO 2018b; Tebaldi 2016). If these provisions existed, they were also noted.

**Some of the region’s PWPs have introduced quotas for women, recognising women’s barriers to participation in these programmes.** The EGPP in Bangladesh, for instance, requires a 33 per cent quota for women (Akanda 2018). It is the only PWP in Bangladesh that has a quota for women. India’s MGNREGA states that in the allocation of work, at least one third of the beneficiaries must be women and that efforts should be made to include single women and people with disabilities (Government of India 2005). A study by Narayanan and Das (2014) found that overall the programme has indeed been inclusive of women, yet substantial variations across states exist, and some groups, such as widows and households with young children, seem to face significant barriers in accessing the programme. Though Nepal’s Karnali Employment Programme (KEP) has achieved a significant coverage of women (over 60 per cent in the pilot) and explicitly targets female-headed households, it does not establish a quota for women’s participation (ISST 2017).

The drudgery and physical intensity of the work involved in these programmes can present significant obstacles for women’s participation or lead to a preference for engaging male applicants, as was reported for Afghanistan’s National Emergency Employment Program (Durrani, Ahmed, and Ahmad 2006) and Bangladesh’s FFW and TR programmes (World Bank 2019d). In Nepal, besides this issue, an assessment also noted that the worksite conditions were problematic, and that the absence of toilets was particularly problematic in terms of women’s safety (ISST 2017). The MGNREGA’s programme guidelines and related FAQs from 2014 states that most vulnerable women (widowed, deserted and destitute) shall be granted less physically intense work that is closer to their place of residence (MRD 2013; Babu et al. 2014). A number of studies find that lighter tasks are in practice allocated to women, people with disabilities and elderly people (Reddy et al. 2014; Singh and Jain 2017).

**Another typical obstacle for women’s participation in the labour market is the lack of child-care services.**

In response to this, the MGNREGA foresees that for every worksite where five or more children are brought, a crèche needs to be provided, employing a woman worker who is paid the wage of an unskilled worker (MRD 2018). Nepal’s KEP programme guidelines also establish a series of criteria for the selection of carers, including prior experience, and state that priority for this job is to be granted to elderly women and women with disabilities (MoFALD 2014). Furthermore, lactating women should be provided with proper facilities and breaks to breastfeed. Evidence of this feature in programme guidelines was scant across the programmes reviewed, but an assessment of

the MGNREGA in the region of Andhra Pradesh stated that lactating women were allowed these breaks (Reddy et al. 2014). In Nepal, in turn, the KEP's programme guidelines actually barred the participation of pregnant and lactating women: "although households with pregnant or lactating members are prioritised, such members are not eligible to work because of the risks for them of physical work" (MoFALD 2014, 19). Finally, evidence of flexible working hours or arrangements was found for Afghanistan's National Rural Access Program (NRAP) (Durrani, Ahmed, and Ahmad 2006) and India's MGNREGA (MRD 2018).

To ensure equal work conditions for men and women, provisions for equal pay, such as in the MGNREGA (Government of India 2005) and the KEP (ISST 2017), as well as **incentives for women to take on leadership roles** constitute important measures. In the MGNREGA, at least 50 per cent of the 'mates' (work supervisors) should be women; these workers are in charge of supervising 50 others and are paid semi-skilled wages (MRD 2018).

Finally, involving communities and ensuring women's representation in decisions about which assets to build as a result of these programmes is also considered a best practice. Under the World Bank-supported Afghanistan Rural Access Project, which is linked to the NRAP, consultations with male and female beneficiaries on road projects were supposed to take place (World Bank 2012). In Bangladesh the programme guidelines of the FFW/WFM and the TR stipulate that Project Implementation Committees, consisting of five members, including Union Chairmen, ward members, female members and community members, carefully select the projects based on the community needs (World Bank 2019d). Under the MGNREGA all workers are also entitled to "participate in the Gram Sabha/ Ward Sabha and decide the works and the order of priority to be taken up" (MRD 2018, 15); furthermore, the construction of child-care centres (Anganwadi Centres) and school toilets (which are assets that particularly cater to girls' and women's interests) are also considered "works requiring special focus" in the programme guidelines from 2018-2019 (MRD 2018). Table 13 provides an overview of all identified features and their respective cases.

**Table 13. Gender-sensitive features of public works programmes, and cases where they were identified**

Features	Programmes
Quotas or targets for women's participation <sup>20</sup>	Bangladesh – EGPP India – MGNREGA
Allocation of less physically intense tasks to women	India – MGNREGA
Child-care facilities (or inclusion of childcare as a task option for beneficiaries)	India – MGNREGA Nepal – KEP
Breastfeeding breaks or facilities available	India – MGNREGA
Flexible working hours	Afghanistan – NRAP India – MGNREGA
Provisions for equal pay	Bangladesh – EGPP, FFW, TR India – MGNREGA, Nepal – KEP
Incentives for women to take on leadership roles	Bangladesh – FFW India – MGNREGA
Women's participation in decision-making about community assets to build or prioritisation of assets that directly meet their needs	Afghanistan – NRAP Bangladesh – EGPP, FFW India – MGNREGA

Source: Authors' elaboration.

Yet, despite being considered as having a gender-sensitive design, the case of India's MGNREGA is another example of the large gaps that often exist between design and implementation. Research has shown that although the programme tries to incentivise women to take on leadership roles, few women are in fact appointed as 'mates' Moreover,



men mostly undertake tasks, such as digging, which are perceived to be harder work than lifting and moving soil, which is usually a woman's task. As a result, men are often better paid than women. Similarly, while lighter tasks are offered for pregnant and elderly women, these usually also pay less. It was also found that the lack of childcare and infrastructure constrain women's participation in the programme. There have even been cases where girls were taken out of school to undertake domestic chores and care for their siblings while their mothers worked under the MGNREGA (Chopra 2019).

### School feeding

**Finally, school feeding programmes can have significant impacts in terms of improving food security and nutritional outcomes and incentivising children's schooling.** Where gender disparities affect schooling outcomes, programmes might consider providing extra benefits to girls to incentivise households to invest in their education. In this study, the assessment took into consideration whether any measures such as take-home rations were included in programme design. Moreover, as many of these programmes employ women as workers, the assessment also took note of any relevant provision in terms of their work conditions.

The provision of take-home rations to incentivise girls' schooling was not observed in any of the school feeding programmes reviewed.<sup>21</sup> However, it is worth highlighting a shock-sensitive measure of India's Mid Day Meal Scheme, which provides continued support during school holidays for drought-affected areas (MHRD 2016b; 2019b).

A total of 25.52 lakh<sup>22</sup> "cook-cum-helpers" were engaged in the programme in 2016, with 86 per cent of them women (and 22 per cent SC, 15 per cent ST, 41 per cent Other Backward Classes (OBCs) and 6 per cent Minorities) (MHRD 2016b). The programme explicitly encourages the engagement of women as cooks (MHRD n.d.; National Programme of Nutritional Support to Primary Education 2006). Guidelines from the state of Odisha also explicitly encourage the engagement of SCs and STs<sup>23</sup> (Government of Odisha 2014). However, discrimination against the appointment of Dalits as cooks has been reported (Kadari and Roy 2016). The programme's website further states that the initial honorarium provided to cooks was so low that it was hard to retain workers; therefore, compensation of INR1,000 per month per cook started being disbursed from 2009 onwards (MHRD n.d.), though 16 states paid a higher honorarium than the mandatory minimum from 2016. Moreover, some states are seeking to extend social security to these workers as well (MHRD 2016a).

Furthermore, according to the programme's website, mothers are actively encouraged to "supervise the preparation and serving of the meal and to exercise an effective vigil" to improve the regularity and quality of the meal, but also to give them greater voice and ownership over the programme (MHRD n.d.). However, such expectation of involvement in programme supervision usually comes without any financial compensation to a group that is already overburdened with unpaid care work. In Nepal a review of the WFP-supported school meals programme pointed out that "[t]he burden of household chores on women and girls was not reviewed, nor the risk of community engagement resulting in women's disproportionate responsibility for unpaid care work. Informants stated that migration of boys and men, as well as patriarchal gender roles, led to women taking up more of the voluntary tasks, such (...) monitoring the storage and preparation of school meals" (Brennan 2017, 15).

## 4. GENDER AND SOCIAL PROTECTION IN SOUTH ASIA: A REVIEW OF IMPACT EVALUATIONS

This chapter presents gender-related findings from impact evaluations of South Asia's social protection programmes. The search focused on experimental and quasi-experimental impact evaluations with gender-disaggregated results and/or with specific analysis of gender-related outcomes (including measures of women's empowerment or attitudes towards gender equality) which pertained to the selection of programmes assessed in this study.<sup>24</sup> In total, 23 studies were found to meet these criteria, including one preliminary study, covering five countries in the region and eight programmes. See Table 14 for more details.

**Table 14. Impact evaluations by programme**

Country and programme		Study	Impacts analysed		
Afghanistan	ASPP	World Bank (2018)	Gender attitudes and household-level indicators related to consumption, food security, shocks and coping strategies, assets, children's education and labour, adult labour, mental health and social cohesion, of which some are disaggregated by gender		
		VGD <sup>25</sup> (part of PFDS)	Ahmed et al. (2009)	Women's caloric intake and nutritional status as well as a variety of measures of women's independence, control over their lives, participation in decision-making, control over household resources, mobility, freedom from physical and verbal abuse	
Bangladesh	FSSSP <sup>26</sup>	Shamsuddin (2015)	Years of education; labour force participation; earnings; sector (agriculture, manufacturing, service industry) and type of employment (worker, self-employed)		
		Hahn et al. (2018)	Years of schooling; fertility; age at marriage; occupation; age difference; spousal education		
	PESP	Quisumbing, Baulch, and Kumar (2011)	Grade progression; height-for-age Z-scores; body mass index (BMI)		
India	JSY	Lim et al. (2010)	ANC; births attended by skilled health personnel; institutional deliveries; perinatal, neonatal, and maternal deaths		
		Joshi and Sivaram (2014)	ANC; post-natal care; institutional deliveries		
		Powell-Jackson, Mazumdar, and Mills (2015)	Intended outcomes: births attended by skilled health personnel; institutional delivery (multiple types of health facilities); ANC visits; neonatal mortality, one-day mortality. Unintended outcomes: delivery in private health facility; breastfeeding within one hour of childbirth; number of pregnancies		
		Powell-Jackson et al. (2016)	Depression (Kessler Psychological Distress Scale); emotional well-being (Likert scale); financial strain: out-of-pocket spending on delivery care, borrowing to pay for delivery care, household indebtedness after borrowing		
		Amudhan et al. (2013)	Institutional deliveries		
	NREGA	Azam (2011)	Participation in public works; labour force participation; and real wages of casual workers		
		Berg et al. (2018)	Agricultural wages		
		Field et al. (2017)	Use of bank accounts; women's receipt of MGNREGA payments; women's labour market participation; women's economic empowerment.		
		Liu (2018)	Value of consumption, caloric and energy intake, non-financial assets, female social capital and empowerment		
		Sheahan et al. (2018)	Labour supply disaggregated by gender, age group, task and season		
		Zimmermann (2012)	Employment and wages in the private and public sectors		
		Nepal	SDIP <sup>27</sup> and Aama	Powell-Jackson and Hanson (2012)	Utilisation of multiple types of health facilities; births attended by skilled health personnel; delivery by caesarean section
				Ensor, Bhatt, and Tiwari (2017)	Facility-based delivery; delivery with a skilled health worker; delivery by caesarean section



Country and programme	Study	Impacts analysed
Pakistan	Ambler and de Brauw (2017)	Gender norms among women and men; women's self-reported mobility; women allowed to vote (self-reported)
	BISP Cheema et al. (2014)	Consumption, expenditure and poverty reduction; women's empowerment; household and child nutrition security; asset retention and accumulation; household investment in health and education; mean informal inter-household transfers; livelihood strategies
	Cheema et al. (2015)	Same as Cheema et al. (2014)
	Cheema et al. (2016)	Same as Cheema et al. (2014)
	WeT (under BISP) Cheema, Asia, et al. (2016) <sup>w</sup>	School enrolment; school attendance conditional on programme enrolment; school drop-out rates; child labour

Source: Authors' elaboration.

## Maternal health

Studies looking into maternal health impacts of cash transfers designed to increase ANC visits and institutional deliveries have generally found positive results. Five studies looked specifically into the case of JSY in India, and two others focused on the *Aama* programme in Nepal (and its predecessors, such as the Safe Delivery Incentive Programme—SDIP), and these are reviewed in more detail in the next paragraphs.

Lim and colleagues (2010) found that JSY led to a significantly increased probability of receiving ANC, having an institutional delivery or having a skilled attendant present at the time of birth. In terms of ANC utilisation and institutional deliveries, Joshi and Sivaram (2014) also found increases after the start of JSY; **post-natal care** was also found to increase, driven by low levels at baseline. The authors also found that in the programme's first phase these reviewed indicators improved more among ineligible women, which suggests that there may have been some confusion regarding JSY's eligibility criteria. In terms of group-differentiated impacts, rates of reported ANC use, institutional delivery and post-natal care were higher for illiterate women; rural women were also more likely to report improved access to health services; yet women from the poorest quintile only experienced improvements in terms of institutional deliveries, but not regarding other aspects, which the authors suggest may be due to issues with programme design or inappropriate implementation. The authors suggest that the poorest women are more likely to experience trouble in proving their eligibility. Moreover, blanket implementation guidelines are suggested as a possible explanation for why it was more difficult to direct services to the most vulnerable groups. Other factors that are mentioned to have potentially affected the programme's success are structural aspects of the health care system and local contextual factors.

However, it is important to note that other types of programmes, such as stipends and scholarships, can also have relevant impacts in terms of maternal and sexual health. Hahn and colleagues (2018) find that receipt of the Female Secondary School Stipend Programme (FSSSP) benefit for five years reduced actual fertility and raised the age at first birth and the use of contraception observable by husbands (condoms, male sterilisation).

Furthermore, a study looking at the impact of supply- and demand-side health interventions (the strengthening of the primary health centre network to provide 24/7 obstetric care, PHC 24/7, and JSY) found that both were effective in improving institutional delivery rates and in promoting equity. Moreover, it found that from April 2006 to March 2010 institutional delivery among disadvantaged mothers (from STs) increased more than among other groups (34.4 per cent and 24.8 per cent, respectively), though overall their rates are still lower (59.6 per cent compared to 72.7 per cent for other groups). JSY also seemed to work better in areas with better access to delivery services (Amudhan et al. 2013).

A study exploiting heterogeneity in programme implementation (Powell-Jackson, Mazumdar, and Mills 2015) found that for districts in which JSY had a coverage larger than 50 per cent, births attended by skilled personnel and institutional deliveries in public facilities increased. Overall, they found no effects in terms of ANC service utilisation or mortality, except for a small decrease in neonatal mortality in districts which had at least 50 per cent coverage. Regarding unintended consequences, the authors highlight the substitution away from private providers and increases in breastfeeding and in the number of pregnancies. This impact on fertility, the authors warn, could undermine the overall goal of reducing mortality. In terms of group-differentiated impacts, less-educated and poorer women seemed to increase their use of maternity services the most. Finally, in another study, receipt of JSY was also linked to lower maternal depression and to lower financial strain among beneficiaries, who were less likely to borrow money to pay for these services or to become indebted (Powell-Jackson et al. 2016).

In Nepal, a study using survey data collected among women who had given birth in the previous three years found that being informed about the SDIP's existence was associated with increased institutional deliveries, births attended by skilled personnel and caesarean section. Substitution effects were also found away from NGO facilities and towards public health providers, with no effects on private health service deliveries (Powell-Jackson and Hanson 2012). Another study (Ensor, Bhatt, and Tiwari 2017), looking at the different phases of demand- and supply-side maternity services in the country (starting with the maternity incentive scheme from 2005, the SDIP introduced in 2006 and Aama from 2009), found that the impacts from these policies suggest a build-up over time, though it was not possible to isolate *Aama's* impact, possibly because it constitutes a consolidation of the two previous interventions. The authors found that the programmes' beneficial impacts were skewed towards wealthier households with better access to services, though it did also present positive results for poor households. Nevertheless, they do recommend greater attention to the poorest and most inaccessible areas.

## Food and nutritional security

Regarding food security and nutrition, results point to heterogeneous impacts among different age groups and genders. In Afghanistan, a preliminary study on the ASPP found a reduction in the proportion of households reporting any children or male adults going to bed hungry in the last 30 days; however, this positive effect was not found for adult women, which, the authors propose, could be due to women putting others' food security before their own or due to men putting theirs first (World Bank 2018a). In Bangladesh, while IGVD had no effects on women's caloric intake and was linked to an increase in men's, Food Security Vulnerable Group Development (FSVGD) was linked to a positive effect on women's caloric intake and body mass index (BMI), but presented no effects for men, elderly people and children (Ahmed et al. 2009). Furthermore, the PESP was also associated with improvements in girls' height-for-age Z-scores and in boys' BMIs (Quisumbing, Baulch, and Kumar 2011). Finally, in Pakistan, the BISP was consistently found to reduce wasting among girls, but not boys (Cheema et al. 2014; 2015; Cheema, Hunt, et al. 2016).

## Education

In terms of education, Afghanistan's ASPP was associated with increased school attendance among boys (aged 6–13), but not among girls. Older girls who were already enrolled in school (aged 14–17) actually presented lower school attendance at endline (World Bank 2018a). Bangladesh's PESP, in turn, presented a negative impact on grade progression which was stronger for poor boys, who, unlike girls, were ineligible for the secondary stipend programmes targeted at girls (Quisumbing, Baulch, and Kumar 2011). Nonetheless, the FSSSP was found to increase beneficiaries' years of schooling, and the programme's effect was stronger for those who received the stipend for the full duration of secondary schooling (Shamsuddin 2015; Hahn et al. 2018). The FSSSP was also found to have the greatest impact among girls with primary-level education, as opposed to those that had already reached secondary education, which may indicate that it incentivised the continued schooling of those girls who might have left after the primary level in the absence of the programme. Furthermore, boys were not found to benefit from potential spillover effects (Shamsuddin 2015). Finally, a study investigating the impact of the BISP's Waseela-e-Taleem (WeT)—a conditional cash transfer

incentivising children's education—found that even though school enrolment increased for all WeT beneficiaries (boys and girls) by around 10 per cent, there were still gender-differentiated school enrolment rates (to the disadvantage of girls), and the average expenditure on boys' education was 40 per cent higher than on girls'. The qualitative research which accompanied the quantitative analysis pointed to a persisting preference for boys' education, particularly in contexts of limited financial resources (Cheema, Asia, et al. 2016).

## Labour market

Studies report results in terms of labour market participation, work and income-generating activities even for programmes not necessarily linked by design to the productive sphere. For instance, the ASPP in Afghanistan was linked to an increase in the number of hours worked by women in the previous 30 days at both mid- and endline; however, as there were no effects on women's earnings, this suggests an increase in unpaid work which warrants further analysis (World Bank 2018a).

Pakistan's BISP was also associated with a decrease in male labour market participation, with the major reasons for leaving the workforce being sickness and retirement, a finding which the authors associate with a reduction in the burden of breadwinning imposed by gender norms on men (Cheema et al. 2014; 2015). The BISP also supported a change in livelihoods among adult men, who decreased their engagement in casual labour and became increasingly self-employed in agricultural activities, including caring for livestock (Cheema et al. 2015; Cheema, Hunt, et al. 2016). In terms of child labour, the programme led to a reduction in the proportion of boys working, but no effects were found for girls—likely because they are mostly engaged in domestic unpaid work (Cheema et al. 2014). The BISP reduced the proportion of women engaged in unpaid domestic labour, though there is no clear evidence from the quantitative analysis as to whether women substituted these unpaid activities with other forms of paid labour; however, qualitative analysis suggests that some women engaged in some forms of self-employment (Cheema, Hunt, et al. 2016).

Though Bangladesh's FSSSP was linked with increased female labour force participation, it actually decreased their earnings by around 16–17 per cent—a negative effect which was higher for those who received the benefit for the full five years of secondary education; the authors posit that these unintended impacts were likely due to the labour market's inability to adequately absorb the surplus of qualified workers that the programme generated (Shamsuddin 2015). The FSSSP was also found to increase the likelihood of formal employment and of having a bank account among beneficiaries (Hahn et al. 2018). It also increased girls' likelihood of working in the services sector, and decreased their likelihood of working in agriculture or manufacturing (Shamsuddin 2015; Hahn et al. 2018).

India's MGNREGA employment guarantee scheme, in turn, was shown to increase labour force participation at a time when there was an overall decrease in this indicator nationwide, and this positive result was driven by female workers. The programme also had a positive impact on average wages of casual workers, also more significant for female casual workers. However, the evaluation found no additional benefits or in some cases no benefits at all for SC/ST populations (Azam 2011). In her study on the MGNREGA, Zimmermann (2012) also comes to the conclusion that private-sector wages increased substantially for women, but not for men, and that these effects are concentrated during the main agricultural season. In contrast, a study by Berg et al. (2018) shows that exposure to the programme had the same positive effect on both men's and women's wages, meaning that it neither diminishes nor enlarges the gender wage gap.<sup>28</sup>

Another study, by Sheahan et al. (2018), finds that participation in the programme increased the total household labor supply in the summer season, mostly attributed to adult women, but reduces the number of days spent on paid non-MGNREGA work by several days across the two main agricultural seasons for both women and men.

The authors find no evidence of an increase in time spent on paid or unpaid work for youth and children—both male and female—suggesting no within-household substitution of work burdens towards younger members. Furthermore, their experimental study<sup>29</sup> (Field et al. 2017) showed that depositing benefits into female-owned bank increased women's work, both in the programme and in the private sector, despite no change in market wages.

## Women's empowerment, gender norms and attitudes

A number of women's empowerment dimensions were also investigated across studies. In Bangladesh, IGVD was found to increase women's participation in decision-making about whether they work, and they were also more likely to take an NGO-granted loan outside the programme. However, there were no effects found in terms of domestic violence, women's autonomy and participation in decision-making over their earnings, the use of the loan, household expenditures and reproduction. Moreover, IGVD was associated with a decrease in women's mobility, such as travelling alone.<sup>30</sup> FSVG, in turn, only presented a significant impact in terms of women's decision-making about how to use the income from their work. When comparing the two programmes, FSVG was associated with increases in the number of women working and the use of and participation in decisions to use birth control; however, it presented worse results in terms of women's autonomy in decision-making. In terms of group-differentiated impacts, FSVG had a greater positive effect on the decision to work and the reduction of physical abuse than IGVD among married women; moreover, IGVD had a greater effect on women with some years of schooling (positively in terms of decision-making and negatively in terms of mobility) than on women without schooling (Ahmed et al. 2009).

Also in Bangladesh, Hahn et al. (2018) find that receipt of the FSSSP benefit for five years delayed the age of first marriage and improved self-empowerment (index of females' decision-making power regarding their own health care, large household purchases and family visits). In terms of marital choices, receipt of the FSSSP benefit was linked to marrying better-educated men and men who worked in the formal sector, as well as to a reduction in the education and age gap between spouses (Hahn et al. 2018).

In Pakistan, 64 per cent of the BISP's beneficiaries reported retaining control over its expenditure (Cheema et al. 2014). The final set of three impact evaluations of the BISP (Cheema, Hunt, et al. 2016) also found positive effects related to beneficiary women's mobility, with most of them being able to travel freely alone to various locales in their community. The qualitative research notes a direct relationship between increased acceptance of mobility and the collection of the transfer from BISP collection points and suggests that there may be spillover effects on non-beneficiary women. Finally, consistent positive effects were also found in terms of women voting (Cheema et al. 2014; 2015; Cheema, Hunt, et al. 2016).

In Andhra Pradesh, India, Liu (2018) finds that the MGNREGA had a positive impact on female social capital and empowerment.<sup>31</sup> While female social capital increased immediately after programme implementation, improvements in economic empowerment were only observed later. The author explains this by the fact that trust, used to measure social capital here, is determined only by females' own perception. Empowerment, on the other hand, is determined by the interactions between family members, which take more time to change. Furthermore, Field et al. (2017) showed that depositing MGNREGA benefits into female-owned bank accounts and providing them with information on the usefulness of financial services was linked to women's increased engagement in economic transactions outside the household and higher levels of mobility.

Only two studies in Afghanistan and Pakistan reported specifically on gender norms and attitudes. A preliminary study on the ASPP showed a positive impact on men's overall attitudes toward gender equality at endline, driven by effects on views about women working outside the home and men helping with domestic responsibilities.



No effects were found at midline or for women at the endline, which, according to the authors, may be due to women holding more equitable attitudes to begin with (World Bank 2018a). In Pakistan, Cheema et al (2014) find a subtle increase in community acceptance of women travelling alone to collect BISP transfers. The BISP was also associated with wives being less likely to report tolerance toward being beaten, and with men being likely to agree that they should be expected to help around the house and that women may voice their opinions. Receipt of BISP benefits was also linked to women being allowed to visit a friend alone and to vote. Nevertheless, considering the limitations of the study's data set, the authors suggest building on prior qualitative work to develop women's empowerment modules further, in a more nuanced way (Ambler and de Brauw 2017).

In summary, the review of the programmes' impact evaluations shows that programmes tend to have positive impacts in terms of maternal health through an increase in service utilisation. However, the studies also demonstrate that service quality is a key factor for success. Regarding food security, nutrition, education and employment, findings point to rather heterogeneous impacts, which vary considerably depending on age and gender, showing that impacts are highly context-specific. Programmes' impacts on gender norms and attitudes are less commonly studied in evaluations, which can be explained by the fact that they are often not the programmes' primary objectives. However, there is some promising evidence from Afghanistan and Pakistan.

## 5. CONCLUSIONS

Countries in South Asia face significant challenges in terms of addressing gender-based vulnerabilities and risks. The region has high scores in terms of global gender inequality indicators. Poverty, coupled with deficits in education and health, early pregnancy and poor breastfeeding practices are all factors driving poor nutritional outcomes. As a result, the region presents the worst child malnutrition estimates globally. Despite significant advancements, in some countries girls are still disadvantaged compared to their male counterparts. Yet countries differ significantly here, with Afghanistan and Pakistan still facing high gender disparities in education, for instance, while other countries in the region have managed to close the gap.

Furthermore, despite women's educational gains and the economic growth experienced in the region over past years, women in South Asia are still lagging far behind when it comes to equal opportunities in the labour market, and most women are concentrated in precarious and low-paid work. Due to traditional gender norms, women carry most of the burden of unpaid care and domestic work, which hinders their access to contributory social protection. Finally, the prevalence of gender-based violence remains high. Early marriage, for example, is still a significant challenge to be addressed to ensure that girls retain decision-making over their own sexual health and welfare.

By contributing to people's economic and social empowerment, non-contributory social protection policies can help address some of these gender-based vulnerabilities and risks. However, to increase the likelihood of positive equity effects, programmes should seek to address gender- and age-specific risks throughout the entire programme cycle, including design, implementation and evaluation.

This study has provided a general assessment of the design of non-contributory social protection programmes. The main findings and recommendations are the following:

- **Programme objectives** generally did not include specific gender considerations. Where they did, they have been found to more commonly tackle barriers to education, maternity health and/or income-related risks, widowhood or the vulnerabilities of single women and single parents, and barriers to the labour market. However, only limited evidence of significant follow-up on progress in these areas was found within programmes' monitoring and evaluation mechanisms.

- Most countries have programmes that either **target or prioritise** women in general (including female-headed households) or pregnant women/mothers or widows and single women specifically. Moreover, two examples of the incorporation of gender-based vulnerabilities into geographic targeting mechanisms were found for India's JSY and for Nepal's WFP-supported school feeding programme. Few programmes were found to explicitly target adolescent girls, which represents a major gap given the vulnerabilities of this group. Some programmes were also found to have provisions for **outreach and communications activities**. Nevertheless, there are still barriers to be addressed in people's awareness of these programmes.
- A variety of **payment mechanisms** are used to deliver social protection benefits in the region, including banks, mobile payments, post offices and other options. They can all present specific challenges depending on the context, and it cannot be said that any one channel is necessarily more gender-sensitive than the others. The majority of the cash transfers in the region are paid through the banking system. Existing assessments have shown that multi-layered and complex payment mechanisms, in combination with capacity constraints, can often increase women's time burden. It is, therefore, important to carry out more in-depth assessments to understand the difficulties that beneficiaries may have in accessing their benefits, as well as their preferences, so that the payment system can be adopted accordingly. In some cases, complementary measures, such as financial literacy training, are a good way to address existing challenges.
- Where policies and programmes remain confined in their own sectors, there might be missed opportunities to address gender-based vulnerabilities, which are often multiple and intersecting. Activities that have been identified mostly focus on nutrition and health, but there are also programmes seeking to provide linkages to financial literacy, training in asset creation and productive activities, as well as skills development. Regarding the provision of **complementary services**, it is important not to reinforce gender roles through them—for instance, by also including fathers in activities related to child nutrition. This has rarely been found to be the case in South Asia. Moreover, training in productive activities and skills development can be strengthened to promote women's participation in the labour market. The assessment also showed that it is important that these are adapted to the local context and beneficiaries' needs and that they are designed in a way that they do not further increase women's time burden.
- Though most programmes were found to provide gender-disaggregated information on beneficiaries, **monitoring and evaluation** needs to be strengthened to understand programmes' impact (whether positive or negative) on gender outcomes, not only in terms of health, education and nutrition outcomes, but also in terms of women's empowerment and gender norms, including changes in women's decision-making power and mobility. Another area which requires more research is the impact of programmes on women's time use. Different methods, including qualitative research, can be used to assess this. As shown in Chapter 4, programme impacts are not always straightforward, even where programmes have clear objectives.
- **Social accountability mechanisms**, including social audits, community monitoring and grievance mechanisms, need to be improved, as there were many reports of malfunctioning. Moreover, little evidence was found on how complaints and suggestions actually feed back into programme reform. Hence, in addition to improving existing accountability mechanisms, it should also be made clear how those mechanisms feed back into and inform programme design and implementation.
- Looking specifically at **cash transfers**, many programmes focus on maternal health-related outcomes. Programmes that require pregnant women to have institutional deliveries can be more gender-sensitive if they incorporate the costs associated with transportation and also provide flexibility in terms of women's choice to deliver at home, particularly where accessing the appropriate services might be too expensive or put women's safety at risk. Moreover, it is important that these programmes are accompanied by robust grievance redress systems that can capture women's complaints and feed them back into both the demand-side intervention and



also to health service providers. Overall, it can be observed that relatively few programmes are attached to conditionalities in the region, though stipend or scholarship programmes are an exception.

- In terms of **public works**, much more can be done to ensure women's participation in work activities on more equal terms. Quotas for women and vulnerable groups, provisions for equal wages, child-care and breastfeeding facilities and breaks and flexible working hours are all measures that can be strengthened. Moreover, incentives for women to take on leadership roles and for women's participation in decision-making about which community assets to build can also promote more positive gender outcomes.
- **School feeding programmes** need to become more accountable in terms of women's involvement in programme implementation. In the case of India, the majority of cooks engaged in the programme were found to be women (which was also established by design), but their working conditions can be rather precarious. Moreover, the expectation that mothers will provide supervision in programme implementation without compensation risks putting more pressure on a group that is already typically overburdened with unpaid care work.
- The review of impact evaluations, though with mixed impacts for several outcomes, has also demonstrated the potential for significant impacts in terms of the gender equality of social protection programmes. **Maternal health** is an area where demand-side programmes have shown to increase service utilisation; however, service quality also needs to be improved. Regarding **food security, nutrition, education and employment**, findings point to rather heterogeneous impacts, which vary considerably depending on beneficiaries' age and gender. It is important to ensure that the lessons learned from the growing body of evidence feed back into programme design and implementation. Furthermore, very few studies looked specifically at programmes' impacts on **gender norms and attitudes**. However, there is some promising evidence from Afghanistan and Pakistan. More investment in understanding these issues is needed, as is the inclusion of more qualitative evidence in impact evaluation for a more nuanced understanding of how gender inequalities play out in different contexts.

The review has also shown the importance of conducting **gender assessments** prior to implementation, as they can be key in making social protection programmes more gender-sensitive by taking context-specific vulnerabilities and needs into account.

Finally, while the design of programmes is the first step to make programmes more gender-sensitive, their implementation is also crucial. Future assessments should also focus on programme implementation, which will be key for identifying gaps, informing policy reform and improving programme design and their gender-specific provisions.

Gender disparities remain high in the South Asia region, yet at the same time there is growing recognition of the potential of social protection programmes, including for the promotion of gender equality and women's and girls' empowerment. This study has shown that despite some positive examples, governments in the region still have to invest significantly to make their social protection systems more gender-sensitive, and in turn advance gender equality in the region.

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## ANNEX I. PROGRAMME LIST

Country	Programme	Type	Components (if any)
Afghanistan	Afghanistan Social Protection Program (ASPP)	UCT	
Afghanistan	Martyrs and Disabled Pension Program (MDPP)	UCT	
Afghanistan	National Rural Access Program (NRAP)	CFW	
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities	UCT	
Bangladesh	Employment Generation Programme for the Poorest (EGPP)	CFW	
Bangladesh	Husband-Deserted, Widowed and Destitute Women Allowance (HWDWA)	UCT	
Bangladesh	Maternity Allowance for Poor Lactating Mothers	UCT	251 NGOs provide beneficiaries with additional training on health, nutrition and income-generating activities.
Bangladesh	Old-Age Allowance Programme	UCT	
Bangladesh	Public Food Distribution System (PFDS)	FFW, FS, IPBSF, CFW	The system operates through monetised and non-monetised channels. The former include Open Market Sales (OMS), Essential Priorities (EP), Other Priorities (OP) and Large Employers (LE). The latter include Food for Work (FFW)/ Work for Money (WFM), Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF), Test Relief (TR) and Gratuitous Relief (GR). Food Assistance for the Chittagong Hill Tracts Region is also provided via the PFDS.
Bangladesh	School Feeding Programme in Poverty-prone Areas	SFP	Deworming activities are also conducted, as well as community-level awareness-raising sessions on water, sanitation, hygiene, disaster risk reduction and gardening.
Bangladesh	Primary Education Stipend Programme (PESP)	CCT	
Bangladesh	Secondary Education Stipend Programme (SESP)	CCT, EFW	
Bangladesh	Secondary Education Sector Investment Program (SESIP)	CCT, EFW	
Bangladesh	Higher Secondary Stipend Programme (HSSP)	CCT, EFW	
Bhutan	Rural Economy Advancement Programme (REAP)	SLP, T	Component 1 is implemented by local governments and comprises the supply of agriculture machinery; income-generating activities; access to food and nutrition; and targeted activities for the poorest households. Component 2 is implemented by the Tarayana Foundation and comprises improvement of housing; health and sanitation; self-help groups; training and skills development; income-generating activities; and access to food and nutrition.
Bhutan	School feeding programme	SFP	Deworming and vitamin supplementation.



Country	Programme	Type	Components (if any)
India	Targeted Public Distribution System (TPDS)	FS, IPBSF	The TPDS encourages production by purchasing food grains from farmers at a minimum support price (MSP)— a predetermined price floor. This food, as well as kerosene and, in some states, other items of basic need, are sold at subsidised prices to eligible persons at government-licensed fair price shops. A sub-component of the TPDS is Antyodaya Anna Yojana (AAY), which was launched in December 2000 and targets the poorest households, awarding them higher benefits (higher subsidies).
India	Janani Suraksha Yojana (JSY)	CCT	The programme provides benefits to mothers and to Accredited Social Health Activists (ASHAs), who encourage women to have institutional deliveries. Moreover, the programme subsidises the cost of caesarean sections and promotes the accreditation of private health institutions.
India	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)	CFW	Daily unemployment allowance; coverage for hospitalisation expenses and medical assistance related to work injuries.
India	Mid Day Meal (MDM)	SFP	
India	National Health Protection Scheme (NHPS)	NCHI	Coverage for hospitalisation expenses; coverage for transportation costs.
India	National Social Assistance Programme	UCT, UIKT	IGNOAPS; IGNWPS; IGNDPS; NFBS; Annapurna.
India	Pradhan Mantri Matritva Vandana Yojana (PMMVY)	CCT	
Maldives	Disability Allowance Programme	UCT, UIKT, SSS	Financial assistance; assistive devices; psychological support.
Maldives	Food Subsidy Programme	FS	
Maldives	Foster Parent Allowances	CCT	
Maldives	Husnuvaa Aasandha	NCHI	Medical assistance.
Maldives	Medical Welfare	NCHI	Medical coverage for complex cases not covered by Husnuvaa Aasandha.
Maldives	Old Age Basic Pension (OABP)	UCT	
Maldives	Single Parent Allowance	CCT	
Nepal	Aama (Safe Mother Programme)	CCT, HFW	Medical assistance for mothers and newborns; cash incentives for four antenatal care visits; financial assistance for health workers.
Nepal	Child Grant	UCT	Complementary programme to inform about the Child Grant; birth registration campaigns to facilitate access to the service.
Nepal	Disability Grant	UCT	



Country	Programme	Type	Components (if any)
Nepal	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant	UCT	
Nepal	Karnali Employment Programme (KEP)	CFW	Cash payment as unemployment insurance for the period during which people should be given access to the programme, for cases where the programme fails to provide work opportunities.
Nepal	National School Meals Programme (NSMP) and Food for Education	SFP	Food distribution by providing schools with cooked meals or providing them with cash to cook meals themselves.
Nepal	Old Age Allowance (OAA)/Senior Citizens' Allowance)	UCT	
Nepal	Rural Community Infrastructure Work (RCIW)	CFW, FFW	In addition to the transfers, the programme offers training in asset creation as well as skills development opportunities related to food and nutrition security to its beneficiaries.
Nepal	Scholarships	CCT	Dalit scholarship; girls' scholarship; girls' scholarship in Karnali; scholarship for martyrs' children; Kamalari scholarship; scholarship for those affected by conflict; scholarship for students of Himali hostel; Feeder hostel scholarship; scholarship for the students of model schools; scholarship for the students of Himali residential school hostel; Himali hostel management and operational costs; Feeder hostel management and operational costs. In some cases the schools also receive grants from the programme.
Nepal	Single Women's Allowance	UCT	
Pakistan	Benazir Income Support Programme (BISP) or National Cash Transfer Programme (NCTP)	UCT, CCT	Unconditional cash transfer; conditional cash transfer. In the past, there have been pilots for complementary initiatives such as microloans, skills training and health insurance that were discontinued.
Pakistan	Pakistan Bait-ul-Mal	CCT, EFW, HS, UIKT, SSS, T	Social support services; rehabilitation of child labour; women's empowerment centres; child support programme.
Pakistan	Pakistan FATA Temporarily Displaced Persons Emergency Recovery Project	UCT, CCT	1) Early Recovery Package for Temporarily Displaced Persons; 2) Promoting child health in selected areas of FATA; 3) Strengthening programme management and oversight.
Pakistan	Prime Minister's National Health Programme (PMNHP)	NCHI	
Sri Lanka	Divineguma Programme	UCT, SLP	The programme encompasses a monthly cash transfer, social security/insurance contributions and housing assistance, microfinance and livelihood development components.
Sri Lanka	Financial Support to Elderly/Elderly Assistance Programme (EAP)	UCT	



Country	Programme	Type	Components (if any)
Sri Lanka	National Secretariat for Persons with Disability programmes	UCT, UIKT	Financial support benefit; self-employment; housing assistance; medical assistance; education and school material assistance; assistive devices.
Sri Lanka	National Supplementary Food Programme (Thriposha)	UIKT	
Sri Lanka	Public Welfare Assistance Allowance (PAMA)	UCT	
Sri Lanka	School Feeding Programmes	SFP	Some school meals are cooked at the school, and others are delivered by private providers. In addition, there is complementary school milk. Furthermore, there is a deworming and vitamin supplementation initiative.

Note: UCT = unconditional cash transfer; CCT = conditional cash transfer; SFP = school feeding programme; CFW = cash for work; FFW = food for work; EFW = educational fee waiver; FS = food subsidies; HS = housing subsidies; FES = fuel and electricity subsidies; NCHI = non-contributory health insurance; UIKT = unconditional in-kind transfer; CIKT = conditional in-kind transfer; SSS = social support services; SLP = sustainable livelihood programmes; IPBSF = Institutional purchases that can benefit smallholders farmers; T = training; HFW = health fee waivers.

Source: IPC-IG and UNICEF (2019).

## ANNEX II. ASSESSMENT MATRIX

Country	Programme	Objectives			Targeting and enrolment [3]		Delivery mechanisms	Complementary services?	M&E and social accountability			
		Is gender considered in the objectives? If yes, which area? [2]	Eligible groups	Prioritised groups	Outreach and communications activities?	Type of mechanism [4]			Area of focus [5]	Gender-disaggregated information?	Gender-related outcomes in evaluation?	Community monitoring and/or social audits?
Afghanistan	ASPP	MAT <sup>32</sup>	CHI	WOM, PWD, ORP <sup>33</sup>	Y <sup>34</sup>	OTH	NUT, HEA <sup>35</sup>	Y <sup>36</sup>	Y <sup>37</sup>	Y <sup>38</sup>	Y <sup>39</sup>	
Afghanistan	MDPP		PWD		N			N	N	N	N	
Afghanistan	NRAP		WAG		N			Y <sup>40</sup>	N	Y <sup>41</sup>	Y <sup>42</sup>	
Bangladesh	Allowance for Financially Insolvent Persons with Disabilities		PwD	CHI, ELD, WOM, OTH <sup>43</sup>	Y <sup>44</sup>	BAN		Y <sup>45</sup>	N	N	Y <sup>46</sup>	
Bangladesh	EGPP	LAB, OTH <sup>47</sup>	WAG	WOM	Y <sup>48</sup>	BAN/PO		Y <sup>49</sup>	Y <sup>50</sup>	N	Y <sup>51</sup>	
Bangladesh	HSSP	EDU, LAB, OTH <sup>52</sup>	CHI	ORP, WOM, PwD, OTH <sup>53</sup>	N	MOB		N	N	N	N	
Bangladesh	HWDWA	WID, SIN <sup>54</sup>	WID/SIN	PWD, OTH <sup>55</sup>	Y <sup>56</sup>	BAN		N/A	N	N	Y <sup>57</sup>	
Bangladesh	Maternity Allowance for Poor Lactating Mothers	MAT <sup>58</sup>	CHI, PREG/MOTH, PwD, OTH		N	BAN	NUT, HEA, TRA <sup>59</sup>	N/A	Y <sup>60</sup>	N	Y <sup>61</sup>	



Objectives		Targeting and enrolment [ 3 ]			Delivery mechanisms	Complementary services?	M&E and social accountability				
Country	Programme	Is gender considered in the objectives? If yes, which area? [ 2 ]	Eligible groups	Prioritised groups	Outreach and communications activities?	Type of mechanism [ 4 ]	Area of focus [ 5 ]	Gender-disaggregated information?	Gender-related outcomes in evaluation?	Community monitoring and/or social audits?	Grievance redress mechanism available?
Bangladesh	Old-Age Allowance Programme		ELD	WID/SIN, OTH <sup>62</sup>	Y <sup>63</sup>	BAN		Y <sup>64</sup>	N	Y <sup>65</sup>	Y <sup>66</sup>
Bangladesh	PESP	EDU, OTH <sup>67</sup>	CHI		N	MOB, OTH		Y <sup>68</sup>	Y <sup>69</sup>	N	N
Bangladesh	PFDS	LAB, OTH <sup>70</sup>	WOM, WID/SIG, WAG, OTH		Y <sup>71</sup>		TRA <sup>72</sup>	Y <sup>73</sup>	Y <sup>74</sup>	LE <sup>75</sup>	Y <sup>76</sup>
Bangladesh	School Feeding Programme in Poverty-prone Areas		CHI		N		HEA, OTH <sup>77</sup>	Y <sup>78</sup>	N	N	N
Bangladesh	SESIP		CHI		N	MOB		N	N	N	N
Bangladesh	SESP		CHI		N	MOB		N	N	N	Y <sup>79</sup>
Bhutan	REAP	OTH <sup>80</sup>			N	OTH		N	N	N	N
Bhutan	School feeding programme	EDU <sup>81</sup>	CHI		N		NUT, HEA <sup>82</sup>	Y <sup>83</sup>	N	N	N
India	JSY	MAT <sup>84</sup>	ETH, PREG/MOTH		Y <sup>85</sup>	BAN		N/A	Y <sup>86</sup>	N	Y <sup>87</sup>



Objectives		Targeting and enrolment [3]			Delivery mechanisms	Complementary services?	M&E and social accountability				
Country	Programme	Is gender considered in the objectives? If yes, which area? [2]	Eligible groups	Prioritised groups	Outreach and communications activities?	Type of mechanism [4]	Area of focus [5]	Gender-disaggregated information?	Gender-related outcomes in evaluation?	Community monitoring and/or social audits?	Grievance redress mechanism available?
India	MGNREGA	LAB <sup>88</sup>	WAG	WOM, ETH, PWD, WID/SING, OTH <sup>89</sup>	Y <sup>90</sup>	BAN, PO, OTH	TRA, OTH <sup>91</sup>	Y <sup>92</sup>	Y <sup>93</sup>	Y <sup>94</sup>	Y <sup>95</sup>
India	MDM	EDU <sup>96</sup>	CHI		N			LE <sup>97</sup>	Y <sup>98</sup>	Y <sup>99</sup>	Y <sup>100</sup>
India	NHPS				Y <sup>101</sup>			Y <sup>102</sup>	N	N	Y <sup>103</sup>
India	National Social Assistance Programme	WID <sup>104</sup>	ELD, PWD, WID/SING	OTH <sup>105</sup>	Y <sup>106</sup>	BAN, PO, OTH		Y <sup>107</sup>	N	Y <sup>108</sup>	Y <sup>109</sup>
India	PMMVY	MAT <sup>110</sup>	PREG/MOTH		Y <sup>111</sup>	BAN, PO		N/A	Y <sup>112</sup>	Y <sup>113</sup>	Y <sup>114</sup>
India	TPDS		ELD, ETH, PWD, WID/SING, OTH <sup>115</sup>		LE <sup>116</sup>	OTH		N	N	Y <sup>117</sup>	Y <sup>118</sup>
Maldives	Disability Allowance Programme		PwD		N			N	N	N	N
Maldives	Food Subsidy Programme				N			N	N	N	N
Maldives	Foster Parent Allowances		CHI		N			N	N	N	N
Maldives	Husunvaa Aasandha		OTH		N			Y <sup>119</sup>	N	N	N





Objectives		Targeting and enrolment [3]			Delivery mechanisms		Complementary services?		M&E and social accountability			
Country	Programme	Is gender considered in the objectives? If yes, which area? [2]	Eligible groups	Prioritised groups	Outreach and communications activities?	Type of mechanism [4]	Area of focus [5]	Gender-disaggregated information?	Gender-related outcomes in evaluation?	Community monitoring and/or social audits?	Grievance redress mechanism available?	
Maldives	Medical Welfare				N			N	N	N	N	
Maldives	OABP		ELD		N	BAN		N	N	N	N	
Maldives	Single Parent Allowance	SIN <sup>120</sup>	SING, CHI		N			N	N	N	N	
Nepal	Aama (Safe Mother Programme)	MAT <sup>121</sup>	PREG/MOTH		LE <sup>122</sup>			N/A	Y <sup>123</sup>	N	N	
Nepal	Child Grant		CHI		Y <sup>124</sup>	OTH	NUT, OTH <sup>125</sup>	Y <sup>126</sup>	N	N	Y <sup>127</sup>	
Nepal	Disability Grant		PWD		Y <sup>128</sup>	OTH		Y <sup>129</sup>	N	N	Y <sup>130</sup>	
Nepal	Endangered Indigenous Peoples Allowance/Endangered Ethnicity Grant		ETH		Y <sup>131</sup>	OTH		Y <sup>132</sup>	N	N	Y <sup>133</sup>	
Nepal	KEP		WAG	PWD, ETH, WOM, PREG/MOTH, OTH <sup>134</sup>	Y <sup>135</sup>	OTH		Y <sup>136</sup>	N	N	Y <sup>137</sup>	
Nepal	National School Meals Programme and Food for Education		EDU, OTH <sup>138</sup>	CHI	N		EDU, OTH <sup>139</sup>	LE <sup>140</sup>	LE <sup>141</sup>	LE <sup>142</sup>	LE <sup>143</sup>	



Objectives		Targeting and enrolment [3]			Delivery mechanisms	Complementary services?	M&E and social accountability				
Country	Programme	Is gender considered in the objectives? If yes, which area? [2]	Eligible groups	Prioritised groups	Outreach and communications activities?	Type of mechanism [4]	Area of focus [5]	Gender-disaggregated information?	Gender-related outcomes in evaluation?	Community monitoring and/or social audits?	Grievance redress mechanism available?
Nepal	Old Age Allowance (OAA)/ Senior Citizens' Allowance		ELD	ETH	Y <sup>144</sup>	OTH		Y <sup>145</sup>	N	N	Y <sup>146</sup>
Nepal	RCIW		WAG		Y <sup>147</sup>	OTH	TRA <sup>148</sup>	LE <sup>149</sup>	N	N	N
Nepal	Scholarships		CHI, ETH, PWD, WOM		N	OTH		LE <sup>151</sup>	LE <sup>152</sup>	N	N
Nepal	Single Women's Allowance		ELD, WOM, SING/WID		Y <sup>154</sup>	OTH		N/A	N	N	Y <sup>155</sup>
Pakistan	BISP/ NCTP		CHI, WOM		Y <sup>157</sup>	MOB, BAN, PO, OTH	EDU, NUT, HEA, TRA, OTH <sup>158</sup>	Y <sup>159</sup>	Y <sup>160</sup>	Y <sup>161</sup>	Y <sup>162</sup>
Pakistan	Pakistan Bait-ul-Mal		CHI, ORP, PWD, WOM, WID/SING		N			N	N	N	N
Pakistan	Pakistan FAITA Temporarily Displaced Persons Emergency Recovery Project		CHI, OTH		Y <sup>165</sup>	BAN	HEA, OTH <sup>166</sup>	Y <sup>167</sup>	N	N	Y <sup>168</sup>
Pakistan	PMNHP				N	OTH		N	N	N	Y <sup>169</sup>
Sri Lanka	Divineguma Programme				Y <sup>170</sup>		OTH <sup>171</sup>	Y <sup>172</sup>	N	Y <sup>173</sup>	Y <sup>174</sup>



Country	Programme	Objectives			Targeting and enrolment [3]		Delivery mechanisms	Complementary services?	M&E and social accountability			
		Is gender considered in the objectives? If yes, which area? [2]	Eligible groups	Prioritised groups	Outreach and communications activities?	Type of mechanism [4]			Area of focus [5]	Gender-disaggregated information?	Gender-related outcomes in evaluation?	Community monitoring and/or social audits?
Sri Lanka	Financial Support to Elderly/EAP		ELD		Y <sup>175</sup>			Y <sup>176</sup>	N	Y <sup>177</sup>	Y <sup>178</sup>	
Sri Lanka	National Secretariat for Persons with Disability Programmes		CHI		Y <sup>179</sup>	EDU, HEA, TRA, OTH <sup>180</sup>		Y <sup>181</sup>	N	Y <sup>182</sup>	Y <sup>183</sup>	
Sri Lanka	National Supplementary Food Programme [Thripasha]		PREG/MOTH, CHI		N	OTH		N	N	N	N	
Sri Lanka	Public Welfare Assistance Allowance [PAMA]		ORP, ELD, PwD, WID/SIN		Y <sup>185</sup>			Y <sup>186</sup>	N	Y <sup>187</sup>	Y <sup>188</sup>	
Sri Lanka	School Feeding Programmes		CHI		N	NUT, HEA <sup>189</sup>		Y <sup>190</sup>	N	N	LE <sup>191</sup>	

Notes:

[1] Y = Yes; LE = Limited evidence; N = No evidence found; N/A = Not applicable.

[2] MAT = maternity-related health and/or income risks; EDU = barriers to education; SING = single people; LAB = barriers to the labour market;

WID = widowhood; OAG = old age; OTH = other.

[3] CHI = children; ORP = orphans; ELD = elderly people; ETHN = ethnic groups; PWD = people with disabilities; WOM = women; PREG/MOTH = pregnant women or mothers; WID/SIN = widows/single women;

WAG = working-age people; OTH = other.

[4] MOB = mobile; BAN = banks; PO = post office; OTH = others, including pay points

[5] NUT = nutrition; HEA = health; EDU = education; TRA = training; OTH = ot

## NOTES

1. The following types of programmes were included: unconditional cash transfers; conditional cash transfers; school feeding programmes; cash for work; food for work; educational fee waivers; food subsidies; housing subsidies; fuel and electricity subsidies; non-contributory health insurance; unconditional in-kind transfer; conditional in-kind transfer; social support services; sustainable livelihoods programmes; institutional purchases that can benefit smallholders; training; and health fee waivers.
2. UNDP considers nine countries to be included in South Asia: Afghanistan, Bangladesh, Bhutan, India, Islamic Republic of Iran, Maldives, Nepal, Pakistan and Sri Lanka.
3. Reproductive health, education, political representation and the labour market.
4. DeRose, Das, and Millman (2000) find no systematic bias against females either in childhood or in adulthood. They posit that where food seems to be part of female disadvantage it may be more a problem of quality (micronutrient intake) than of quantity (caloric intake). Nevertheless, they found a pattern of male advantage in terms of anthropometric data for children in South Asia, which may arise from boys' greater access to health services rather than greater food intake. However, this evidence was not consistent across all age groups and was mainly found in village studies, which means they cannot be generalised to larger geographical areas.
5. Note that Iran is also included in the South Asia region in UNDP's Human Development Reports.
6. For more information, see: <<http://www.mfsp.gov.bd/index.php>>.
7. "The objective of the National Social Protection Program-for-Results Project for Pakistan is to strengthen the national social safety net systems for the poor to enhance their human capital and access to complementary services" (see more at: <<http://projects.worldbank.org/P158643?lang=en>>).
8. "The development objective of the Federally Administered Tribal Areas (FATA) Temporarily Displaced Persons (TDPs) Emergency Recovery Project for Pakistan is to support the early recovery of families affected by the militancy crisis, promote child health, and strengthen emergency response safety net delivery systems in the affected areas of FATA. The project comprises of three components" (see more at: <<http://projects.worldbank.org/P154278/?lang=en&tab=overview>>).
9. Even programmes that are designed in a gender-sensitive way may not put those commitments into practice due to insufficient training provided to staff, inadequate funding and a lack of clear guidelines. However, poor programme delivery can hinder the achievement of gender equality goals and lead to unintended consequences for beneficiaries (FAO 2018c).
10. The most widely used ones were the FAO's 'Toolkit on gender-sensitive social protection programmes to combat rural poverty and hunger' (FAO 2018c; 2018b), UN Women's 'Progress of the World's Women 2015–2016' report (UN Women 2015a), the ODI's 'How to design and implement gender-sensitive social protection programmes' toolkit (Holmes and Jones 2010) and a review of best practices produced by the IPC-IG (Esser, Bilo, and Tebaldi 2019).
11. One of the main drawbacks of PMT targeting is that it can reduce a programme's transparency and accountability. PMT formulae are often complex, and when the selection criteria are not clear to beneficiaries, it is more difficult to hold administrators accountable (Esser, Bilo, and Tebaldi 2019). Moreover, when similar households are treated differently and the targeting criteria are not well explained, PMT—and means-testing—can contribute to inter-community conflicts (Kidd, Gelders, and Bailey-Athias 2017).

12. While eligibility refers to a set of minimum criteria that have to be met for inclusion in a programme, some programmes also prioritise certain groups among those that are eligible in the enrolment process.

13. Bangladesh also has a programme that specifically targets transgender people (IPC-IG and UNICEF 2019), which was, however, not encompassed by the case selection in the present study.

14. *Upazilas* are administrative regions in Bangladesh, functioning as subunits of districts.

15. The authors' opinions varied on whether women's wages from India's public workfare programme were deposited into female-owned bank accounts instead of into the male household head's account (Field et al. 2017).

16. See: <<http://mnregaweb4.nic.in/netnrega/MISreport4.aspx>>.

17. Defined here as a collective review with the aim of reporting on and ultimately improving a programme's performance.

18. See: Chapter 4 for more details.

19. See: <[https://www.ilo.org/global/topics/employment-intensive-investment/publications/WCMS\\_459976/lang--en/index.htm](https://www.ilo.org/global/topics/employment-intensive-investment/publications/WCMS_459976/lang--en/index.htm)>.

20. A report on the transition from the National Emergency Employment Program to the National Rural Access Program stated that “[i]n some provinces, special efforts were made to reserve employment space for women and the disabled, but this practice was the exception rather than the norm” (Durrani, Ahmed, and Ahmad 2006). Moreover, when reporting to the Committee on the Elimination of Discrimination against Women, it was pointed out that at least 30 per cent of the beneficiaries of the National Rural Access Program were women; however, it is not clear whether this refers to the workers or indirect project beneficiaries (United Nations 2011).

21. In the case of Nepal, it has been reported that the previous take-home rations that were implemented with WFP support were discontinued due to reduced gender gaps in education as well as to the implementation of a new scholarship programme for girls (Brennan 2017).

22. 1 lakh = 100,000.

23. The following order of priority has been established: “a) destitute woman from ST community; b) destitute woman from SC community; c) destitute woman from other community; d) poor unwed mother having no means of livelihood or support from family of ST community; e) poor unwed mother having no means of livelihood or support from family of SC community; f) poor unwed mother having no means of livelihood or support from family of other community; g) poor divorcee or desertee from ST community; h) poor divorcee or desertee from SC community; i) poor divorcee or desertee from other community” (Government of Odisha 2014, 2).

24. The search was conducted via Google Scholar, as well as on the PEP, JPAL and 3IE databases on 22 January 2019 and 12 February 2019.

25. The evaluation looked at Income Generating Vulnerable Group Development (IGVGD) and Food Security Vulnerable Group Development (FSVGD). Both programmes are food-based transfers targeted at women. While FSVGD provides 30kg of rice per month, training on income-generating activities and life skills, IGVGD provides fortified rice instead of normal rice, and offers participants a one-time grant of BDT15,000 to be used for income-generating activities. IGVGD beneficiaries also receive income-generating training provided by specialist trainers in addition to the regular VGD trainings. Beneficiaries of both schemes are required to participate in a saving scheme (SPFMSP 2017d).

26. The predecessor to the SESP, the FSSSP, was introduced in 1994 and targeted only female students. In 2009 the programme was expanded to also include poor boys (Khan 2014).

27. The Safe Delivery Incentive Programme (SDIP) is a predecessor to Aama.

28. These results are contradictory to those of Azam (2012). Yet the authors highlight that this can be explained by the difference between wages and earnings: “Since women in rural India are much less likely to be in wage employment than men, NREGS might be expected to make a bigger difference to the earnings of women than men.

But the equilibrium price of labour (the wage rate) will only reflect an increase in demand to the extent that the good (labour) becomes scarce. That is, residual slack in the female labour market may explain why the scheme’s upward pressure on female-specific wages is muted” (Berg et al. 2018, 248).

29. The authors’ opinions varied on whether women’s wages from India’s public workfare programme were deposited into female-owned bank accounts instead of into the male household head’s account (Field et al. 2017).

30. In terms of potential explanations, the authors propose that: “This finding could be an indication that women’s new access to resources through the program may have provoked other family members’ insecurities, causing them to try to regain control over the beneficiary women” (Ahmed et al. 2009, 127).

31. The author measures female social capital as the mean of 13 variables related to the level of trust in individuals of the same or different caste or religion from within or outside the village as well as in government officials and the police. Economic empowerment is measured as “the mean of 10 binary variables indicating whether a woman can set aside money for her own use; go to the market, clinic, or community centre; visit friends; or work in fields outside the village without asking permission from her husband or other males in the family; whether a woman receives high respect by other family members; whether a woman is never beaten or ill-treated by her husband” (Liu 2018, 85).

32. “This program aims to support poor families with small children that are prone to hunger and raise their awareness on nutrition and hygiene, specifically the nutritional needs of women at child bearing/rearing age and their children” (MOLSAMD 2012, 7–8).

33. “If more than 20% of the community can be classified as very poor and are experiencing hunger, then those families with a female head of household should be prioritized. Families with disabled children or those caring for orphans should also be prioritized” (MOLSAMD 2012, 19).

34. Public meetings were planned to introduce the programme to the wider community (MOLSAMD 2012, 18).

35. Activities promoting a number of nutrition- and health-related behaviours were included in the programme design (MOLSAMD 2012, 47). However, the implementation completion report states that these activities were not implemented in the end due to a lack of supply-side health and nutrition services.

36. The preliminary evaluation mentions gender-disaggregated data as well as indicators on “gender attitudes” (World Bank 2018, 56–57).

37. Ibid.

38. “After the benefit distribution is completed, MoLSAMD selects a sample of communities in each district where an audit is carried out (5–10 per cent of the total number of communities in the district). This sample of 5–10 per cent consists of communities where there are a large number of documented grievances, communities where there were many ‘yes’ on the socio-economic section of the SNF-01, and a random sample of communities from each cluster

in the district. MoLSAMD must ensure that communities from the more remote clusters are included. The final list of communities to be audited is then sent to DoLSAMD. DoLSAMD forms teams to carry out the audit (preferably both male and female staff). The audit team composed of DoLSAMD staff then visits a maximum of 2 program communities a day to carry out the audit. In each community, the team has one focus group discussion with the beneficiaries and one with the VSC and VVC members. Ideally, female beneficiaries participate in the focus group discussions. If this is not possible, and if female DoLSAMD staff are not available, then male representatives can join the focus group. This last option is only to be exercised if all other options have failed. The audit team also meets with at least 3 individual beneficiaries and 1 VSC or VVC member” (MOLSAMD 2012, 22).

39. See: section 4.0 ‘Grievance Handling’ of the implementation guidelines (MOLSAMD 2012, 22–23).

40. The programme’s progress reports point to gender-disaggregated data (NRAP 2018; 2017, 26).

41. The programme’s annual report states that “community-based monitoring” is employed in its subprojects (NRAP 2017, 26). Community participatory monitoring sessions and social audits are also reported in quarterly reports.

42. The programme relies on Grievance Redress Committees (NRAP 2017, 26). Numbers of female and male Grievance Redress Committees are also reported (NRAP 2018, v).

43. The following groups are prioritised: elderly people, people with multiple disabilities, children with intellectual disability or autism, women, landless and/or destitute people, and people who are stricken by extreme poverty or live in remote areas (World Bank 2019b, 4).

44. The World Bank’s Cash Transfer Modernization Project foresees outreach and communications campaigns. The project includes the following programmes: Old-Age Allowance, Widow Allowance, Disability Allowance and the Disabled Students Stipend (World Bank 2018e, 22). Community awareness of the application and selection process, disaggregated by gender, is measured as a project outcome (World Bank 2018c, 5).

45. Data from the Department of Social Security management information system provide beneficiary information disaggregated by gender (World Bank 2018e, 34).

46. Complaints mechanisms exist, but they have been found to be limited (World Bank 2019b, 8). Within the World Bank’s Cash Transfer Modernization Project an online portal linked to the Department of Social Security’s management information system has been developed through which grievances can be submitted (World Bank 2018c, 22).

47. The objectives are to provide short-term employment, develop rural infrastructure projects and promote women’s empowerment by ensuring a certain quota (minimum 33 per cent) for women (Akanda 2018, 5).

48. One of the activities of the World Bank’s Safety Net Systems for the Poorest Project (covering EGPP, WFM/ FFW, TR, VGF and GR) is to improve citizens’ awareness of objectives, eligibility criteria, entitlements and grievance mechanisms. A public information campaign was foreseen to ensure that potential beneficiaries receive full information about the programme (World Bank 2013, 93; 2018b, 4).

49. One of the indicators of the World Bank’s Safety Net Systems for the Poorest Project is the number of beneficiaries participating in FFW, EGPP, TR, VGF and GR, disaggregated by gender (World Bank 2013, 15).

50. Female empowerment is one of the areas suggested for qualitative evaluation within the World Bank’s Safety Net Systems for the Poorest Project (World Bank 2013, 28).



51. The programme includes a grievance redress mechanism (Shelley 2015, 12). World Bank's Safety Net Systems for the Poorest Project also foresees the establishment of a grievance redress mechanism (World Bank 2013, 19).

52. Objectives include inter alia: encouraging education for students who are poor; giving priority to girls (40 per cent of female and 10 per cent of male students are targeted); encouraging female participation in socio-economic activities, which is expected to accelerate women's overall empowerment; and reducing disparities between males and females in society (Bangladesh Bureau of Statistics and UNICEF Bangladesh 2017, 50).

53. The programme supports 40 per cent of total female enrolment and 10 per cent of total male enrolment. People with disabilities, orphans, insolvent freedom fighters and children from disaster-affected or distressed households should be given preference. Selection committees should apply a 'pro-poor methodology' in the selection process (Ministry of Education n.d.)

54. The programme's objectives are to ensure socio-economic development and social security and to strengthen the dignity and mental health of widows and deserted and destitute women (Ministry of Social Welfare 2019).

55. The following groups are prioritised: people with physical disabilities; those suffering from illness; those without assets; landless migrants; people separated from their family; and distressed and landless people who have two children below 16 years of age (Ministry of Social Welfare 2019).

56. According to programme guidelines, outreach activities are planned. However, they have been found to be limited (World Bank 2019c, 4). See also Note 13.

57. Complaints mechanism exist, but they have been found to be limited (World Bank 2019c, 7). See also Note 15.

58. "The principal objectives of the MA programme, according to the Implementation Policy document of the Ministry of Women and Child Affairs (MOWCA), are: (i) to reduce maternal and infant mortality for poor households consistent with the MDG and PRSP objectives, (ii) to increase the rate of breastfeeding, (iii) to improve nutritional intake during pregnancy, (iv) to increase utilization of delivery and post-delivery care, (v) to improve child immunization rate and adoption of family planning practices, (vi) to reduce effectively the practice of dowry, divorce and child marriage, (vii) to encourage birth registration and (viii) to encourage registration of marriage" (SPFMSP 2017a, 5).

59. Training is offered on health, nutrition and income-generating activities (SPFMSP 2017a, 24).

60. A diagnostic study on the programme looked at, among other aspects, how allowances were used and the usefulness of the training provided (SPFMSP 2017a).

61. The union-level committee is responsible for dealing with any complaints regarding the selection of beneficiaries (SPFMSP 2017a, 5).

62. Priority is given to the following groups: people with disabilities; freedom fighters; those who are poor, homeless or landless; widows; divorcees; those who are wifeless, spouseless or deserted by their family; and those who have no savings (DSS 2019).

63. According to programme guidelines, outreach activities are planned. However, they have been found to be very limited (World Bank 2019e, 4). See also Note 13.

64. Beneficiary numbers are available disaggregated by gender (SPFMSP 2017b, 102). See also Note 14.

65. A pilot programme for the Old-Age Allowance Programme and VGD has introduced a number of social accountability tools such as social audits, community scorecards, community report cards, development of a citizens' charter and public hearings (SPFMSP 2017b, 21).

66. The union committee is responsible for resolving selection-related complaints (Shelley 2015, 12). See also Note 15.

67. Women's empowerment is listed as a programme objective in the government's annual education report (Directorate of Primary Education 2017, 247). Qualitative assessment by UNICEF explains that this refers to the empowerment of mothers as recipients (Directorate of Primary Education and UNICEF 2013, 29).

68. Schools have to respond to a questionnaire which includes information on stipend beneficiaries, school feeding beneficiaries, attendance, repeater and age-specific numbers of children, among others (Directorate of Primary Education 2017, 28).

69. Qualitative assessment of the programme looked at the effect on school attendance for girls and boys separately (Directorate of Primary Education and UNICEF 2013, 28).

70. The objectives of VGD (a subprogramme of the PFDS) are: "To assist poor rural female-headed households by providing complementary inputs that aim to improve their nutrition and enhance their livelihoods and self-reliance; To overcome existing food insecurity, malnutrition, and lower social status so that the women can graduate out of ultra-poverty; To develop skills of the women beneficiaries through training and encourage them to collect initial capital for investment through savings; To increase social awareness of best health practices and promote women's empowerment" (SPFMSP 2017d, 11).

71. VGD: Public meetings for identifying deserving/eligible beneficiaries are foreseen in the programme manual but in practice not implemented (SPFMSP 2017d, 23). WFM/FFW, TE, VGF and GR: See Note 48.

72. VGD provides training on income-generating activities and on life skills (SPFMSP 2017d, 11).

73. See: Note 49.

74. VGD: Information is collected on the number of women who successfully undertook income-generating activities and who reported improved life skills (SPFMSP 2017d, 26). FFW, TR, VGF and GR: See Note 50.

75. For VGD: See Note 65.

76. VGD: VGD circular 2015-2016 mentions grievance mechanisms, but in reality they remain limited (SPFMSP 2017d, 27). FFW, TR: Complaints can be filed with the Union or Ward Committee (World Bank 2019c, 6). See also Note 51.

77. "The project also covers deworming of students, encouraging women's role in school management committees, and raising the awareness among students and local people on cleanliness, safe water, disaster risk reduction and vegetable gardening by the students" (Directorate of Primary Education 2017, 252).

78. See: Note 68.

79. Grievance redress mechanisms exist, but there is a lack of knowledge and awareness among the teachers as well as the students and their guardians (SPFMSP 2017c, 46).

80. "REAP II shall be based on the following principles. (...) e. Gender sensitive: The activities under the programme shall be gender sensitive and ensure equitable outcomes" (Gross National Happiness Commission Secretariat n.d., 2–3).
81. "WFP has been supporting Bhutan since 1976 and was providing school meals across the country with the following purposes: to combat malnutrition, increase enrollment, and reduce gender and economic inequality" (Royal Audit Authority 2017, 7).
82. An iron, deworming and vitamin A supplementation programme is carried out in collaboration with the Ministry of Health (Royal Audit Authority 2017, 12).
83. Information is available on the numbers of girls and boys and their specific needs for nutrient intake (Royal Audit Authority 2017, 9)
84. "For bringing women to health facilities to ensure safe delivery and emergency obstetric care, JSY, a demand promotion scheme was launched in April 2005" (Department of Health and Family Welfare 2017, 26).
85. Accredited Social Health Activists (ASHAs) are involved in programme implementation to support early registration of beneficiaries. If they do not have the BPL cards, ASHAs should also facilitate their certification (Ministry of Health & Family Welfare, n.d., 7).
86. Rates evaluated: institutional deliveries and maternal, infant and newborn mortality ratios (Department of Health and Family Welfare 2017, 32).
87. Provisions for addressing grievances are stated in programme guidelines (Ministry of Health & Family Welfare, n.d., 16). However, there are reports that the grievance mechanism has not been activated (Bhatia, n.d., 10).
88. "What are the Goals of MGNREGA? (...) vi) Empowerment of the socially disadvantaged, especially, women, Scheduled Castes (SCs) and Scheduled Tribes (STs), through the processes of a rights-based legislation" (Babu et al. 2014, 2).
89. The 2005 Act establishes quotas for women (at least one third of the beneficiaries) (Government of India 2005, 32). Moreover, the programme's FAQs include a section on 'Special Category Workers' and provisions for their inclusion (Babu et al. 2014)". The Project Livelihoods in Full Employment under MGNREGA (Project LIFE – MGNREGA) also targets "youth, in age group of 18 to 35 years (45 years in case of Women, Particularly Vulnerable Tribal Groups, Persons with disabilities, Transgender, Scheduled Castes/ Scheduled Tribes and other Special Groups), from the rural HHs whose members have completed at least 15 days of work under Mahatma Gandhi NREGA in FY 14-15, FY 15-16 or FY 16-17 [...] Priority shall be given to HHs that completed 100 days of work under Mahatma Gandhi NREGA in previous FY" (MRD 2018, 81).
90. States and union territories should proactively reach out to those households that were registered as 'landless households dependent on manual casual labour for livelihood' in the Socio Economic Caste Census and register those among them who do not yet have a Job Card and are willing to work under the scheme (MRD 2018, 9).

91. Selected workers are trained as so-called 'Barefoot Technicians' to support the supervision of the works. Moreover, within the Project Livelihoods in Full Employment under MGNREGA youth from MGNREGA families are supported through skills trainings and livelihoods interventions (MRD 2018, 77–80).

92. The programme dashboard presents information disaggregated by gender, SC/ST status and disability status. See <[http://mnregaweb4.nic.in/netnrega/all\\_lvl\\_details\\_dashboard\\_new.aspx](http://mnregaweb4.nic.in/netnrega/all_lvl_details_dashboard_new.aspx)>.

93. "Women's empowerment and gender issues" are included under 'Research Themes' in the Circular referring to Guidelines on Research Studies under the MGNREGA (MGNREGA n.d., 7).

94. Detailed guidelines on social audits are available, and they include MGNREGA's workers (MRD 2012, 7).

95. "Workers are entitled to register a grievance related to the implementation of Mahatma Gandhi NREGA in the Gram Panchayat, Block and the District Level and receive a dated acknowledgement of the same. Workers have a right to get their grievances redressed by the authorities concerned within 15 days of the grievance being registered" (MRD 2018, 52).

96. "1.3 There is also evidence to suggest that apart from enhancing school attendance and child nutrition, mid-day meals have an important social value and foster equality. As children learn to sit together and share a common meal, one can expect some erosion of caste prejudices and class inequality. Moreover, cultural traditions and social structures often mean that girls are much more affected by hunger than boys. Thus, the mid-day meal programme can also reduce the gender gap in education, since it enhances female school attendance" (National Programme of Nutritional Support to Primary Education 2006, 1).

97. "Monitoring Attendance—All States and UTs are required to ensure that daily data from 100% schools is uploaded through Automated Monitoring System (AMS)" (MHRD 2019, 2).

98. Promoting social and gender equity is a stated monitoring parameter, but no specific indicators are proposed (National Programme of Nutritional Support to Primary Education 2006, 80).

99. The programme has provisions for social audits to be carried out, and a few reports are available (MHRD 2014).

100. "In addition to above, the States and UTs shall also develop dedicated mechanism for public grievance redressal, which should be widely publicized and made easily accessible (like toll free call facility etc.)" (National Programme of Nutritional Support to Primary Education 2006, 33).

101. "State/UT will be responsible for carrying out Information, Education and Communication (IEC) activities amongst targeted families such that they are aware of their entitlement, benefit cover, empaneled hospitals and process to avail the services under ABNHPM. This will include leveraging village health and nutrition days, making available beneficiary family list at Panchayat office, visit of ASHA workers to each target family and educating them about the scheme, Mass media, etc. among other activities" (Ministry of Health & Family Welfare n.d., 7).

102. The AB-NHPM database contains individual-level information, including age and gender (Ministry of Health & Family Welfare n.d., 15).

103. See: 'Grievance' section (Ministry of Health & Family Welfare n.d., 51).

104. "NSAP was expanded in 2009 to cover more vulnerable groups below poverty line. In February 2009, Government of India approved pension to widows below poverty line in the age group of 40-64 years. This scheme was named Indira Gandhi National Widow Pension Scheme (IGNWPS)" (MRD 2014, 2).

105. "a) Universal coverage of eligible persons and pro-active identification: In this process it may be ensured that onus is not on the beneficiary to prove her/his eligibility. The implementing agency should also ensure coverage on special priority for the vulnerable groups like manual scavengers, persons affected by leprosy, AIDS, Cancer, TB and other serious ailments, bonded labourers, families affected due to natural or man-made disaster etc. Transgender, Dwarfs who fulfill the eligibility criteria must also be included" (MRD 2014, 4).

106. See: Note 109.

107. Gender-disaggregated data can be found on the programme's website. See <<http://www.nsap.nic.in/ReportsMore.html>>.

108. Social audits are to be held at least once every six months (MRD 2014, 27).

109. According to programme guidelines, a grievance redress mechanism is to be put in place (MRD 2014, 26).

110. "2.1.1 Providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child. 2.12 The cash incentive provided would lead to improved health seeking behaviour amongst the Pregnant Women and Lactating Mothers (PW&LM)" (Ministry of Women and Child Development 2017, 2).

111. Information, education and communication activities are to be organised, including a one-page pamphlet informing potential beneficiaries about the programme (Ministry of Women and Child Development 2017, 18).

112. See section 7 'Evaluation objectives and parameters'. Besides indicators on the relevance and effectiveness of the scheme, it also proposed investigating the number of days of rest from employment taken by mothers during the critical pregnancy/post-pregnancy period (Ministry of Women and Child Development 2019, 5–6).

113. Social audits are foreseen in the programme's implementation manual (Ministry of Women and Child Development 2017, 17).

114. Grievance redress mechanisms are to be set up (Ministry of Women and Child Development 2017, 16–17).

115. "In order to make Targeted Public Distribution System (TPDS) more focused and targeted, the "Antyodaya Anna Yojana" (AAY) was launched in December 2000 for one crore poorest of the poor families. Since then the scheme has been expanded thrice. The focus on the following groups has been enshrined in the scheme guidelines: (...) Widows or terminally ill persons or disabled persons or persons aged 60 years or more or single women or single men with no family or societal support or assured means of subsistence." "What is the AAY scheme?" "What are the estimated number of AAY families and the number of AAY families identified & ration cards issued in the States and UTs?" available at <<https://dfpd.gov.in/faq.htm>>.

116. "The introduction of an SMS alert at the beneficiary level is an important measure to increase awareness. The SMS alert facility is being implemented by the food and civil supplies department in Karnataka. (...) However, lack of awareness regarding their entitlement and the issue price among beneficiaries is another challenge. Display boards containing the correct information about entitlement, availability of food grain and issue price should be maintained at all FPSs. Information must be written in the local language so that it is easily read by beneficiaries" (National Council of Applied Economic Research 2015, 99–100).

117. There are provisions for the establishment of “vigilance committees” (Ministry of Consumer Affairs, Food & Public Distribution 2017, 56). However, in some regions there have been reports of malfunctions: “According to state officials in Karnataka, a five-member vigilance committee is constituted for every FPS at the village or urban ward level. All members are supposed to be women and they are selected by the district minister. However, these committees may not be functional, according to the officials. Our findings indicate that vigilance committees are a complete failure, undermining the accountability of service providers in Karnataka. Over 90% of PDS consumers and 50% of PDS shopkeepers surveyed in Tumkur district were not aware of the existence of vigilance committees” (National Council of Applied Economic Research 2015, 91).

118. The programme’s grievance redress mechanism comprises toll-free numbers and online transparency portals set up at state level. Information is available at <<https://dfpd.gov.in/faq.htm>>. However, the level of awareness is low: “The Department of Food and Public Distribution, Government of India, in its PDS Control Order, 2001 (GOI 2001) issued a provision for the establishment of a grievance redressal mechanism as well as a monitoring system to oversee the functioning of the PDS. In reality, our survey found that the proportion of respondents aware of the existence of a grievance redressal mechanism was low in all states including the good performers” (National Council of Applied Economic Research 2015, xviii).

119. The Ministry of Health’s Health Master Plan 2016–2025 foresees measuring the population coverage of the social health insurance scheme by gender (Ministry of Health 2016b, 66).

120. The programme targets single parents (National Social Protection Agency 2019b).

121. See: <[https://www.mohp.gov.np/downloads/Aama\\_Programme\\_A\\_Brief\\_Introduction.pdf](https://www.mohp.gov.np/downloads/Aama_Programme_A_Brief_Introduction.pdf)> (p. 1).

122. “Some of the PHCCs are creating awareness among women who are likely to become mothers about the Aama Programme through different media” (Bhatt et al. 2016, 18).

123. Achievements in ANC, institutional deliveries and post-natal care are tracked by the Department of Health Services, as can be seen in its annual report (Ministry of Health 2016).

124. Within the World Bank’s Strengthening Systems For Social Protection And Civil Registration Project, outreach campaigns are planned for those beneficiaries who are eligible but uncovered for the Social Security Allowance (old-age pension, single woman’s pension, the child grant, disability grant and endangered ethnicity grant) (World Bank 2016, 35). A special focus is placed on including excluded women (World Bank 2016, 21).

125. Linkage to birth registration services, supplemented by orientation on infant and young child feeding practices (IDS 2016, 26).

126. Within the World Bank’s Strengthening Systems For Social Protection And Civil Registration Project, data on Civil Registration and Vital Statistics and Social Security Allowance beneficiaries in the management information system will be disaggregated by gender (World Bank 2016, 21).

127. Monitoring and grievance redressal mechanisms are available for the pension scheme, social disability scheme, child grant and Endangered Indigenous Peoples Allowance (LWF Nepal 2017, 33–35).

128. See: Note 128.

129. “e. While there are lists of those receiving the allowance by district, municipality and gender, and by level of disability allowance card they receive, this information is not disaggregated by age” (Holmes et al. 2018, 13).

130. See: Note 131.

131. See: Note 128.

132. See: Note 130.

133. See: Note 131.

134. "Prioritised households must meet at least one of the following criteria: a) Households with a member who is registered as physically impaired/disabled; b) Dalit/minority/indigenous households; c) Female-headed households; d) Households with pregnant/lactating women; and e) Households with a large number of dependent members (both children and elderly people)" (MoFALD 2014, 19).

135. "Prior to the event, the KEP conducts a communication campaign where communities are informed about key aspects of the programme" (MoFALD 2014, 20).

136. "Various employment-related reporting including employment by project type, geographical location, gender, caste etc" (MoFALD 2014, 41).

137. See: Part 12 'Grievances' (MoFALD 2014).

138. "Short term objectives of the project are: to improve the enrollment and attendance rate of students; to decrease dropout and bunking students; to increase the learning capacity of students; to remove gender discrimination and maximize women's (Mothers') participation, with the joint efforts of school, family and community; and to help remove the social stigma of 'untouchability'. It also aims to bring qualitative and quantitative improvements to Primary education, increasing girls' enrollment in community Primary schools and achieving sustainable improvements in food security for the most disadvantaged groups, particularly women and children in highly food insecure areas, mainly in the far and mid-western, hill and mountain regions of Nepal" (Ministry of Education 2015, 195).

139. "WFP added complementary activities, such as early-grade literacy support, distribution of laptops and digital materials, constructing school infrastructure such as kitchens and school water and sanitation facilities to the school meal programme from 2013, creating an overall package of education support activities enhanced by community and government capacity development through trainings in logistics, food handling, and hygienic food preparation, promotion of good practices in hygiene and sanitation in schools" (WFP Nepal 2016, 9).

140. Within the WFP-supported programme, many relevant indicators are disaggregated by sex (for children and adults, where relevant) and allow for gender-sensitive monitoring (Brennan 2017, 14).

141. Within the WFP-supported programme, the results framework was designed to measure access using net enrolment rates by gender (Brennan 2017, 26).

142. "Community involvement in monitoring is being promoted by extending WFP's recent innovative beneficiary feedback mechanism 'Namaste WFP'" (Brennan 2017, 32).

143. Ibid.

144. See: Note 128.

145. See: Note 130.



146. See: Note 131.

147. See: Note 128.

148. “RCIW uses a combination of cash and food transfers and training modalities for the creation of assets and development of skills that enhance food and nutrition security among the most marginalized communities” (MoFALD 2016, i).

149. A ‘Notice for Expression of Interest (EOI) from interested and eligible domestic consulting firms for Impact Assessment of the Rural Community Infrastructure Works Programme’ specified that the programme assessment should contain gender-disaggregated data (MoFALD 2016, iv).

150. “Incentives and scholarship schemes will continue to support schooling of girls, Dalits and children with disabilities including other disadvantaged and marginalized communities. Increasing access and promoting equity and social inclusion in school education will be at the core of the incentives and scholarship program” (Ministry of Education 2015, 53).

151. The Department of Education’s annual report presents the number of beneficiaries of the scholarships for girls (Ministry of Education 2015, 174).

152. The Department of Education’s annual report claims ‘major achievements’ in terms of school enrolment and attendance of the target groups (Ministry of Education 2015, 176).

153. The programme specifically targets single women over the age of 60 and widows of any age (ILO 2017, 30).

154. See: Note 128.

155. See: Note 131.

156. To achieve the supplementary objective of women’s empowerment, the BISP provides support exclusively through women. See: <<http://bisp.gov.pk/overview/>>.

157. “BISP emphasizes social mobilization as an overarching strategy for its core program. This will also benefit its complementary programs. Effective social mobilization has the potential of increasing local-level ownership of the Program, can enable greater information sharing and transparency, and should play a key role in beneficiary engagement and trust building. The Government has rolled out social mobilization in WeT program districts, serving as a vehicle for beneficiary women to develop a platform for not just accessing education for the children, but for supporting each other for improved access to BISP benefits. While this step improved school enrollment under WeT, it also demonstrates vast potential for greater communication between BISP and its beneficiaries and enables beneficiaries to voice their concerns, which remain untapped. BISP will continue to roll out the social mobilization process under the Program and the ESSA strongly endorses this step” (World Bank 2017b, 47).

158. “The Program will facilitate BISP beneficiaries’ access to complementary social and productive services with an expectation that, over time, participation in these programs will contribute to their improved welfare and economic self-sufficiency. Social programs include, among others, education, nutrition, and health services such as the Prime Minister’s National Health Insurance Scheme. Productive services would include labor market interventions such as access to finance, formal and non-formal skills training, and asset transfer schemes such as the one administered by the Pakistan Poverty Alleviation Fund (PPAF)” (World Bank 2017b, 8).

159. Impact evaluations commissioned by the government present gender-disaggregated data (Cheema 2014; Cheema et al. 2015; 2016).
160. Impact evaluations commissioned by the government present indicators specifically related to women's empowerment (Cheema 2014; Cheema et al. 2015; 2016).
161. Beneficiaries have reported difficulties with the current grievance redress mechanism. World Bank assistance is going to promote citizens' engagement and social accountability through, for example, surveys, including Citizen Report Cards (World Bank 2017b, 12 and 47).
162. Ibid.
163. See: the programme's website: <<http://www.pbm.gov.pk/pbm.html>>.
164. "The project priorities include reduced inequality for marginalized and vulnerable population groups, including women and children. It will mitigate the devastating impacts on livelihoods faced by displaced communities in crisis affected areas and facilitate relocation to their original homes" (World Bank 2015, 58).
165. "Beneficiary Mobilization and Outreach: A beneficiary mobilisation and outreach mechanism will be geared towards informing, educating and mobilising beneficiaries about the features of the Early Recovery Package and CWGs. This will be a two-pronged model involving targeted communications through a) Public Information Campaign and b) Beneficiary Mobilization and Outreach. Both the methodologies will be designed after thorough consideration of the ground realities and information needs of the potential beneficiaries as well as availability of relevant modes and tools of communications and outreach in FATA" (World Bank 2015, 73).
166. "[...] A selection of child health services is envisaged to be offered to families with children aged 0-24 months in four pilot OSSs [One-Stop Shops]. The number of potential beneficiary families is estimated at about 64,000 families. The selected services include child health awareness and counseling, screening of children for malnutrition using growth monitoring, immunization services, and referral of complicated cases" (World Bank 2015, 7). "By registering all beneficiaries including eligible women belonging to FATA, people will receive CNICs that make them eligible as full citizens for other services provided by the state including ensuring eligibility for BISP payments later if they qualify through the BISP Poverty Score Card Household Survey. CNICs and biometric data can also ensure that widows, women headed households are included and receive payments directly" (World Bank 2015, 58–59).
167. Indicators disaggregated by gender are specified in project documents (World Bank 2015, 22–24).
168. "The project beneficiaries will be able to access the OSS [One-Stop Shops] to submit complaints and appeals concerning targeting, registration, enrollments, verification, ERG, LSG, and CWG payments, and the quality of services being provided" (World Bank 2015, 11).
169. A presentation about the programme states that complaints and beneficiary feedback mechanisms are available (Popalzai n.d., 14 and 18).
170. Activities of the World Bank's Social Safety Net Project include the use of a census sweep—or a targeted outreach approach—in selected geographic areas where poverty rates are higher or insufficient coverage of marginalised groups is suspected. In addition, a public information and outreach campaign was planned to explain new registration process and encourage new applications, especially from underserved groups. Appeals about the selection process will be handled by a community validation or committee review (World Bank 2016b, 31).

171. The programme includes compulsory savings, social security and housing fund contributions, which are deducted from benefits; they can only be withdrawn when the beneficiary reaches 60 years of age or needs the money due to severe illness or to make an investment (Alderman, Gentilini, and Yemtsov 2018, 165). In addition, the programme includes microfinance and various community and livelihoods development activities (World Bank 2016b).

172. The World Bank's Social Safety Nets Project foresees the establishment of a gender-disaggregated M&E system and that the Ministry of Finance or the Welfare Benefits Board publishes an annual report on its website with the main indicators related to programme implementation, including the gender of beneficiaries (World Bank 2016b, 70). The project includes the following programmes: Samurdhi (now Divineguma), Financial Support to Elderly, National Secretariat for Persons with Disabilities Programmes and Public Assistance.

173. The World Bank's Social Safety Nets Project foresees several ways to engage citizens, including a "social communication and awareness campaign to inform the public about the objectives of the new targeting mechanism and to receive their suggestions for improvement. Citizens will also be able to submit feedback on the selection and decision-making processes to program officers at the DS level" (World Bank 2016b, 19).

174. A hotline is available (Department of Samurdhi Development 2017, 85). The aim of the World Bank's Social Safety Nets Project is to establish "a robust and decentralized grievance redress system at three levels" (World Bank 2016b, 70).

175. See: Note 174.

176. See: Note 176.

177. See: Note 177.

178. The aim of the World Bank's Social Safety Nets Project is to establish "a robust and decentralized grievance redress system at three levels" (World Bank 2016b, 70).

179. See: Note 174.

180. The programme consists of several initiatives, including self-employment, housing, medical, education and school material assistance, toolkits for self-employment, an allowance for disabled vocational trainees, and assistive devices (World Bank 2016b, 63).

181. See: Note 176.

182. See: Note 177.

183. See: Note 182.

184. The programme aims to improve the nutrition status of children and pregnant and lactating women (Alderman, Gentilini, and Yemtsov 2018, 175).

185. See: Note 174.

186. See: Note 176.

187. See: Note 177.

188. See: Note 182.

189. The Ministry of Health provides iron tablets, folic acid, vitamins and deworming medicine as a complement to the programme (World Bank 2015a, 4)3.

190. Schools have to feed information about the programme, including gender of beneficiary, into the students' School Health Promotion Database (Ministry of Education 2018, 37).

191. The School Feeding Management Committee (comprised of teachers, parents and community representatives) can hold the meal providers accountable in the case of unsatisfactory performance. However, no mechanisms are yet in place for them to hold higher levels accountable (Ministry of Education 2018, 13).





**International Policy Centre for Inclusive Growth**

SBS, Quadra 1, Bloco J, Ed. BNDES, 13º andar  
70076-900 Brasília, DF - Brazil  
Telephone: +55 61 2105 5000

[ipc@ipc-undp.org](mailto:ipc@ipc-undp.org) • [www.ipcig.org](http://www.ipcig.org)