

What works to narrow gender gaps and empower women in Sub-Saharan Africa?

An evidence-review of selected impact evaluation studies



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Abbreviations

ANC	antenatal care
CCTs	conditional cash transfers
ELA club	Empowerment and livelihoods for adolescents club
GBV	gender-based violence
GDP	gross domestic product
IPV	intimate partner violence
SSA	Sub-Saharan Africa
SRH	sexual and reproductive health
STEM	science, technology, engineering, and mathematics
PASEC	Program for the Analysis of Educational Systems
PNC	postnatal care
UCTs	unconditional cash transfers
WASH	water, sanitation, and hygiene

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**Chapeau: What works
to address gender gaps
across Sub-Saharan
Africa?**



Introduction: What works to address gender gaps across Sub-Saharan Africa?

Despite growing awareness of the scale and adverse outcomes of gender gaps in economic opportunities, progress to address them in practice has been limited to date. Intending to bridge the gap between knowledge generation and policy/operational design, the evidence briefs in this review summarize in a concise, user-friendly way what works to address gender gaps in a range of outcomes related to endowments, economic opportunities, and women's agency in Sub-Saharan Africa. The briefs are based on a review of more than 150 studies analyzing the effectiveness of interventions across 26 countries in the region, identifying effective and promising interventions to narrow gender gaps.

Topics and briefs' structure

A team from the Africa Gender Innovation Lab (AFR GIL) and the Poverty and Equity Global Practice produced eight evidence briefs covering a range of interventions related to agriculture, education, entrepreneurship, labor markets, landownership, sexual and reproductive health, child marriage, and gender-based violence, and to outcomes concerning endowments, economic opportunities, and women's agency.¹ Although the team acknowledges that other relevant gender disparities may exist within the region, these eight topics list most of the priority issues reflected in the upcoming Regional Gender Action Plans for Africa East and Africa West (World Bank 2023).

The eight evidence briefs cover **what works to**

- Support girls in achieving better **education outcomes**
- Support women's access to family planning and improved **reproductive health** outcomes
- Help women access **quality jobs**
- Support **women farmers** in maintaining and growing their businesses
- Support **women entrepreneurs** in maintaining and developing their businesses
- Reduce **child marriage** and alleviate its consequences
- Reduce **teenage pregnancies** and alleviate their consequences
- Prevent **gender-based violence** and protect survivors

Each brief has two parts:

- The first section gives an overview of how gender gaps unfold within the specific topic of interest and presents relevant data and comparisons for countries across Sub-Saharan Africa and provides a concise rationale of why these gaps matter.
- The second section summarizes the main results from selected studies that evaluate the impact of various interventions on the outcomes of interest for each topic. The evidence is grouped into three main categories: interventions that have shown effectiveness, interventions that show promise, and interventions with mixed results. Results vary across and within topics, with some interventions having clear favorable impacts on women, others having positive impacts on women but proportionally

¹ For more information on categories of gender equality's outcomes please see World Bank (2012).

benefiting men more, and others with no or unexpected impacts on women.

Objective and main audience of the evidence briefs

These briefs aim to present knowledge about what works to close gender gaps in education, employment, agriculture, and other domains, as well as what works to improve women's empowerment and reduce gender inequalities. Specifically, they serve to

- Present an overview of specific gender issues and how outcomes compare across the Sub-Saharan Africa region, as well as potential drivers of those outcomes;
- Support the integration of evidence-based gender interventions into projects and programs by World Bank teams and governmental and nongovernmental organizations;
- Inform the strategic directions of policies and action plans to narrow gender gaps; and
- Motivate and inform future research by providing an overview of the evidence base and missing knowledge on what works to close gender gaps.

As described in the next section, the review follows specific selection criteria, which implies that it doesn't exhaustively include all the studies that evaluate the impact of the different types of interventions on the outcomes of interest. The criteria included are meant to identify the most relevant studies from two

of the main repositories on impact evaluation and development studies, the World Bank Open Knowledge Repository² and the International Initiative for Impact Evaluation (3ie) Development Evidence Portal.³ Each brief then provides then valuable insights into the effectiveness of programs and policies designed to improve gender equality, providing the reader with a summary and references to guide future research. Bringing evidence to support arguments increases the credibility of planned actions and helps determine priorities in projects aimed at decreasing gender disparities.

Methodology

The methodology followed to identify and select the reviewed studies is similar to the one used to conduct Evidence Gap Maps.⁴ Evidence Gap Maps are a type of systematic review that maps out the available evidence on a particular topic, identifies gaps in the evidence base, and highlights areas where further research is needed. Drawing from that methodology, the main questions of interest and scope of the review were defined, and a systematic search of the literature was conducted in the two repositories previously mentioned (World Bank Open Knowledge Repository and 3ie Development Evidence Portal) followed by some snowballing search. Finally, some key data were extracted and synthesized from the selected studies to characterize the evidence base and produce these briefs.

The current review focuses on studies that evaluate interventions targeted to adolescent girls (10–19) and/or women (20+) and aimed at narrowing gender gaps in Sub-Saharan Africa (SSA). The interventions could

2 <https://openknowledge.worldbank.org/home>

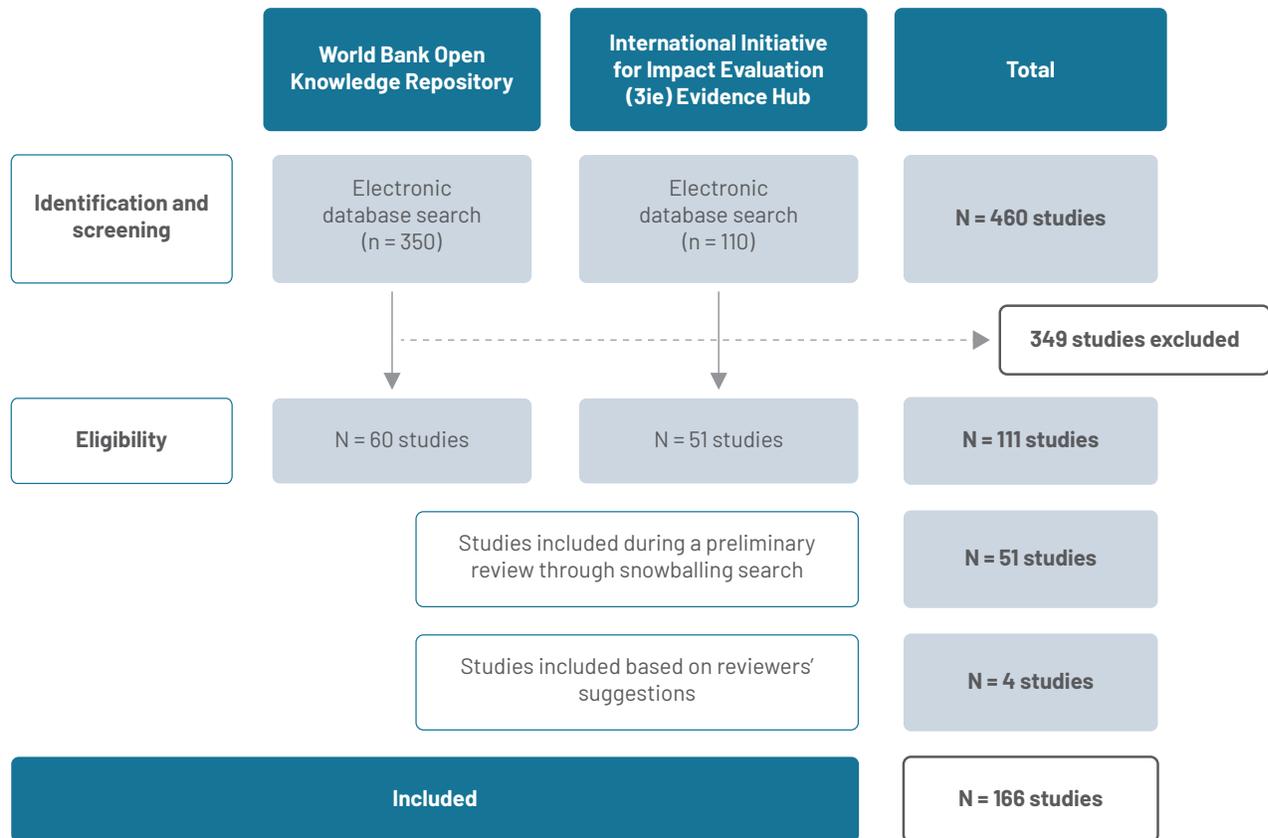
3 <https://developmentevidence.3ieimpact.org/>

4 International Initiative for Impact Evaluation (3ie), Evidence Gap Maps, <https://www.3ieimpact.org/evidence-hub/evidence-gap-maps>

also include men or boys, but they had to explicitly aim at benefiting women or girls. The search included briefs, published papers, and working papers from 2000 to early 2021⁵ published in English.⁶ The review includes only studies that use a comparison group to estimate the causal effects of the intervention (that is, impact evaluation studies), either through

experimental or quasi-experimental methods.⁷ A total of 166 studies fit the selection criteria. Figure 1 shows the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) chart summarizing the number of studies identified, selected, and included in the final analysis.

Figure 1. PRISMA chart



Source: World Bank staff visualization.

Note: PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

5 The searching of the studies and the extracting of the data took place during the second half of 2021.

6 Most of the evidence gap maps, systematic reviews, and evidence reviews include only studies published in English, as this is the primary language used by the top journals in development economics, and the language in which the majority of studies are published and indexed in databases.

7 Around 80% of the selected studies used an experimental method (i.e., a randomized controlled trial)

After the studies were screened to determine if they met the inclusion criteria, key data were extracted from the selected studies. The data extracted focus on the type of interventions evaluated and outcomes in which an impact is estimated, plus a summary of the impact found. Information was also extracted about the year in which the study was published, type of publication (for example, published paper, working paper and brief), study design (for example, experimental, or quasi-experimental), and target population of the intervention (for example, adult women and men, only adult women, adolescent girls and boys, only adolescent girls). Interventions were categorized into seven dimensions: (1) agriculture, (2) education and skills, (3) labor and entrepreneurship,

(4) finance, (5) landownership and access to assets, (6) sexual and reproductive health and child marriage, and (7) gender-based violence and female genital mutilation. Within each of these dimensions, interventions were subsequently categorized into different types of interventions. Table 1 provides a short description of the dimensions and some examples of the types of interventions in which the studies were categorized, and figure 2 shows the distribution of the number of studies by intervention dimension.⁸ The interventions with most studies are those related to education and sexual and reproductive health and child marriage, followed by labor and entrepreneurship and finance.

Table 1. Categorization based on the interventions studied

Dimension	Short description	Types of interventions coded
Agriculture	Interventions that provide inputs and/or disseminate knowledge related to agricultural practices.	Knowledge dissemination, provision of inputs.
Education and skills	Interventions to improve school enrollment and performance; interventions that provide hard and/or soft skills training.	Cash transfers, vocational training, life-skills training, safe spaces, school subsidies, infrastructure/wash, mentorship, legal reform.
Labor and entrepreneurship	Interventions that provide entrepreneurship training and/or credit to start a new business; interventions that aim to facilitate women’s participation in the labor market. This also includes interventions that aim to improve women’s access to quality employment; interventions that aim to help women to sustain their businesses; interventions related to school-work transition.	Entrepreneurship training, job counseling, support to enter male dominated sectors, apprenticeships, business incubators, childcare and flexible work arrangements, public work programs.
Finance	Interventions that facilitate women’s financial inclusion	Saving groups, financial education, access to formal financial services.
Land ownership and access to assets	Interventions that provide title rights and/ or access to livestock and other assets.	Land titling, access to assets.

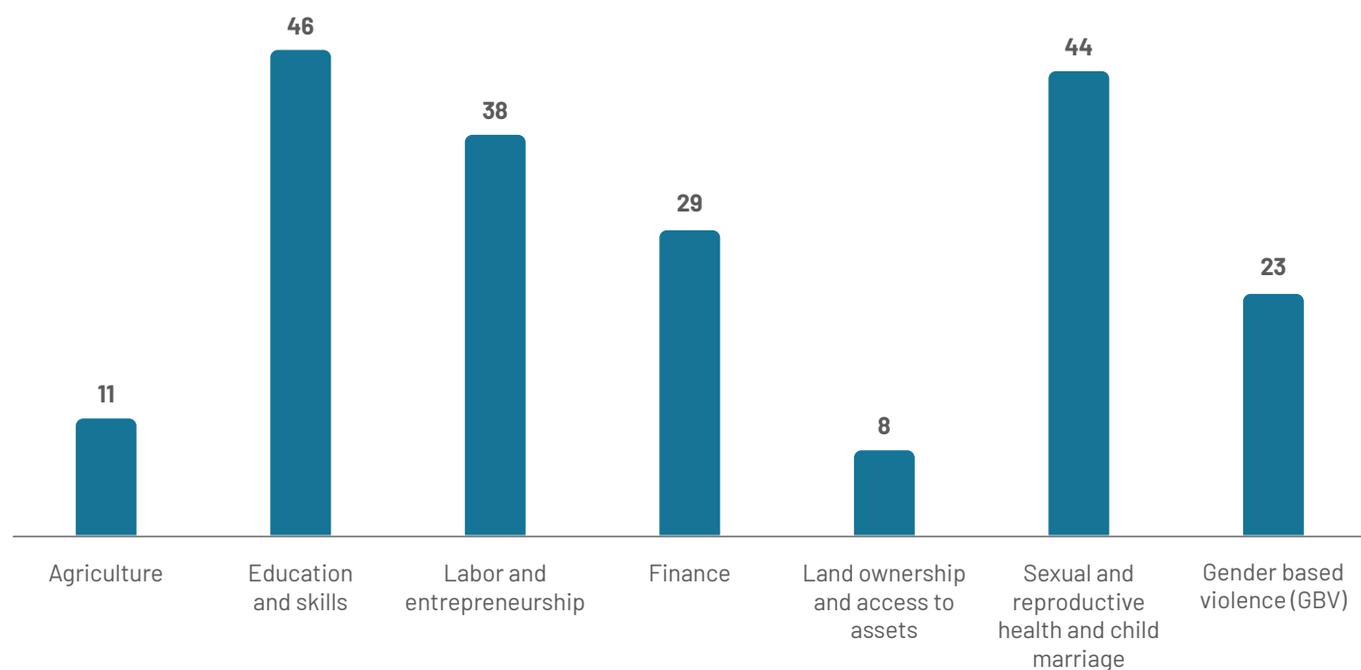
⁸ Please note that one study can fall into more than one dimension as the intervention studied may be a multicomponent intervention.

Dimension	Short description	Types of interventions coded
Sexual and reproductive health (SRH) and child marriage	Interventions that provide knowledge on SRH and/or access to contraceptive methods; interventions aiming at decreasing child marriage and/or teenage pregnancy.	SRH training, HIV testing, provision of contraceptive methods, safe spaces, legal reform, cash transfers.
Gender-based violence (GBV) and female genital mutilation/cutting (FGM/C)	Interventions aiming at preventing and/or combating GBV (IPV, FGM/C, sexual harassment, non-partner sexual violence, etc.) IPV (intimate partner violence) could be either emotional, economic, physical, or sexual. This also includes interventions that address FGM (prevention, mitigation, awareness, etc.)	Legal reform, psychological therapy/counseling.

Source: World Bank staff visualization.

Note: Edutainment/behavioral nudges and couples/community-based interventions are cross-cutting interventions to most dimensions.

Figure 2. Total number of studies by dimension



Source: World Bank

Note: Please note that one study can fall into more than one dimension as the intervention studied may be a multi-component intervention.

Outcomes were categorized into three dimensions—endowments, economic opportunity, and agency—and, within each of these dimensions, outcomes were subsequently categorized into different types.

The outcomes coded were then grouped to inform the eight briefs. Table 2 provides the list of outcomes and how they were grouped into each of the briefs.

Table 2. Categorization based on the outcomes studied

Brief	Type of outcomes included	Dimension
Support girls in achieving better education outcomes	School attendance/enrollment, performance/completion, drop-out, repetition	Endowments
	Soft skills/Socio-emotional skills, Cognitive skills/Technical skills	
	Consumption/Food security	
Support women’s and girls’ access to family planning and improve maternal health	Access to maternal care and health services	Endowments
	Access and use of contraceptive methods	
	Knowledge about reproductive health	
Help women access quality jobs	Soft skills/Socio-emotional skills, Cognitive skills/Technical skills	Endowments
	Income/earnings/profits/sales	Economic Opportunity
	Time use	
	Labor market participation	
Support women farmers in maintaining and growing their businesses.	Information/Knowledge on agricultural practices	Endowments
	Consumption/Food security	
	Adoption of agricultural practices	Economic Opportunity
	Productivity	
	Access to financial services, Savings	
	Assets/land ownership	
	Aspirations and attitudes	Agency
	Social norms	
Decision making		

Brief	Type of outcomes included	Dimension
Support women entrepreneurs in maintaining and developing their businesses	Consumption/Food security	Endowments
	Adoption of business practices	Economic Opportunity
	Productivity	
	Income/earnings/profits/sales	
	Expenditures	
	Access to financial services, Savings	
	Business formalization	
	Aspirations and attitudes	Agency
	Social norms	
	Decision making	
Reduce child marriage and alleviate its consequences	Consumption/Food security	Endowments
	Aspirations and attitudes	Agency
	Social norms	
	Child marriage	
Reduce teenage pregnancies and alleviate their consequences	Fertility/Teenage pregnancy	Agency
	Aspirations and attitudes	
	Social norms	
	Decision making	
Prevent gender-based violence (GBV) and protect survivors	Social Capital	Endowments
	GBV (Gender based violence)	Agency
	Aspirations and attitudes	
	Social norms	

Source: World Bank.

Notes: In the cases in which one type of outcome falls into different briefs, we included only those that are relevant according to the theme of the brief and the relevant type of interventions. Although we coded and reviewed separate studies that estimated an impact on the prevalence and acceptability of female genital mutilation, we could find only four such studies—not enough evidence for us to produce a brief.

After extracting the key information from the studies and coding it, we identified the studies that belong to each brief according to the classification provided in table 2. Subsequently, we analyzed the results to determine the degree of effectiveness of the interventions. We used a similar approach to that used by Bergstrom and Ozler (2021)⁹ to categorize the interventions, which is based on whether there is a positive and significant effect on the outcome of interest.¹⁰ We classified the interventions into three categories:

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in at least two different countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** The category of interventions that show promise comprises those for which less than three studies demonstrate improvement in the

outcome of interest, sometimes based on just one study with promising results. While some readers may not consider a single study as sufficient evidence of promising intervention, our review only included studies establishing causal relationships through experimental or quasi-experimental designs, with 80 percent of the studies utilizing experimental methods (that is, randomized controlled trials). Therefore, we have confidence in the accuracy of the results.

- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest. While some reviews separate the mixed results from the no effect category,¹¹ we chose to keep them together because they indicate the same gap, which is a lack of evidence for positive effects, rather than evidence of no effects.

9 Other reviews, such as World Bank (2022), have followed similar approaches.

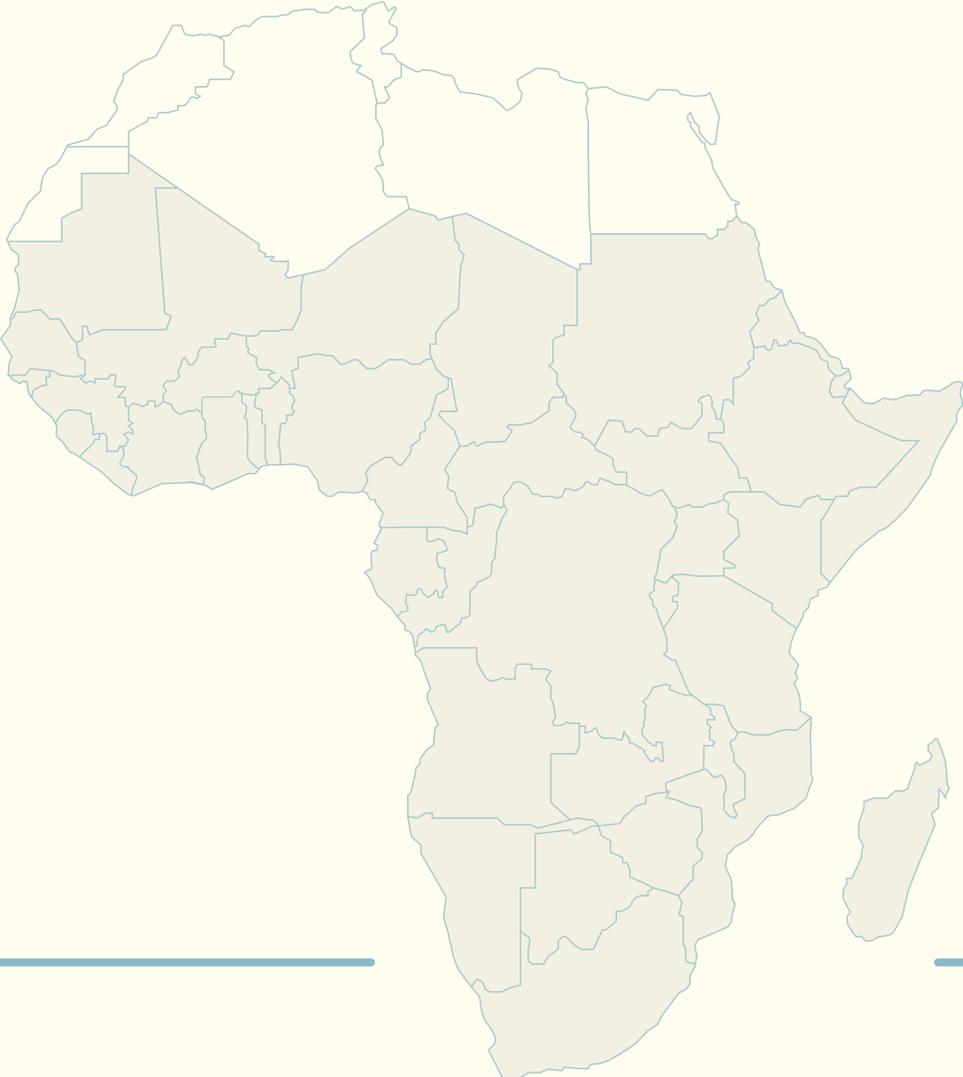
10 We didn't consider the economic significance of the impacts (that is, the magnitude), because the economic significance of the effect depends on the context and characteristics of the target population, which makes it difficult to standardize the criteria.

11 Although most of our studies used randomized controlled trials to estimate the impact of the intervention, some studies may be adequately powered to detect meaningful effects, and some may be underpowered and find potentially sizeable but statistically nonsignificant effects. Distinguishing between these two types goes beyond the scope of this review.

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1. Support girls in achieving better education outcomes



Context

Education has expanded dramatically in Sub-Saharan Africa (SSA) over the past 20 years. From 2000 to 2020, the percentage of children across the region who completed primary school rose by almost 30 percent (from 54 percent to 70 percent of children) and of those who completed lower-secondary school by 60 percent (from 27 percent to 44 percent in 2019).¹² **Current literacy rates in the region confirm this progress, with youth—particularly girls—showing significantly higher rates than the overall population** (figure 1A.1). Despite these massive gains, children in SSA are still much more likely to be out of school than children anywhere else in the world, and **gender gaps, though smaller, still persist** (figures 1A.2 and 1A.3). At the **tertiary level, enrollment rates are very low and continue to favor men on average**, with just 10 percent of SSA young men and 8 percent of SSA young women attending university (figure 1A.4). Evidence also shows that fewer women than men attend vocational education programs (41 percent of secondary-level vocational students are female), as observed in all other regions except Latin America and the Caribbean (figure 1A.5). Besides enrollment, the low quality of the education provided also presents an issue of concern in SSA: efforts to measure the quality of schooling reveal high numbers of students with limited literacy or numeracy skills even after several years of school. Eighty-seven percent of children in SSA are considered to be learning-poor—that is, they cannot

read and understand a simple story by the end of primary school by age 10.¹³

Although success in education indicators for girls correlates positively with the income level of their respective country and negatively with its level of poverty (figure 1A.6, panels a and b)—showing that richer countries present better education outcomes for girls—the relationship between gender gaps and income and between gender gaps and poverty level, although in the same direction, is less clear (figure 1A.7, panels a and b). This lack of clarity suggests that other factors, such as culture, play an important role in explaining why girls lag behind boys in particular countries. Country-level data show that, for most countries with available data, gender parity in secondary school attendance is higher for the wealthiest households—that is, in poorer families fewer girls go to school compared to boys.¹⁴ However, there are exceptions, with countries like Burundi, The Gambia, and South Africa showing similar gender parity across wealth levels and a few countries (like Zimbabwe) showing higher parity for lower-income households (figure 1A.8).

Some facts:

- Girls' gross primary enrollment in SSA was 97 percent compared to 102 percent for boys in 2019.¹⁵
- Primary schooling completion rates in SSA reached 69 percent for girls compared to 72 percent for boys in 2020 (figure 1A.9).

¹² Data in the context section of this note come from the World Bank's World Development Indicators, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

¹³ More on the concept of learning poverty can be found at [Learning Poverty is a combined measure of schooling and learning, worldbank.org](https://www.worldbank.org).

¹⁴ The DHS Program STATcompiler, <http://www.statcompiler.com>.

¹⁵ Gross enrollment ratio is the ratio of total enrollment, regardless of age, to the population of the age group that officially corresponds to the level of education shown. It can present values above 100 in settings with a mismatch between age and grade due to high student retention, for example.

- Several countries have reversed the gender gap and show higher primary completion rates for girls (for example, Burkina Faso, Burundi, Mauritania, Rwanda, Senegal, and Tanzania); however, others still present worrying levels of female primary completion: Cameroon (62 percent), Benin (61 percent), Niger (57 percent), and Mozambique (51 percent)—see figure 1A.9.
- Secondary gross enrollment in SSA was 42 percent for girls compared to 46 percent for boys in 2020. Rates are as low as 14 percent in the Central African Republic (20 percent for boys), 18 percent in Chad (30 percent for boys), and 21 percent in Niger (28 percent for boys) and as high as 124 percent in The Gambia (105 percent for boys) and 106 in South Africa (98 percent for boys)—see figure 1A.10.
- PASEC (Program for the Analysis of Educational Systems of CONFEMEN)—a learning assessment applied in 14 African French-speaking countries in 2019—finds that only 48 percent and 38 percent of students in reading and math, respectively, reach a sufficient competency level at the end of primary school (PASEC 2020). Girls show better results than boys in reading at the end of primary, but boys are doing better in math at both levels.
- Country-level data show important differences in access to tertiary education across countries, with strong reverse gender gaps present in southern African countries such as Botswana, Namibia, and South Africa, and in small island countries such as Cabo Verde and Seychelles (figure A.4). Nevertheless, men are still significantly ahead in countries like Benin, Burkina Faso, Ethiopia, and Togo.
- Country data on attendance in vocational education programs show percentages of female pupils as low as 24 percent in Ghana and Sudan and higher than 50 percent only in Lesotho and Senegal (figure 1A.11).
- The percentage of women in teaching in SSA is below that of every other world region in all levels of education (figure 1A.12). Even in primary education teaching, a traditionally female profession in most of the world, only 47 percent are women in SSA (figure 1A.12, panel a). When looking at female academic staff in universities, only 24 percent are women in SSA (figure 1A.12, panel c).
- In 2016, 33 percent of schools in SSA had no sanitation facilities, and only 14 percent offered limited sanitation options (that is, they had improved facilities that were either not single-sex or not usable). As figure 1A.13 shows, however, significant disparities can be observed across countries with available data.

Why do gender equality and improved women's outcomes in education matter?

Education is a pathway toward women's employment, empowerment, and improved health; and it brings tangible benefits for their children. Equal access to quality education has a pivotal role in countries' social and economic growth.

- Educated parents, especially mothers, make better choices regarding the nutrition and health of their families and the schooling of children (Breierova and Duflo 2004; Chou et al. 2010; Fuchs, Pamuk, and Lutz 2010; Grepin and Bharadwaj 2015; Olumakaiye, Motumayo, and Ajayi 2006; Schultz 2002).

- Gender equality in education reduces the probability that households will fall into poverty (Chaudhry and Rahman 2009; Sur Rahman, Chaudhry, and Farooq 2018).
- Women’s education triggers a sequence of improvements in reproductive health dimensions and is a key driver of women’s agency (Kabeer and Natali 2013; Klugman et al. 2014; Pena et al. 1999).
- Reducing the gender gap in education also affects long-term economic growth and generates productivity gains (El Alaoui 2016; Klasen 2002; Knowles, Lorgelly, and Owen 2002).

The evidence-based knowledge presented in this brief provides insights on the effectiveness of interventions aimed at improving gender equality in the education sector with the goal of informing sound policies and operations.

Evidence on what works to close gender gaps in education in SSA

The section is based on the review of 24 impact evaluations of interventions aimed at improving educational outcomes of girls and boys in countries in SSA.¹⁶ Box 1.1 explains the three categories used in determining the effectiveness of the interventions.

Box 1.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Countries: Benin, Burkina Faso, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Niger, Sierra Leone, Tanzania, The Gambia, Uganda, and Zimbabwe.

Interventions: Cash transfers, school vouchers, WASH (water, sanitation, and hygiene), menstrual hygiene management, legal reform, food aid, school supplies, scholarships, education reforms and policies that eliminated public school fees, provision

¹⁶ The findings of this review align with larger reviews in developing countries conducted by Bergstrom and Ozler (2021) and Evans and Yuan (2019), which show that reducing the cost to go to school (that is, through cash transfer programs and school fee reductions) is the most effective way to increase school enrollment and attendance of girls. Those reviews also show that structured pedagogy interventions have been among the most effective interventions to improve girls’ learning. That type of intervention was not included in this review.

of school subsidies, life skills training, safe spaces, and infrastructure.

Main outcomes: School attendance/enrollment, school performance/completion, cognitive skills, absenteeism, dropout, and consumption/food security.

Interventions that have shown effectiveness

Cash transfers targeted at adolescent girls appear to be one of the most effective interventions to increase school enrollment and attendance. Evidence shows that both conditional cash transfers (CCTs) and unconditional cash transfers (UCTs) have successfully increased attendance, but CCTs have resulted in larger impacts for girls.

- In the Zomba District of Malawi, a CCT program increased girls' regular attendance by 8 percentage points.¹⁷ Higher enrollment rates were seen for girls in both CCT and UCT arms, but the impact was smaller in the UCT arm (Baird, McIntosh, and Özler 2010).
- In rural Lilongwe, Malawi, a UCT program resulted in a 3.2-percentage-point increase in the probability that females in grades 9–11 would be enrolled in public school (Kim 2016).
- In Burkina Faso, both CCT and UCT arms of an intervention increased enrollment for boys (by about 11 percentage points); however, for girls, only the CCT arm had a statistically significant impact (about 9 percentage points) (Akresh, De Walque, and Kazianga 2013, 2016).

Increasing access to free schooling in SSA countries, either through elimination of school fees

or provision of scholarships, translates into higher enrollment/attendance rates for girls at the primary and secondary levels.

- In Ethiopia, for each additional year of free schooling made available, women's schooling increased by more than a 10th of a year (Chicoine 2020).
- In Uganda, the free primary education program increased female educational attainment by nearly one year on average, with impacts across all grade levels through the end of secondary school (Keats 2018).
- In Tanzania, the elimination of all primary school fees increased the enrollment of seven-year-old girls from 20 percent to 65 percent (boys' enrollment increased from 20 percent to 45 percent) in rural areas. In urban areas, enrollment increased from 37 percent to 80 percent for girls (and from 46 percent to 70 percent for boys) (Hoogeveen and Rossi 2013).
- In Benin, waiving public junior high school fees increased girls' enrollment and reduced dropout rates (Koumassa, Olapade, and Wantchekon 2020).
- In Ghana, a four-year full scholarship led to a 73 percent increase in female enrollment in senior high school (from 45 percent to 78 percent) and a 63 percent increase in male enrollment (from 57 percent to 93 percent) compared to the control group (Dupas, Duflo, and Kremer 2016).
- The provision of full scholarships in low-cost private schools in Uganda led to total enrollment increases of 35 percent for early secondary grades for both male and female students (Barrera-Osorio et al. 2016).

17 Target population was never-married girls ages 13–22.

Interventions that aim to make schools more girl-friendly, such as through the construction of WASH infrastructure, have increased girls' school performance and enrollment, and reduced absenteeism.

- In Burkina Faso, the combination of primary school construction and complementary interventions—such as separate latrines for boys and girls, canteens, mentoring for girls, and take-home rations (for girls only)—eliminated gender gaps in education. Girls' enrollment increased by 11.3 percentage points more than boys' enrollment, and test scores increased by 0.21 standard deviation more (Kazianga et al. 2019).
- In Niger, construction of primary schools—complemented by housing for female teachers, preschools, separate latrines for boys and girls, and mobilization and training activities—led to an increase of 11.8 percentage points in girls' enrollment and a 10.6 percentage point increase in girls' attendance. The interventions also had positive impacts on girls' math and French test scores¹⁸ (Bagby et al. 2016).
- In western Kenya, a comprehensive school-based WASH program in 135 primary schools reduced girls' absenteeism by 58 percent, but only among those who did not suffer from postelection violence in 2007 (Freeman et al. 2012). The same intervention led to a 4 percent increase in girls' enrollment in water-scarce schools during the dry season but showed no impacts for schools with better baseline water access (Garn et al. 2013).

Interventions that show promise

Regularly informing parents about girls' school attendance can have a significant effect on their attendance and test scores. Information given to parents can have even larger impacts when combined with provision of vouchers to girls for buying school supplies.

- In Mozambique, an intervention that combined cash transfers or vouchers with the provision of weekly information to parents on their child's attendance substantially increased girls' school attendance compared to a control group. Effects were larger when vouchers were given directly to the girls to buy school supplies instead of as a financial incentive to parents.¹⁹ Providing weekly information to parents without further incentives (information arm) had an effect as large as 75 percent of the CCT and information arm (and not statistically different from it) and as large as 54 percent of the girls' vouchers treatment. Only the information arm and the vouchers arm led to gains in math test scores (8.5 percent and 9.4 percent, respectively) (De Walque and Valente 2018).

Evidence shows that improving life skills of girls leads to higher rates of primary school completion and enrollment in secondary school.

- An intervention in Liberia that delivered social and emotional skills training to young adolescent girls increased the likelihood of girls having completed primary school by

¹⁸ Results were also positive for boys but smaller and less significant.

¹⁹ The program consisted of three treatment groups: financial incentive and information to parents, information to parents and girls' vouchers, and information only.

4 percentage points and their likelihood of having enrolled in secondary school by 3 percentage points (Koroknay-Palicz 2016).

Providing young women with a protective space in times of crisis can significantly improve educational outcomes and delay permanent school-to-work transition of school-aged girls.

- In Sierra Leone, the provision of a protective space (Empowerment and Livelihoods for Adolescents, or ELA, club) for young women (ages 12–17 and 18–25) significantly mitigated the negative impacts of an Ebola outbreak on school enrollment and earlier and permanent school-to-work transition. Whereas enrollment rates fell by 16 percentage points in villages strongly affected by the outbreak, in villages with ELA clubs that fall was cut by half (8 percentage points). Furthermore, in villages significantly disrupted by the outbreak, ELA clubs offset about 73 percent of the reduction in literacy skills and 99 percent of the reduction in numeracy skills of younger women caused by the outbreak (compared to villages without ELA clubs). For older girls, ELA clubs offset 93 percent of the loss in numeracy skills (Bandiera et al. 2018).

Evidence shows that in-kind aid can reduce school dropout rates and absenteeism.

- In Kenya, the provision of two free school uniforms over three years of primary school reduced the dropout rate from 19 percent to 16 percent for girls and from 13 percent to 10 percent for boys. The intervention also improved food security measured by number of meals eaten per day (Duflo, Dupas, and Kremer 2015).

- In Zimbabwe, providing a combination of school fees, uniforms, school supplies and support from a school-based female helper to monitor attendance reduced the dropout rate of adolescent female orphans by 65 percent after five years compared to a group that received only school fees in the last year and a half of the intervention (Hallfors et al. 2015).

An intervention shows that the monthly provision of sanitary pads can reduce school absenteeism.

- In Kenya, girls who received sanitary pads were 7.9 percentage points less likely to be absent from school. By contrast, distribution of menstrual cups did not reduce absenteeism (Benshaul-Tolonen et al. 2019).

Food-for-education schemes can increase girls' school enrollment rates.

- In rural Burkina Faso two different schemes—school meals and take-home rations—increased girls' enrollment by 3–5 percentage points and improved girls' math test scores. For households that rely on the female students to do household chores, however, the increased enrollment was accompanied by higher absenteeism (Kazianga, De Walque, and Alderman 2009, 2012).

Land property laws could potentially shift the allocation of resources within the households, leading to better gender equality in education. Yet, the impacts on girls are still unclear

- In Ghana, law (Intestate Succession Law 1985) that mandated that a significant fraction of a man's property should be inherited by his male children led to boys from matrilineal groups

receiving 0.9 less years of education in landed households. Though girls were not directly affected by the law, female completion rates increased—likely as a result of households having more resources to invest in girls because of reduced investments in boys. However, this effect on girls was insignificant when the sample was split by landed status and when the probability of completing secondary school was estimated (La Ferrara and Milazzo 2017).

Interventions with mixed results

Despite consistently improving school enrollment, cash transfer programs and access to free schooling have had mixed results on educational attainment and learning outcomes.

- In Malawi, girls in the CCT arm of an intervention performed better in English, mathematics, and cognitive ability, whereas the UCT arm of the same program did not have any impact on test scores (Baird, McIntosh, and Özler 2010).
- In another cash transfer intervention in Malawi without conditionalities, the probability of passing the national exam after grade 10 increased by 18.7 percentage points; however, the intervention had no impact on the probability of passing the national exam taken at the end of grade 12 (Kim 2016).
- A CCT program in three poor districts of Tanzania significantly increased school completion, especially for girls in the treatment group, who were 23 percentage points more likely to complete primary school (Evans et al. 2014).

- Also in Tanzania, the elimination of school fees produced large gains in girls' school enrollment but did not lead to improvements in grade achievement, which even deteriorated in rural areas (Hoogeveen and Rossi 2013).
- In Benin, waiving public school fees for girls in junior high school resulted in positive impacts on academic performance in some regional departments and negative impacts in others (Koumassa, Olapade, and Wantchekon 2020).
- In Kenya, the elimination of primary school fees increased completion rates for both genders but had a larger effect for boys (Lucas and Mbiti 2012).
- A girls' scholarship program in The Gambia increased high school exit exam take-up by 55 percent, suggesting that the program brought additional students close to completion.²⁰ Although the program had no overall impact on girls' and boys' test scores, it was found to increase girls' test scores in low-enrollment districts (Blimpo, Gajigo, and Pugatch 2016).
- In Ghana, a four-year scholarship intervention had a large impact on girls' secondary school completion rates: whereas only 24 percent of females in the control group completed secondary school, 58 percent in the treatment group did (Dupas, Duflo, and Kremer 2016).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions that incorporate gender issues into teacher training and that focus on reducing sex segregation in vocational training and STEM (science, technology, engineering, and mathematics) fields.

²⁰ Enrollment spillovers to boys occurred only in households with older girls enrolled in school, consistent with programs in other countries where reduced schooling costs for girls increased male enrollment within a household.

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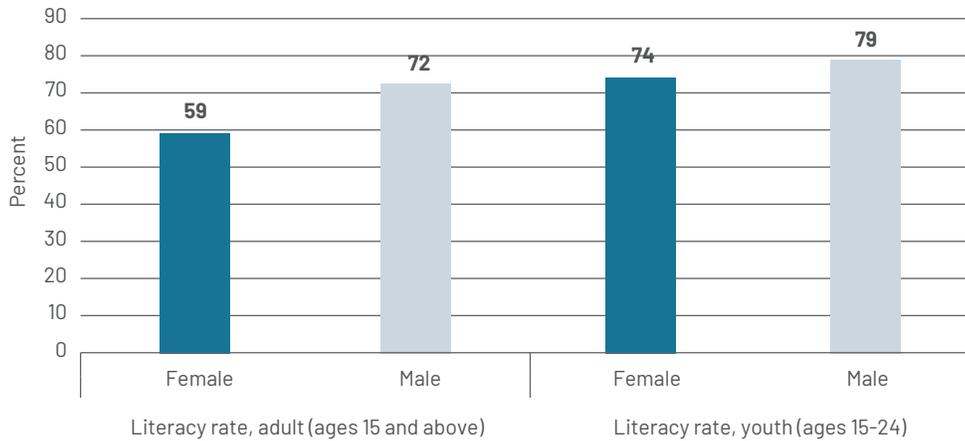
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Annex 1A

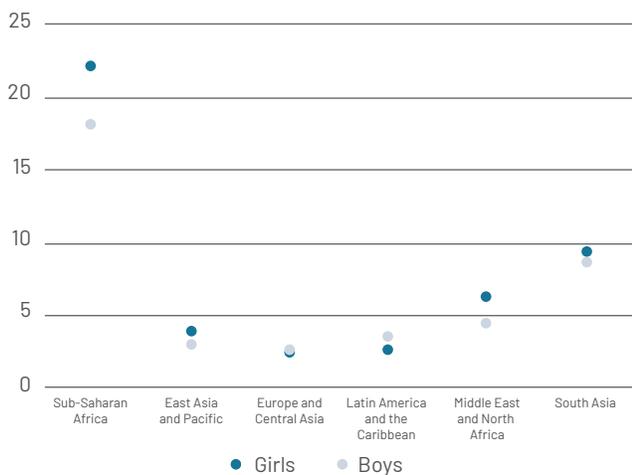
Figure 1A.1. Adult and youth literacy rates in Sub-Saharan Africa, 2020



Source: World Bank, World Development Indicators.

Figure 1A.2. Children out of school, by region, 2020

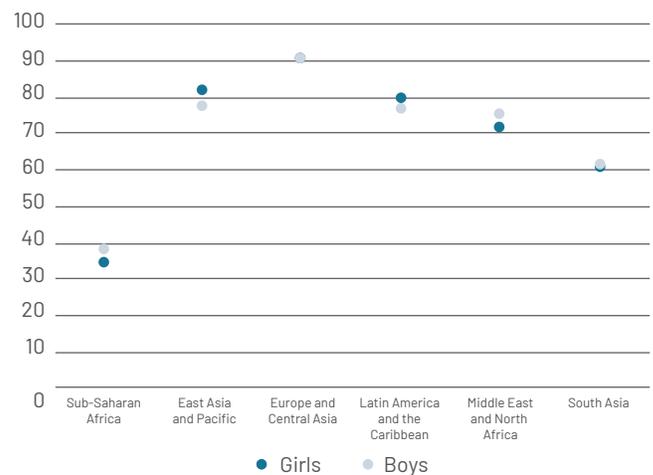
Percent of children of primary school age



Source: World Bank, World Development Indicators.

Figure 1A.3. Girls' and boys' secondary school net enrollment rate, by region, 2018

Percent of children of official secondary school age



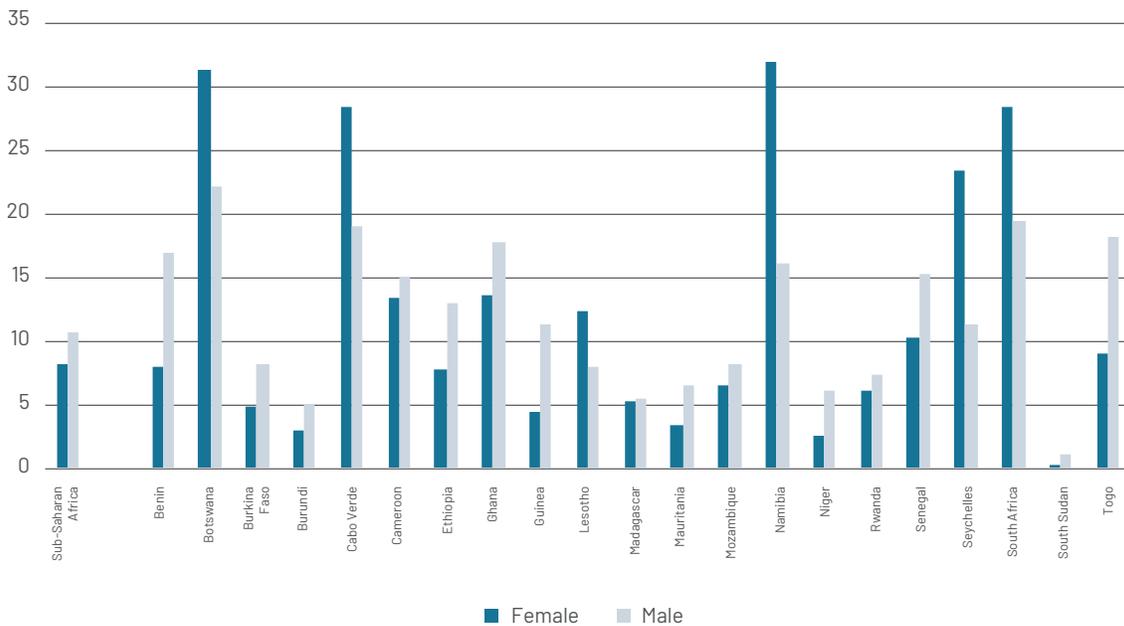
Source: World Bank, World Development Indicators.

Note: Children out of school is the percentage of primary-school-age children who are not enrolled in primary or secondary school. Children in the official primary age group who are in preprimary education should be considered out of school.

Net enrollment rate is the ratio of children of official school age who are enrolled in school to the population of the corresponding official school age.

Figure 1A.4. Gross enrollment in tertiary education, Sub-Saharan Africa and selected Sub-Saharan African countries

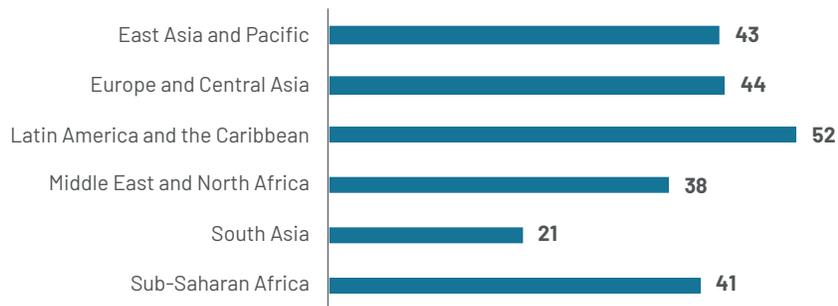
Percent of the age group that officially corresponds to tertiary education



Source: World Bank, World Development Indicators.

Note: Gross enrollment ratio for tertiary school is calculated by dividing the number of students enrolled in tertiary education regardless of age by the population of the age group that officially corresponds to tertiary education, and multiplying by 100.

Figure 1A.5. Percentage of female vocational pupils at the secondary education level, by region, 2017

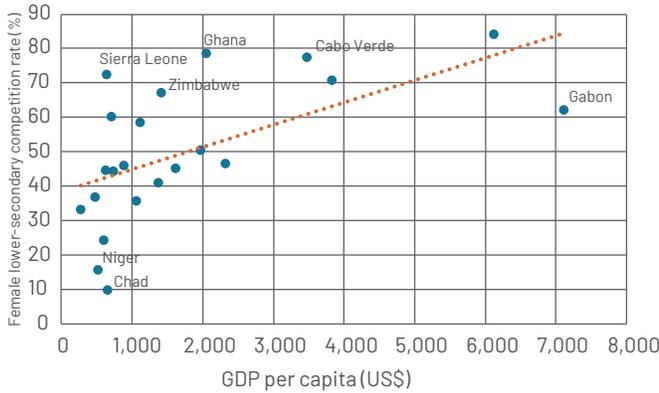


Source: World Bank, World Development Indicators.

Note: Secondary vocational pupils are secondary students enrolled in technical and vocational education programs, including teacher training.

Figure 1A.6. Female lower-secondary education completion, selected Sub-Saharan African countries

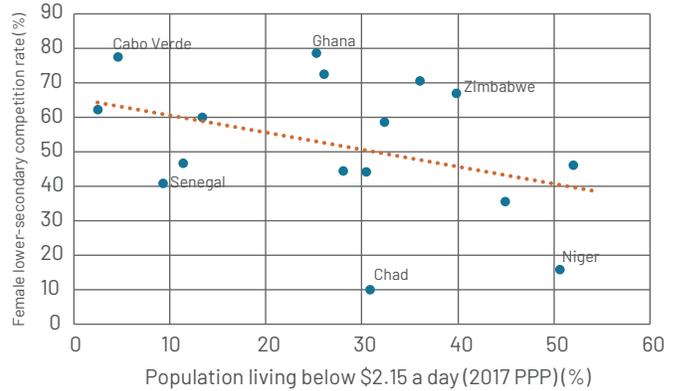
a. Completion rates and GDP per capita



Source: World Bank, World Development Indicators.

Note: The figure includes Burkina Faso, Burundi, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Lesotho, Madagascar, Mauritania, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Tanzania, Togo, and Zimbabwe. Lower-secondary education completion: 2019 data for all countries except Côte d'Ivoire, Ghana, and South Africa, which show 2018 numbers. GDP per capita (constant 2015 US dollars): 2019 data.

b. Completion rates and poverty at US\$2.15 per day

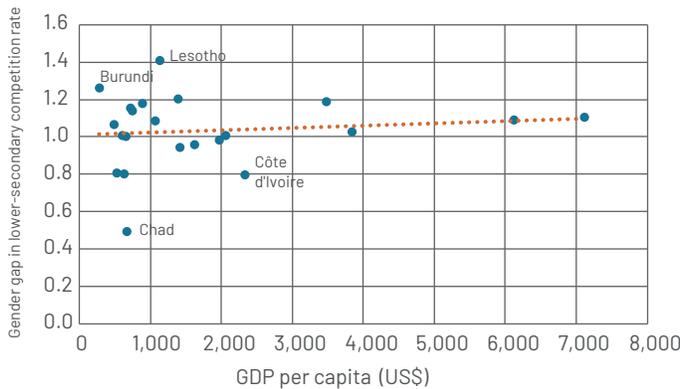


Source: World Bank, World Development Indicators.

Note: The figure includes Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Lesotho, Niger, Rwanda, Senegal, Sierra Leone, Tanzania, Togo, and Zimbabwe. Lower-secondary education completion: 2019 data for all countries except Cabo Verde, Cote d'Ivoire and Ghana that show 2018 numbers; Poverty headcount ratio (percent of population at US\$2.15 per day in 2017 PPP): 2019 (Zimbabwe); 2018 (Burkina Faso, Chad, Niger, Senegal, Sierra Leone, Tanzania, and Togo); 2017 (Gabon and Lesotho). PPP = purchasing power parity.

Figure 1A.7. Gender gaps in lower-secondary education completion, selected Sub-Saharan African countries

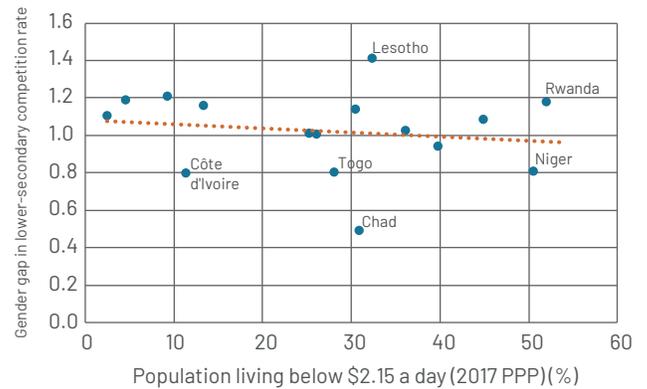
a. Gender gaps and GDP per capita



Source: World Bank, World Development Indicators.

Note: The figure includes Burkina Faso, Burundi, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Lesotho, Madagascar, Mauritania, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, South Africa, Sudan, Tanzania, Togo, and Zimbabwe. GDP per capita (constant 2015 US dollars): 2019 data.

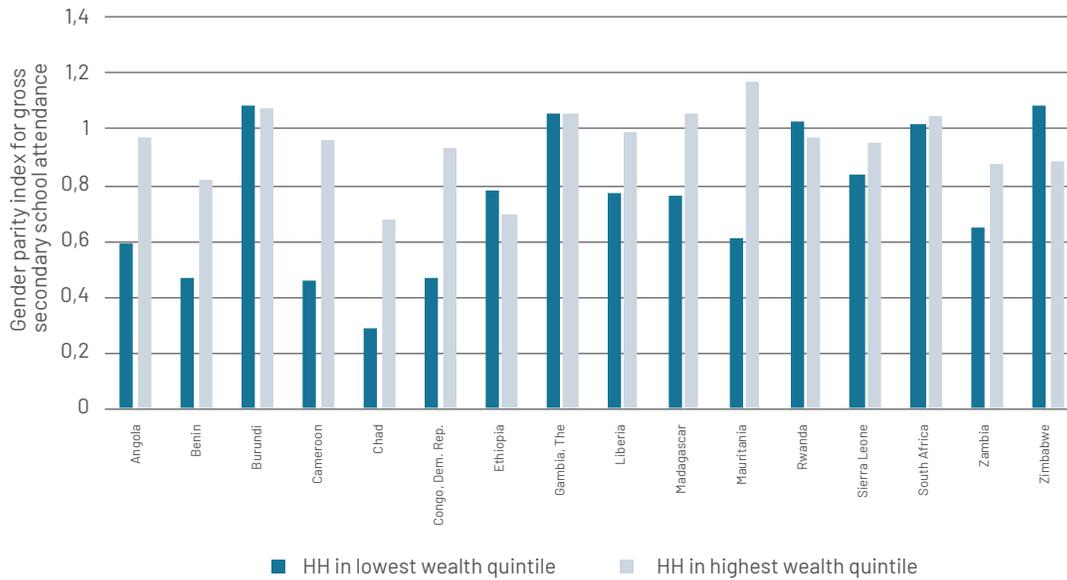
b. Gender gaps and poverty at US\$2.15 per day



Source: World Bank, World Development Indicators.

Note: The figure includes Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Lesotho, Niger, Rwanda, Senegal, Sierra Leone, Tanzania, Togo, and Zimbabwe. Lower-secondary education completion: 2019 data for all countries except Cabo Verde, Côte d'Ivoire, and Ghana, which show 2018 numbers. Poverty headcount ratio (percent of population at \$2.15 per day in 2017 PPP): 2019 (Zimbabwe); 2018 (Burkina Faso, Chad, Niger, Senegal, Sierra Leone, Tanzania, and Togo); 2017 (Gabon and Lesotho). PPP = purchasing power parity.

Figure 1A.8. Gender parity index for secondary school attendance, by country and household wealth



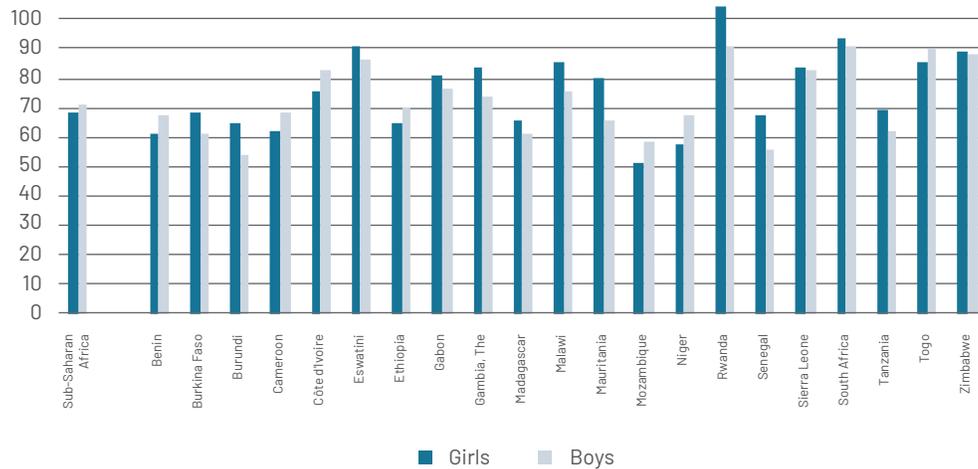
Source: The DHS Program STATcompiler (<http://www.statcompiler.com>).

Note: The gender parity index for secondary school attendance is the ratio of the gross secondary school attendance for girls to the gross secondary attendance rate for boys; HH=household

Years of data: 2014 (Congo, Dem. Rep.); 2015 (Chad, Zimbabwe); 2016 (Angola, South Africa); 2017 (Burundi); 2018 (Benin, Cameroon, Zambia); 2019 (Ethiopia, Sierra Leone); 2020 (Gambia, The, Liberia, Rwanda); 2021 (Madagascar, Mauritania).

Figure 1A.9. Primary completion rates, Sub-Saharan Africa and selected Sub-Saharan African countries, 2019

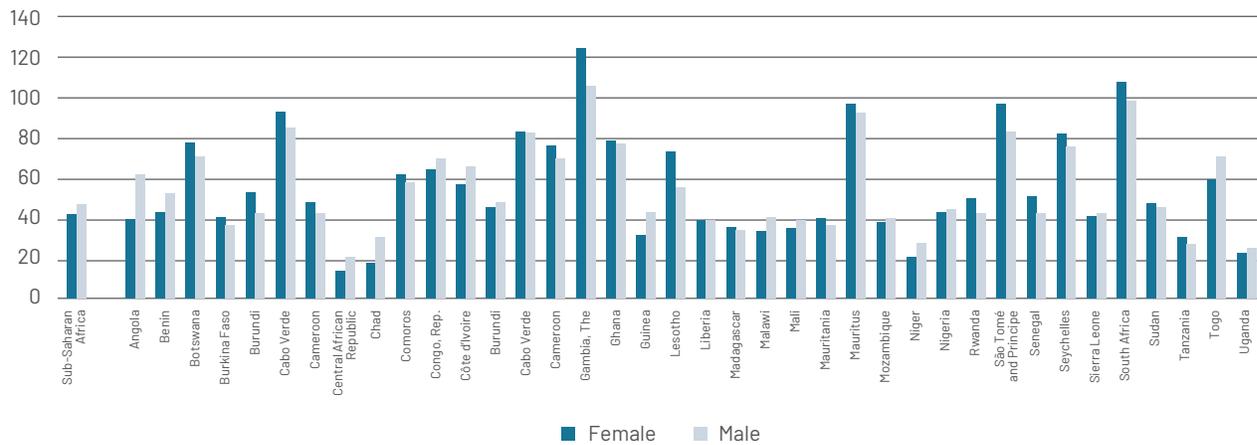
Percent of relevant age group



Source: World Bank, World Development Indicators.

Figure 1A.10. Gross enrollment in secondary education, Sub-Saharan Africa and selected Sub-Saharan African countries, 2016–2021

Percent of the age group that officially corresponds to secondary education

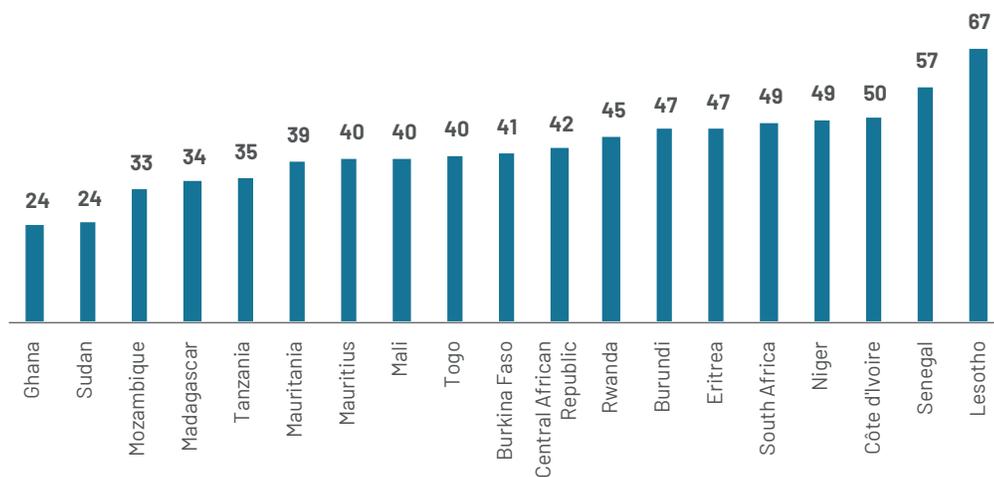


Source: World Bank, World Development Indicators.

Note: Gross enrollment ratio is the ratio of total enrollment, regardless of age, to the population of the age group that officially corresponds to the level of education shown.

Years of data: 2016 (Angola, Eswatini); 2017 (Central African Republic, Niger, São Tomé and Príncipe, Sierra Leone, Uganda); 2018 (Comoros, Congo, Rep., Nigeria, Sudan); 2019 (Cabo Verde, Eritrea, Gabon, Guinea, Lesotho, Madagascar, Malawi); 2020 (Burundi, Ghana, Liberia, Mali, Mauritania, Mozambique, South Africa); 2021 (Benin, Botswana, Cameroon, Chad, Côte d'Ivoire, The Gambia, Mauritius, Rwanda, Senegal, Seychelles, Tanzania, Togo).

Figure 1A.11. Percentage of female vocational education pupils, selected Sub-Saharan African countries, 2017

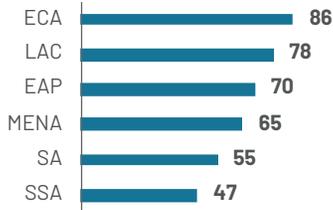


Source: World Bank, World Development Indicators.

Figure 1A.12. Female representation in teaching positions, by region

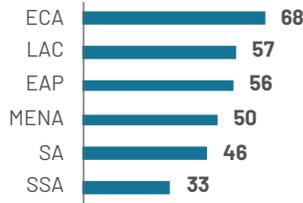
a. Female teachers in primary education

Percent



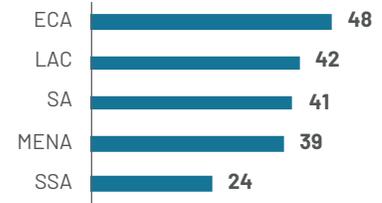
b. Female teachers in secondary education

Percent



c. Female academic staff in tertiary education

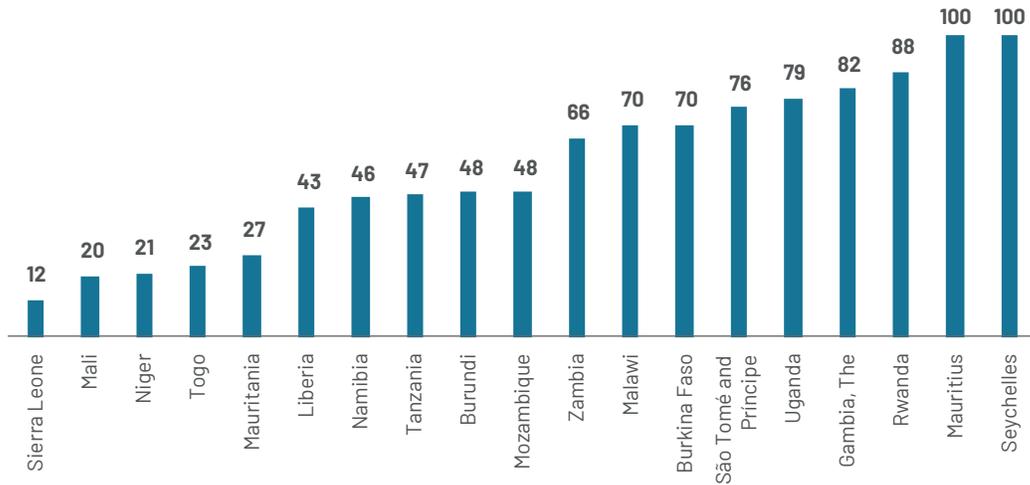
Percent



Source: World Bank, World Development Indicators.

Note: EAP = East Asia and Pacific; ECA = Europe and Central Asia; LAC = Latin America and the Caribbean; MENA = Middle East and North Africa; SA = South Asia; SSA = Sub-Saharan Africa.

Figure 1A.13. Percentage of schools with a basic sanitation service, selected Sub-Saharan African countries, 2016



Source: UNICEF and WHO 2018.

2. Support women's and girls' access to family planning and improve maternal health



Context

Levels of maternal mortality remain high in Sub-Saharan Africa (SSA), despite advances that led to a reduction of almost 40 percent of those deaths during the 2000s. Yet SSA still has the **world's highest maternal mortality ratio**—534 maternal deaths per 100,000 live births (figure 2A.1),²¹ accounting for **over half (59 percent) of all maternal deaths worldwide**. Although South Asia presents similar levels of per capita income, that region has reduced maternal mortality at a much faster rate and currently presents a rate of 163 (deaths per 100,000 live births). SSA has the **world's lowest rate of births attended by skilled health staff** (61 percent) as well as one of the lowest percentages of women receiving prenatal care (82 percent, just slightly above South Asia at 80 percent)—figure 2A.2. Quality of life of women in SSA is also often hampered by morbidities that are outcomes of difficult pregnancies/births, for example, the World Health Organization (WHO) estimates that annually 50,000 to 100,000 women worldwide develop obstetric fistula particularly in SSA and Asia where that more than 2 million young women live with this condition.²²

Despite some exceptions, fertility rates remain high in SSA, with **fertility rates above 3.5 children still common** (map 2A.1). Rates are high even in some countries with relatively higher income; however, the **negative correlation between a country's fertility level and its per capita income holds across the region very clearly** (figure 2A.3). Unsurprisingly, fertility rates are also negatively correlated with

female education levels (measured by literacy rates) and positively correlated with poverty rates—that is, countries with higher poverty levels show higher fertility and vice versa (see figures 2A.4 and 2A.5).

Available country data, plotted in figure 2A.6, show higher fertility rates than the wanted fertility rate in most countries. That disparity reflects African women's **limited ability to make their own decisions regarding sexual relations, contraceptive use, and reproductive health care** (figure 2A.7).²³ Average regional access of married women to modern contraceptives is 28 percent, rising to 32 percent when also considering traditional methods.

Some facts:

- Only three (rather small) countries in SSA present maternal mortality ratios below 100 per 100,000 (that is, at levels comparable to middle income regions like East Asia and Pacific, Latin America and the Caribbean, and the Middle East and North Africa): Cabo Verde, Mauritius, and Seychelles (map 2A.2).
- Three countries still have more than 1,000 maternal deaths per 100,000 live births: Chad, Sierra Leone, and South Sudan (map 2A.2). Those three countries and Nigeria and Somalia—all in SSA—represent the top-five countries in the world with the highest maternal mortality rates.
- The lifetime prevalence of vaginal fistula in SSA is as high as 3 cases per 1,000 women of reproductive age and the figure exceeds

21 Data in the context section of this note come from the World Bank's World Development Indicators, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

22 <https://www.who.int/news-room/facts-in-pictures/detail/10-facts-on-obstetric-fistula>.

23 This indicator measures the proportion of women ages 15–49 years (married or in a union) who make their own decision on all three selected areas: (1) can say no to sexual intercourse with their husband or partner if they do not want it; (2) decide on use of contraception; and (3) decide on their own health care. Only women who provide a “yes” answer to all three components are considered to “make her own decisions regarding sexual and reproductive health.”

- 5 cases per 1,000 women in many countries including Ethiopia, Kenya, Tanzania, and Uganda (Maheu-Giroux et al. 2015).
- Three countries show a particularly large difference between actual and wanted fertility rates: Burundi (actual fertility is almost two children more than the desired number), Malawi, and Ethiopia (figure 2A.6).
 - The ability to make decisions regarding sexual relations, contraceptive use, and reproductive health varies from as high as 70 percent in Rwanda to as low as 8 percent in Mali and 7 percent in Senegal (figure 2A.7).
 - For married women ages 15–49, regional discrepancies in access to modern contraceptives vary from a high of 66 percent in Zimbabwe to a low of 1 percent in Somalia (figure 2A.8).
 - Access to contraceptives is lower for young women (ages 15–24) than for older women in every country, even in countries with high overall access (figure 2A.9).²⁴ The Republic of Congo presents the highest level of access for youth (44 percent) and relatively similar access levels across age groups.
- Maternal health care is associated with child development, with a decrease in both mothers' and babies' mortality and disabilities, and in the risks of complications from unsafe abortions (Bishai et al. 2016; De Brouwere, Richard, and Witter 2010; Kuruvilla et al. 2014; Liu et al. 2017; Ogunjimi, Ibe, and Ikorok 2012; Tough et al. 2010).
 - By helping women choose the number and timing of their pregnancies and by preventing and treating sexually transmitted infections, investments in SRH services produce larger future health care savings, allow for a more equal labor market, and boost economic growth (Canning and Schultz 2012; Sully et al. 2020).
 - Access to quality SRH services is associated with improvements in women's education, agency, and economic empowerment (Lee and Finlay 2017).

Why does investing in reproductive and sexual health matter?

Access to sexual and reproductive health (SRH) services increases individual well-being with far-reaching benefits for countries and future generations.

Evidence on what works to improve women's sexual and reproductive health outcomes

This review is based on 21 impact evaluations aimed at increasing access to maternal care and health services, access to and use of contraceptive methods, and knowledge about reproductive health.²⁵ Box 2.1 explains the three categories used in determining the effectiveness of the interventions.

²⁴ United Nations Population Fund, Population Data Portal, <https://pdp.unfpa.org>.

²⁵ This review aligns with Denno et al. 2015 and IOB 2009, which show a dearth of research on SRH interventions, related impacts, and mechanisms of actions.

Box 2.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Countries: Burkina Faso, Ghana, Malawi, Nigeria, Rwanda, Tanzania, Uganda, and Zambia.

Interventions: Sexual and reproductive training, cash transfers, vouchers, provider incentives, awareness-raising campaigns, provision of contraceptive methods, community-based interventions, couples-based interventions, edutainment, and HIV testing.

Outcomes: Access and utilization of maternal care and health services, quality of service, access and use of contraceptive services, and knowledge about reproductive health.

Interventions that have shown effectiveness

The review found that no interventions met the criteria described in box 1 for interventions that have shown effectiveness.²⁶

Interventions that show promise

Evidence shows that health providers respond positively to financial incentives to improve quantity and quality of maternal health services; however, outcomes seem conditional on the amount of financial incentive.

- In Burkina Faso, a pay for performance program targeting health facilities significantly increased the numbers of antenatal care (ANC) and postnatal care (PNC) visits per month, first ANC visits in the first trimester of pregnancy, and institutional deliveries (Steenland et al. 2017).
- In Rwanda, performance-based bonus payments given to primary health care centers led to a 21 percent increase in the probability of institutional delivery from baseline in the treatment group as well as an increase in ANC quality. It had no effect, however, on

²⁶ While we found that the same type of intervention improved at least one outcome related to reproductive health, the type of outcome was different. For instance, while one intervention improved ANC, another improved PNC or delivery at health facility. Therefore, such interventions went to the “interventions with mixed result category”.

ANC utilization. Results are likely associated with the fact that providers received higher payments for deliveries than for ANC visits and that the quality of care did not depend on patient behavior (Basinga et al. 2010).

Evidence also shows that quality of care can be improved by tackling disrespect and abuse during childbirth in maternity wards.

- A health system intervention in Tanzania aimed at changing norms and standards of care reduced by 66 percent the odds that a woman would experience disrespect and abuse during childbirth (Kujawski et al. 2017).

Couples- and community-based interventions that provide opportunities to critically reflect on gender norms and power relations can have position impacts on the use of reproductive health services.

- In Malawi, a peer-delivered intervention that targeted only men, and was based only on education and motivation, significantly increased contraceptive use. Discussions explored how rigid gender roles and norms can lead to negative outcomes and challenged the notion that a large family is a sign of virility. All the participants reported not using contraception before the intervention. After the intervention, 78 percent of the treatment arm and 59 percent of the control arm reported using family-planning methods with their wives (Shattuck et al. 2011).
- A couples-based intervention aimed at increasing male engagement in reproductive and maternal health in Rwanda positively affected a range of health-related behavioral outcomes and led to less male dominance in decision-making. The intervention, which

consisted of a structured curriculum used in small group sections, led to greater attendance and male accompaniment at ANC visits. For decisions about having children or the spacing of children, 35 percent of women and 32 percent of men reported that men had the final say compared to 48 percent of women and 49 percent of men in the control group (Doyle et al. 2018).

In-school SRH education seems to have the potential to have long term impacts on pregnancy prevention knowledge and on attitudes towards sex. Quality of implementation seems to matter.

- A long-term evaluation of a multicomponent intervention in Tanzania that included in-school SRH education, youth-friendly services, condom promotion, and community-based activities shows that the in-school component was the most influential component of the intervention leading to higher pregnancy prevention knowledge and a change in attitudes toward sex. Impacts didn't differ by sex or age of the adolescents. There was some evidence of differential impact according to the number of years exposure during the initial phase of intensively supported implementation, reinforcing the view that intervention impact can often depend on the intensity and quality of intervention delivery (Doyle et al. 2011).

Interventions with mixed results

Provision of financial or in-kind incentives to pregnant women increases uptake of one or more types of maternal health services, but interventions differ in the type of service they affect. These differences are likely influenced by program design and the local context.

- In Rwanda, small in-kind gifts given to women increased ANC visits in the first four months of pregnancy by 7.7 percentage points and PNC visits by 8.6 percentage points. The intervention showed no effect on delivery at a health facility; in both control and treatment groups, the rates were 94–95 percent (Shapira et al. 2017).
- A financial incentive of US\$0.40 for up to four ANC visits given to pregnant women in Uganda resulted in women being nearly twice as likely to go to three or more visits compared to the group receiving no cash. Providing women with US\$0.20 for each of the visits showed no impact (Kahn et al. 2015).
- In nine Nigerian states, a conditional cash transfer increased the number of women attending four or more ANC visits. The intervention showed no impact, however, on the number of women attending a first ANC visit and having skilled deliveries (Okoli et al. 2014).
- In 20 Ugandan districts, selling maternal health vouchers at a subsidized price to be used in private facilities increased deliveries in such facilities by 16 percentage points and decreased in-home deliveries among voucher users. The vouchers showed no impact, however, on the use of PNC services or on attending four or more ANC visits (Obare et al. 2016).
- of 14–16 percent in the number of women who knew when to seek ANC; 10–15 percent in the number who knew three obstetric danger signs; 12–19 percent in those who used emergency transportation; 22–24 percent in deliveries involving a skilled birth attendant; and 16–21 percent in deliveries in a health care facility. The interventions showed no effect on women's attending four or more ANC visits or PNC within six days of delivery (Ensor et al. 2014).
- In Ghana, an adolescent sexual and health intervention that included community mobilization and education increased ANC services use from 3 percent to 12 percent (the control group increased from 3 percent to 8 percent) and PNC services use from 3 percent to 15 percent (control from 3 percent to 9 percent), after adjusting for baseline use (Aninanya et al. 2015).
- In Burkina Faso, women exposed to family planning promotional campaigns, messages, and infomercials increased their use of modern contraceptives by 21.8 percentage points. The campaign also increased knowledge about contraceptives and more favorable attitudes toward family planning (Babalola and Vonnrasek 2005).
- In Uganda, an encouragement treatment (information fliers, video clips, SMS messages, and interpersonal engagement) showed no effects on knowledge and use of reproductive health services by young adults ages 15–24 (Asingwire et al. 2019).
- A text messaging program in Ghana led to large improvements in reproductive health knowledge (Rokicki et al. 2017)
- In Ethiopia, a program that combined credit and information on family planning found no significantly greater effect on contraceptive

Outreach, awareness, and educational approaches to increase knowledge and uptake of reproductive health services have had mixed results.

- In rural Zambia, an intervention on safe pregnancy/delivery, which involved community discussions and provision of emergency transportation, led to increases

use compared to the control group. The lack of impact might be partially attributed to a mismatch between women's preferred contraceptive method (injectables) and the ones provided by the program (pills and condoms) (Desai and Tarozzi 2011).

- In Uganda, an enhanced family planning outreach intervention increased prevalence of hormonal contraceptives (for example, the pill or injectables) by 3 percent, compared to a control group (23 percent vs. 20 percent). The enhanced family planning intervention included the standard family planning services (for example, family planning services from government, private, and nongovernmental organization sources) plus additional family planning information, counseling, and support from community-based volunteer agents that used social marketing and other strategies. The intervention also led to a decrease in pregnancy rates in treated communities (13 percent) compared to the control arm (17 percent). However, no impacts were found in unwanted pregnancies or condom use (Lutalo et al. 2010).

Interventions involving family planning counseling and referrals on the use of contraceptive methods and reproductive health services also had mixed results.

- In Malawi, nearly all sexually active women (more than 98 percent) who received family planning counseling initiated a modern contraceptive method. Yet training health workers in couples counseling does not seem to add an impact. The group of women who

received counseling from health workers trained in couples counseling were more likely to have their partners present during counseling and to receive condoms at their first visit, but equally as likely to initiate a modern contraceptive method (Lemani et al. 2017).

- In Uganda, offering prenatal contraceptive counseling on immediate postpartum family planning did not result in higher contraceptive use among postpartum women in the treatment group (Ayiasi et al. 2015).
- In Nigeria, an intervention that paid traditional birth attendants US\$2.00 to refer their clients to a maternal care provider within 48 hours of delivery increased PNC attendance for both maternal clients (by 15.4 percentage points) and neonatal clients (by 12.6 percentage points). The low quality of care, however, was a barrier to maternal and neonatal health gains (Chukwuma et al. 2019).

Combining credit with health education can increase health knowledge. However, more knowledge is not always translated into improved health behavior.

- An intervention in Benin that offered villages a combined group loan and mandatory savings product with health education led to significant increases in malaria knowledge and slight increases in HIV/AIDS knowledge compared to credit-only villages. No differences were found in condom usage at last sexual intercourse or on IMCI (integrated management of childhood illness) knowledge ²⁷ Women in villages assigned to mixed-gender groups reported lower levels of social capital, compared with

27 The IMCI knowledge index captures knowledge of danger signs of diarrhea, cough, and malaria; treatment of diarrhea, fever, and cough; and the actions expected of a health care professional assessing a child's health.

villages assigned to female-only groups (Karlan, Thuysbaert, and Gray 2017).

Evidence shows that husbands and wives might have misaligned preferences on contraception use.

The impact of incentives to increase contraceptive use might be conditioned on the recipients—women, men, or couples.

- In Zambia, an intervention that gave vouchers to be exchanged for free modern contraceptives to wives (not in the presence of husbands) resulted in women being 19 percent more likely to seek family planning services and 25 percent more likely to use concealable contraception. Women given access with their husbands were less likely

to take the vouchers and 27 percent more likely to give birth. Women given access to contraception alone, however, reported a lower subjective well-being (Ashraf, Field, and Lee 2014).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions on the quality of maternal and child health care services and on morbidity associated with birth delivery.

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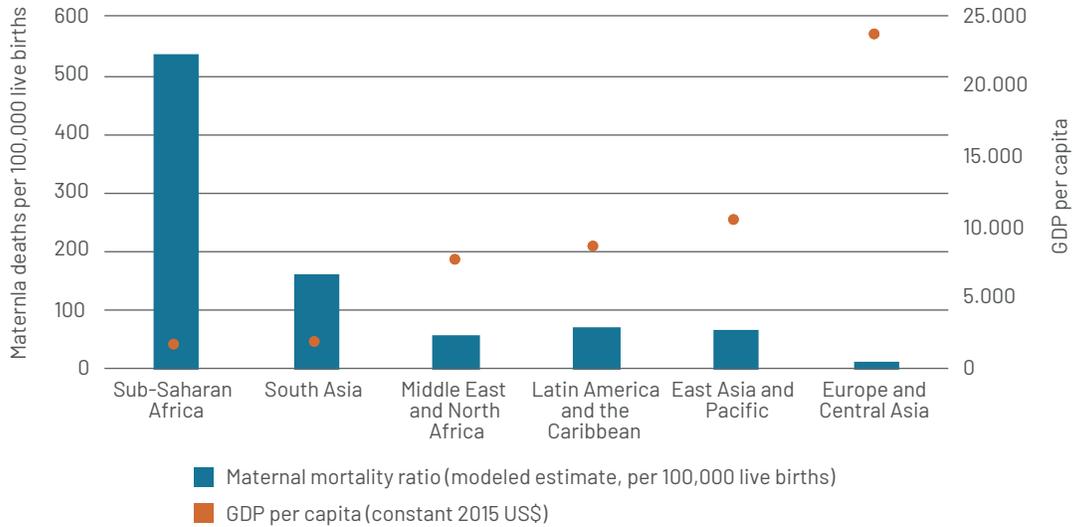
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Annex 2A

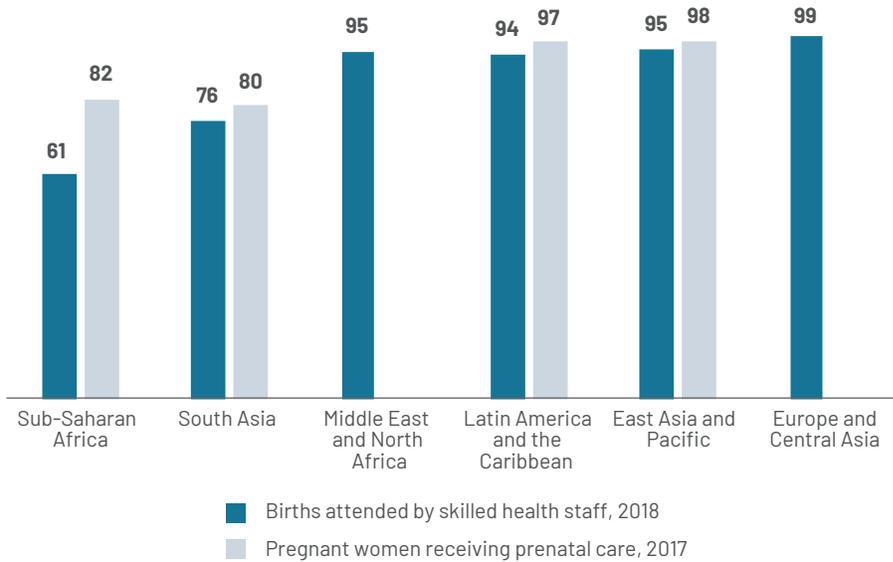
Figure 2A.1. Maternal mortality ratio and GDP per capita, by region, 2017



Source: World Bank, World Development Indicators.

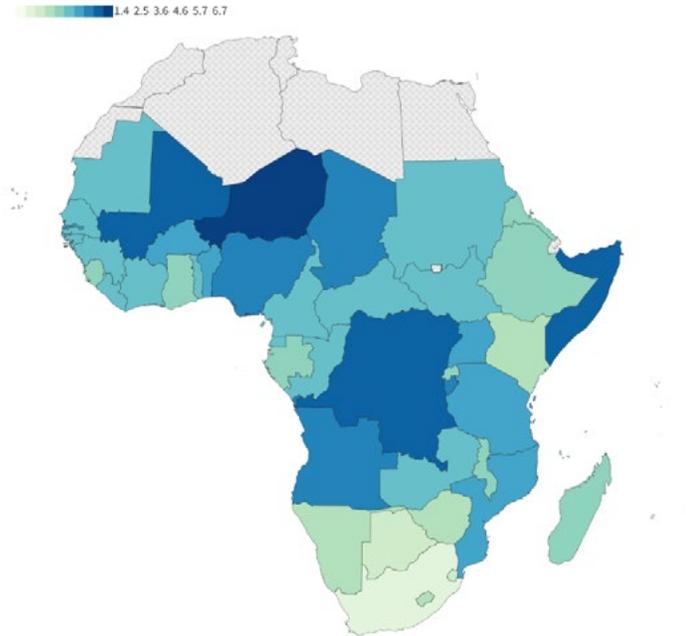
Figure 2A.2. Births attended by skilled health staff (2018) and pregnant women receiving prenatal care (2017), by region

Percent



Source: World Bank, World Development Indicators.

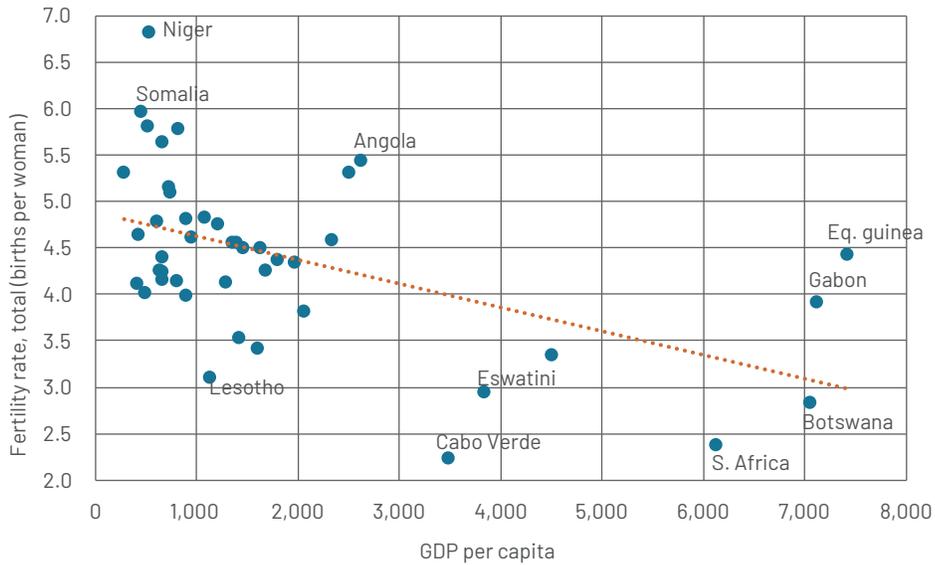
Map 2A.1. Fertility rate in Sub-Saharan African countries, 2020



Source: World Bank, Gender Data Portal (<https://genderdata.worldbank.org>).

Note: Fertility rate measures the number of births per woman.

Figure 2A.3. GDP per capita and fertility rate in Sub-Saharan African countries, 2019

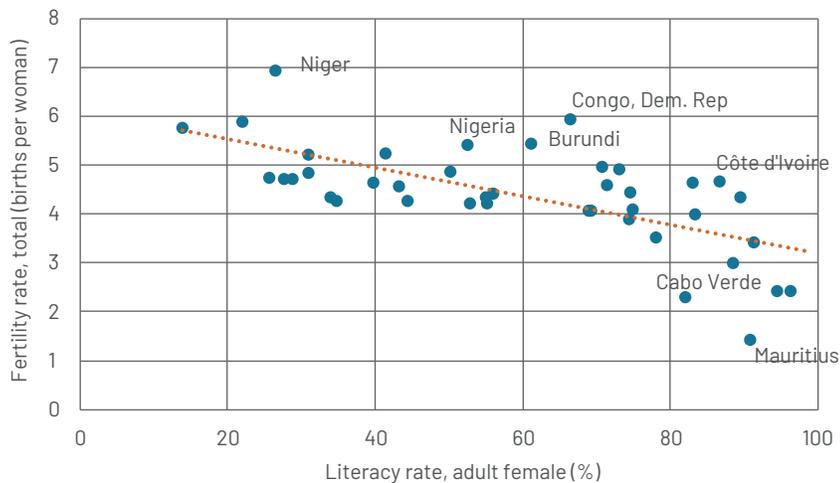


Source: World Bank, World Development Indicators.

Note: All Sub-Saharan African countries included except Eritrea and South Sudan, which do not have GDP per capita data available.

GDP per capita is constant 2015 US\$.

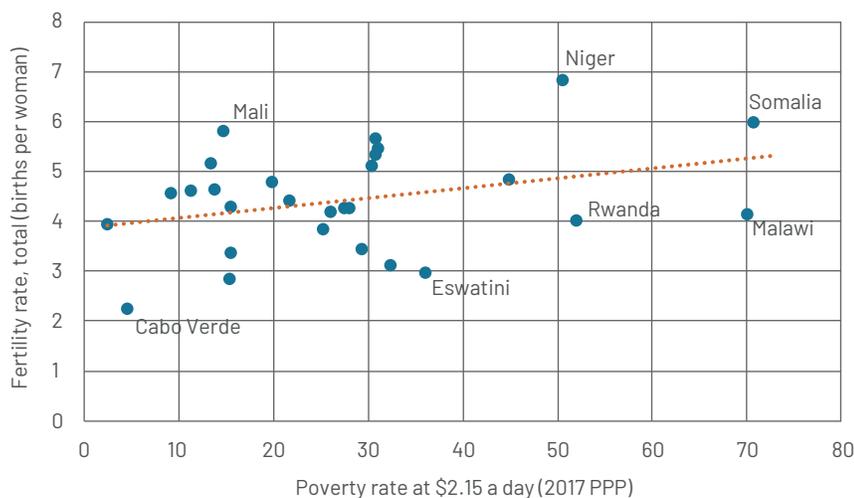
Figure 2A.4. Female adult literacy rate and fertility rate in Sub-Saharan African countries



Source: World Bank, World Development Indicators.

Note: The figure includes Benin, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Côte d'Ivoire, Eritrea, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Sudan, Tanzania, Togo, and Uganda. Fertility rate: 2018 data for all countries. Literacy rate, adult female (percent of females ages 15 and above): 2018 for all countries except Burundi (2017), Cabo Verde (2015), Chad (2016), Democratic Republic of Congo (2016), Ethiopia (2017), The Gambia (2015), Liberia (2017), Malawi (2015), Mauritania (2017), Mauritius (2016), Mozambique (2017), Senegal (2017), and Tanzania (2015).

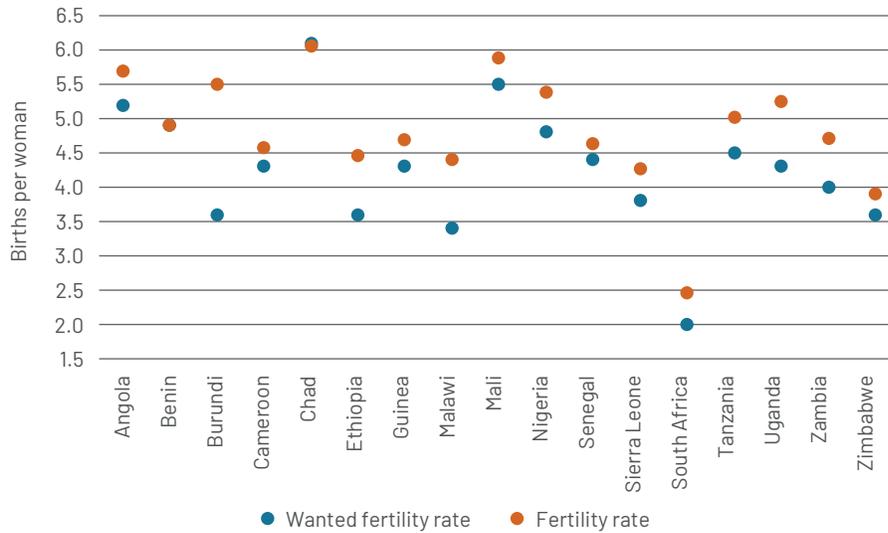
Figure 2A.5. Poverty rate at US\$2.15 per day and fertility rate in Sub-Saharan African countries



Source: World Bank, World Development Indicators.

Note: The figure includes Angola, Benin, Botswana, Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Somalia, Tanzania, and Togo. Fertility rate: 2019 data for all countries. Poverty headcount ratio (percent of population at US\$2.15 a day in 2017 PPP): 2018 (Angola, Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, and Togo); 2017 (Gabon, Lesotho, São Tomé and Príncipe, and Somalia); 2016 (Eswatini and Rwanda); 2015 (Botswana, Cabo Verde, The Gambia, Kenya, Namibia, and Zambia). PPP = purchasing power parity.

Figure 2A.6. Wanted vs. real fertility rates, selected Sub-Saharan African countries, 2015–19



Source: World Bank, World Development Indicators.

Note: Years of data: 2015 (Chad and Zimbabwe); 2016 (Angola, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi); 2018 (Benin, Cameroon, Guinea, Mali, Nigeria, and Zambia); 2019 (Senegal and Sierra Leone).

Figure 2A.7. Women making their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care, 2015–19

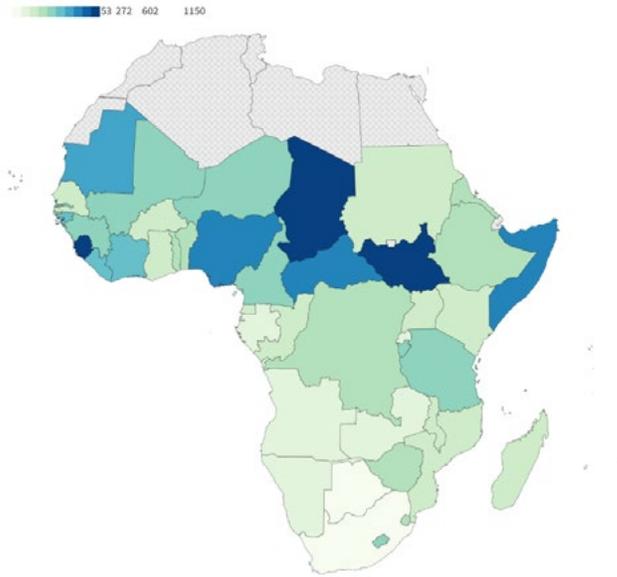
Percent of women ages 15–49



Source: World Bank, World Development Indicators.

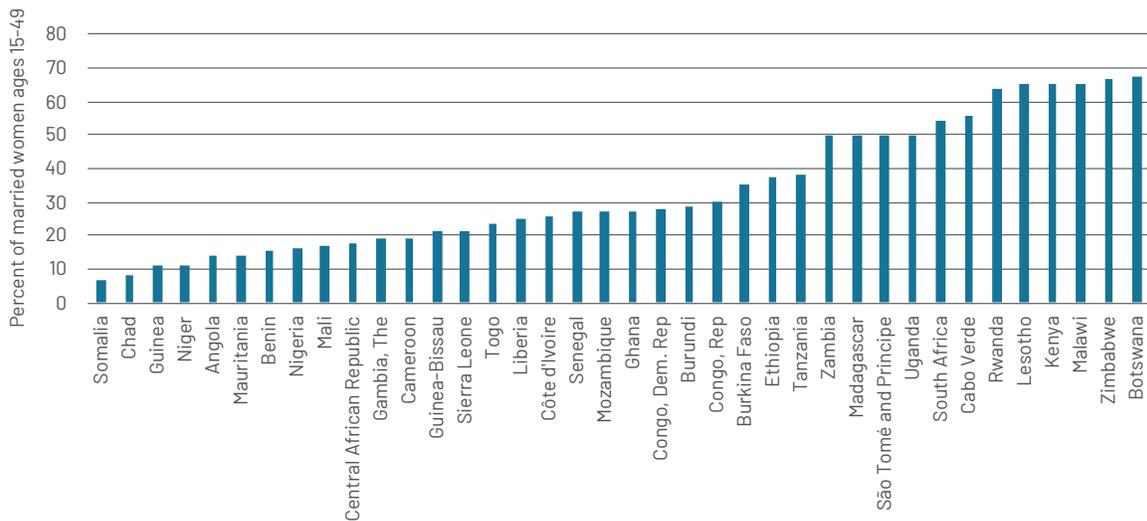
Note: Years of data: 2015 (Chad and Zimbabwe); 2016 (Angola, Ethiopia, Malawi, South Africa, and Uganda); 2017 (Burundi and Senegal); 2018 (Benin, Cameroon, Guinea, Mali, Nigeria, and Zambia); 2019 (Sierra Leone).

Map 2A.2. Maternal mortality ratio in Sub-Saharan African countries, 2017



Source: World Bank, Gender Data Portal.

Figure 2A.8 Use of contraceptives (any method) by married women ages 15–49, 2015–2021

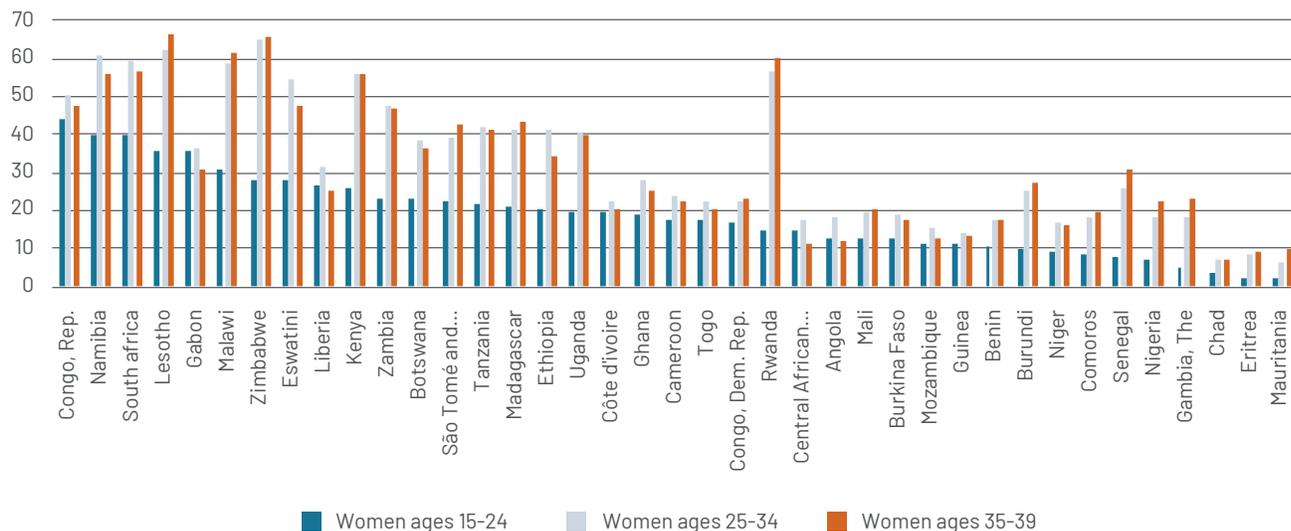


Source: World Bank, World Development Indicators.

Note: “Contraceptive prevalence, any method” is the percentage of married women ages 15–49 who use, or whose sexual partners use, any method of contraception (modern or traditional). Modern methods of contraception include female and male sterilization, oral hormonal pills, intrauterine devices, male condoms, injectables, implants (including Norplant), vaginal barrier methods, female condoms, and emergency contraception. Traditional methods of contraception include rhythm (that is, fertility awareness-based methods, periodic abstinence), withdrawal, and other traditional methods. Years of data: 2015 (Republic of Congo, Mozambique, and Zimbabwe); 2016 (Angola, South Africa, and Tanzania); 2017 (Botswana, Burundi, and Togo); 2018 (Benin, Cabo Verde, Cameroon, Côte d’Ivoire, Democratic Republic of Congo, Ghana, Guinea, Lesotho, Mali, Nigeria, and Zambia); 2019 (Central African Republic, Chad, Guinea-Bissau, São Tomé and Príncipe, Senegal, Sierra Leone, and Somalia); 2020 (Ethiopia, The Gambia, Kenya, Liberia, Malawi, and Rwanda); 2021 (Burkina Faso, Madagascar, Mauritania, Niger, and Uganda).

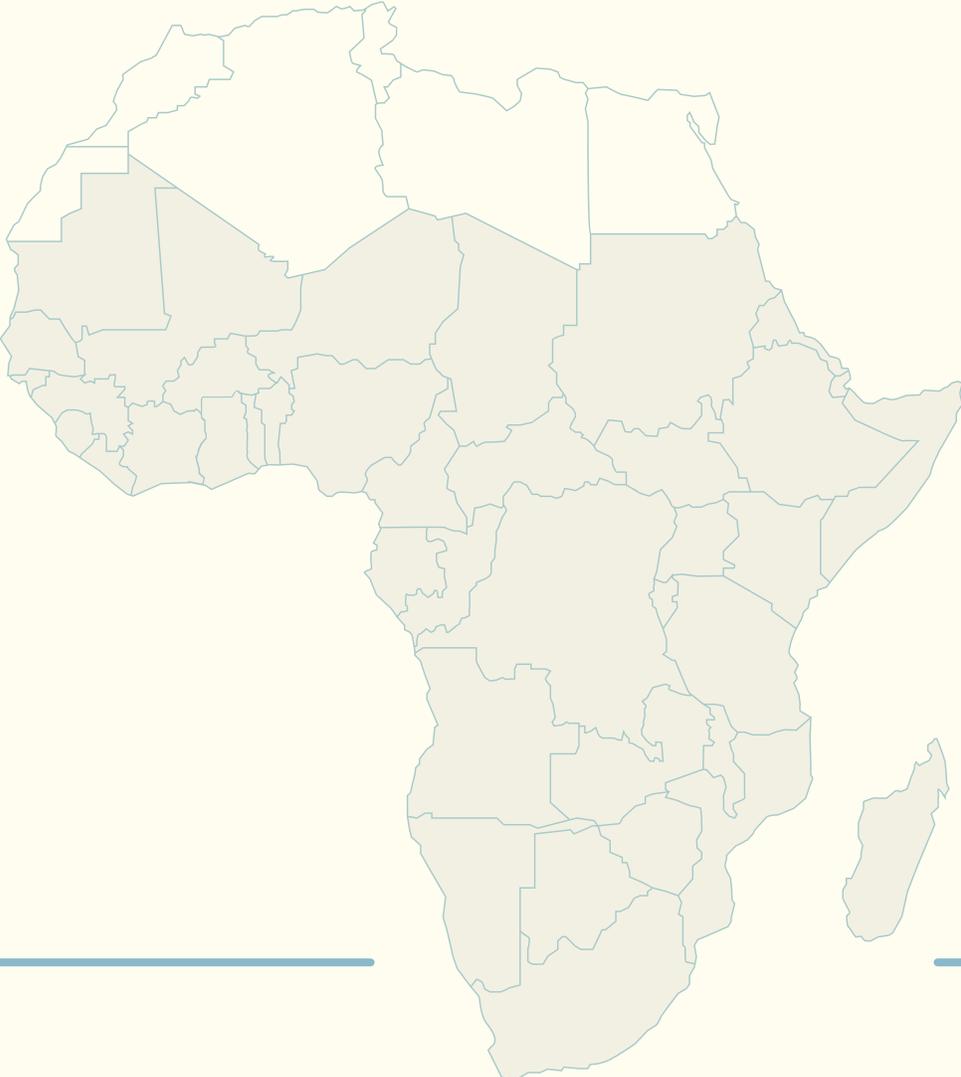
Figure 2A.9. Contraceptive prevalence rates, Sub-Saharan African countries

Percent of women, by age group



Source: United Nations Population Fund, Population Data Portal (<https://pdp.unfpa.org>).

3. Help women in Sub-Saharan Africa access quality jobs



Context

Despite high levels of female labor force participation **in Sub-Saharan Africa (SSA)**—63 percent (figure 3A.1)—the **majority of women’s employment in Africa takes the form of vulnerable employment**—80 percent (figure 3A.2).²⁸ Thus, most SSA **women face adverse work conditions, usually as family workers (often in agriculture) or in small low-productivity businesses**. Although vulnerability also affects 67 percent of all men in SSA, that share is significantly lower than for women. **Wage employment is low** for both men (30 percent) and women (19 percent) in SSA, comparable only to South Asia; SSA also has a particularly **evident gender gap**, whereas in other regions women access wage employment at similar or higher rates than men (figure 3A.3). The overall limited availability of wage employment in SSA is largely linked to low levels of economic development and an incipient private sector, but the gender gap in this type of employment also correlates positively with income level (figure 3A.4) and negatively with poverty rates (figure 3A.5)—that is, richer countries present not only more wage employment but also higher gender equality in accessing it.

Women’s disproportionate role in informal work also influences their ability to access quality employment. In many SSA countries **between 80 and 90 percent of employment is concentrated in the informal sector**, often at subsistence level wages. **Women are overrepresented** in these jobs—84 percent of women vs. 80 percent of male. Similarly, the **need to opt into**

part-time employment (due to time-constraints and the requirement of flex-work to coordinate care responsibilities) may push women into lower quality jobs and the informal sector. In SSA, 36 percent of women work part time while only 28 percent of men do it.²⁹

The **public sector is an important source of quality employment for women**. Globally—women represent 46 percent of the public sector workforce compared with 33 percent in the private sector. For SSA, considering an average of the countries with data available, the difference is not as expressive but still the public sector leads with 36 percent of the workforce being women compared to 32 percent in the private sector. Public employees in most nations receive a premium compared with their counterparts in the private sector, but this **premium is larger for women**. Both globally and in SSA’s countries with data available, women’s average wages are 86 percent of men’s in the public sector and 76 percent in the formal private sector (Figure 3A.6 shows detail for SSA countries with data available).³⁰

Certain factors affect women in particular and **limit their ability to participate** in employment. One of those factors is use of time—women in SSA typically spend disproportionately more **time on unpaid care work** than men do³¹ (figure 3A.7). Challenges in access to and quality of education, which affect girls more severely in SSA as seen in brief 1, “Support Girls in Achieving Better Education Outcomes”, also present an obstacle for women to access better jobs. Data on skills, soft and technical, are scarce in

28 Data in the context section of this note come from the World Bank’s World Development Indicators, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

Vulnerable employment considers family workers and own-account workers as a percentage of total employment.

29 Data in this paragraph comes from World Bank staff calculations with data from ILOSTAT Explorer, <https://ilostat.ilo.org/data/>.

30 Data in this paragraph comes from the Worldwide Bureaucracy Indicators Database, <https://datacatalog.worldbank.org/search/dataset/0038132>

31 The average time spent on household provision of services for own consumption. Data are expressed as a proportion of time in a day. Domestic and care work includes food preparation, dishwashing, cleaning and upkeep of a dwelling, laundry, ironing, gardening, caring for pets, shopping, installation, servicing and repair of personal and household goods, childcare, and care of the sick, elderly or disabled household members, among others.

SSA, but evidence shows that **women attend fewer vocational education programs than men** (41 percent of secondary-level vocational students are female; figure 3A.8). Women also tend to **lag behind in digital skills** (looking at internet use as a proxy for digital knowledge reveals a gender gap in most countries with data available; figure 3A.9, panels a and b). Cultural factors that restrict women's movement, discourage girls' access to certain areas of study/work (as shown by a clear **underrepresentation of women in science, technology, engineering, and mathematics [STEM] degrees across the region**; figure 3A.10), and prioritize men as the main bread winner also greatly affect women's participation in quality employment in SSA countries. The notion that men have more right to a job when jobs are scarce is shared by many, not only by men (above 30 percent of men in 32 countries with available data agree that men should be given priority) but also, at slightly lower levels, by women (figure 3A.12).

Some facts:

- Female vulnerable employment is as high as 97 percent in the Central African Republic, Guinea, and Somalia; 98 percent in Niger; and 99 percent in Chad (map 3A.1). Conversely, these countries show less than 5 percent of participation of women in wage employment (map 3A.2).
- In SSA countries with data available on time use, women spend twice as much or more time than men on care work (figure 3A.7). In Tanzania, for example, men spend 4.0 percent of their day in care tasks and women spend 16.5 percent of their day (1.6 hours versus almost 4.0 hours).
- A gender gap in the use of the internet exists in every country for paying bills or shopping online and in all countries except Lesotho and Madagascar for accessing to online banking

accounts (figure 3A.9, panels a and b). Internet use shows striking disparities across SSA countries: for example, female access to online bank accounts varies from 0.3 percent in Ethiopia to 68.0 percent in Kenya.

- The share of women graduates in STEM programs is below 50 percent in all countries, ranging from a low of 15 percent in Burkina Faso to a high of 43 percent in South Africa (figure 3A.10), and is consistently lower than female representation in non-STEM degrees. Mauritania, which has a low presence of women in tertiary education generally, shows similar female representation in STEM (29 percent) and non-STEM (30 percent).
- Country data show percentages of female students in vocational programs as low as 24 percent in Ghana and Sudan and higher than 50 percent only in Lesotho and Senegal (figure 3A.11).
- The lowest levels of agreement by women that men should have priority when jobs are scarce occur in Cabo Verde (19 percent), Botswana (22 percent), Togo (25 percent), Eswatini (26 percent), Malawi (28 percent), South Africa (29 percent), and Zimbabwe (29 percent) (figure 3A.12). In all these countries, men agree with the statement at higher levels than women, with the lowest values for men observed in Cabo Verde (30 percent), Malawi (31 percent) and Botswana (32 percent).

Why does gender equality in employment matter?

Beyond its importance in increasing women's economic empowerment and decision-making power, gender equality is also an important driver of inclusive economic growth and poverty reduction.

- Gender equality in employment boosts labor productivity rates, gross domestic product per capita, and countries' economic growth (Bertay, Dordevic, and Sever 2020; Cuberes and Teignier 2012; Elborgh-Woytek et al. 2013; Woetzel et al. 2015).
- Women's participation in the labor market has significant effects on poverty reduction (World Bank 2012).
- Increases in women's income are associated with improvements in household dietary diversity, children's nutritional status, and children's education (Sen 1990; Thomas 1990).

By providing evidence-based knowledge on interventions in the labor sector, this brief aims to inform the development of programs, policies, and operations that promote effective and equal development to benefit individuals, communities, and countries.

Evidence on what works to close gender gaps in employment in SSA

This section presents the impacts of interventions on women's access to quality employment based on 13 studies. Box 3.1 explains the three categories used in determining the effectiveness of the interventions.

Box 3.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Countries: Central Africa Republic, Côte D'Ivoire, Ethiopia, Kenya, Liberia, Nigeria, Sierra Leone and South Africa.

Interventions: Job counseling, work placement support, life skills training, legal reform, childcare and flexible work arrangements, support to enter male-

dominant sectors, vocational training, internship/apprenticeship, access to formal financial services, and savings groups.

Outcomes:³² Employment, quality jobs, earnings, consumption/food security, labor productivity, aspirations, and attitudes.

32 We understand the importance of addressing both intensive and extensive margin improvements when it comes to the participation of women in the workforce. However, most of the studies assessed in this review present impacts on the extensive margin aspects.

Interventions that have shown effectiveness

In SSA countries, multicomponent programs (for example, combining skills training with either job placement support or internships/apprenticeships) generate better employment opportunities for women and/or increase wage earnings.

- In Liberia, an intervention that combined classroom-based technical, job skills/business development training, and support to enter wage employment increased young women's employment by 47 percent and earnings by 80 percent (Adoho et al. 2014).
- In Kenya, an intervention that consisted of classroom-based technical training and internships in private firms contributed to an increase of KES 7,500 for female participants, which corresponds to 132 percent of the earnings of the control group (Honorati 2015).
- In another intervention in Kenya, the provision of a combination of information and communication technology training, internships, and job placement support (Ninaweza program) led to a greater likelihood that female participants would hold full-time positions and to increased weekly incomes for participants. The group that also received life skills training (on top of the other components) had an increase of 14 percent in the probability of obtaining jobs compared to the control group (Azevedo, Davis, and Charles 2013).
- In Sierra Leone, a combination of skills training, on-the-job training, and small stipends increased overall employment for young male and female participants; however, impacts on employment were larger among men (4.4 percentage points)

than among women (1.8 percentage points). Overall monthly consumption per capita grew by 52.5 percent, compared with about SLL 300,000 in the control group (about US\$70 at prevailing exchange rates). Effects on consumption were significantly larger among households in which the beneficiaries were women (Rosas, Acevedo, and Zaldivar Chimal 2017).

Interventions that show promise

Investing in young women's education can lead them to higher-skilled employment and better wages.

- In Ethiopia, each additional year of schooling completed as a result of removing primary school fees increased women's likelihood of working later in life in a professional or skilled occupation by 5.9 percentage points (Chicoine 2020).

Breaking barriers related to gender norms about job segregation is likely to have positive impacts on women's access to quality jobs.

- In Nigeria, a job skills training program in information and communication technology led to a movement of women into a currently male-dominated sector. The gains in employment were caused by a shift from other sectors, particularly among women who held deep biases against women's professionalism (Croke, Goldstein, and Holla 2018).
- In Kenya, a vocational training intervention that provided information about the actual return to vocational education led to a more than 5-percentage-point increase in the likelihood that women would express a preference for a male-dominated course and

would enroll in one. The information treatment highlighted the great disparities between traditionally male- and female-dominated trades and used subjective methods to encourage women to enroll in more lucrative businesses (Hamory et al. 2015).

Legal reforms that increase women’s autonomy exert a positive influence on their access to economic opportunities and ability to gain employment.

- In Ethiopia, changes in the family law, especially increasing the legal age of marriage from 15 to 18 and removing a spouse’s right to prohibit the other spouse from working outside the home, led to a 15–24 percent increase in the share of young women working in non-home-based employment, paid-work, and year-round employment (Hallward-Driemeier and Gajigo 2013).

Improving access to affordable early childcare is likely to increase poor urban women’s participation in paid work.

- In urban Kenya, women who received vouchers for subsidized early childcare (children ages 1–3 years) were, on average, 8.5 percentage points more likely to be employed than those who did not receive vouchers. Married mothers represented most of the employment gains, probably because most single mothers were already employed at baseline; however, single mothers benefited by shifting to jobs with more regular hours (Clark et al. 2019).

Job placement support by itself is also likely to improve employment for women.

- In Bole Lemi Industrial Park, Ethiopia, supporting and facilitating the job application process for young women increased by 25 percent their likelihood of being employed and by 28.5 percent their chances of receiving a job offer for noncasual/nonproduction tasks outside the manufacturing sector (compared to a control group). The intervention also raised reported monthly income by nearly 30 percent (Abebe, Buehren, and Goldstein 2020).

Empowering women and men through access to financial products can increase labor productivity and job stability.

- A financial innovation intervention that enabled cashew factory workers (mostly women) in Côte D’Ivoire to deposit part of their wages into secret private savings increased their labor productivity and earnings by 10 percent relative to workers not offered the accounts. The program aimed to release the pressure on them to redistribute income to relatives, friends, and neighbors (Carranza et al. 2018).
- In South Africa, lender approval of randomly selected marginal applications, which would normally be rejected, resulted in a higher likelihood that applicants of both genders would retain their jobs. The intervention also had a positive impact on food consumption and intrahousehold decision control, 6–12 months after the intervention, for men and women (Karlan and Zinman 2010).
- An intervention in the Democratic Republic of Congo that put in place a Village Savings and Loans Association (VSLA) for female sexual violence survivors resulted in a large increase in economic hours worked in the past seven days (eight-month follow-up survey).

Interventions with mixed results

Evidence shows that the provision of temporary employment in fragile contexts can increase women's earnings and assets. However, women from the poorest households don't seem to benefit.

- A public work in the Central African Republic led to an approximately 10 percent increase in monthly earnings and a small impact on the number of days worked (about a half day longer per month) for participating women and men. Women from the poorest households did not benefit from increases in earnings and assets. Increases in earnings for female beneficiaries seemed to be driven by engaging

in a secondary activity, especially business and trade. The intervention consisted of providing temporary employment and a bicycle to beneficiaries selected through public lotteries. The provision of bicycles increased mobility for men but not for women, likely because of gender norms, risks, and bike-riding skills (Alik-Lagrange et al. 2020).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions on intensive margin outcomes (that is, working hours, working conditions, earnings, nonmonetary benefits, job satisfaction, and other measures encapsulating quality of jobs).

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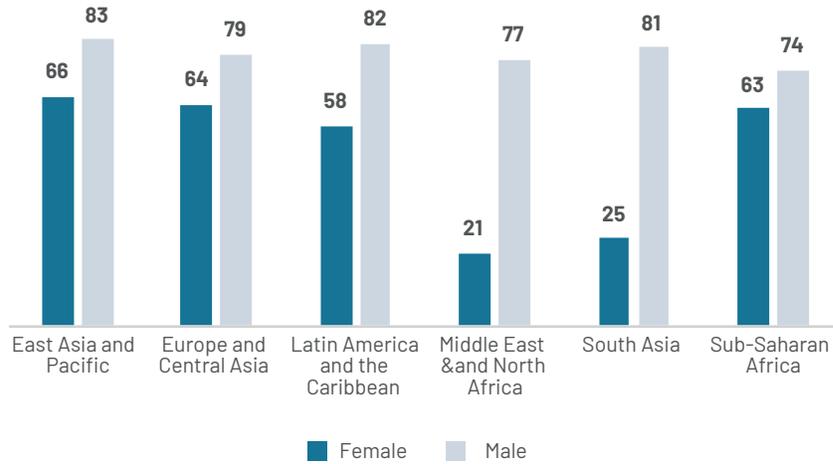
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Annex 3A

Figure 3A.1. Labor force participation, by region, 2019

Percent of population ages 15–64

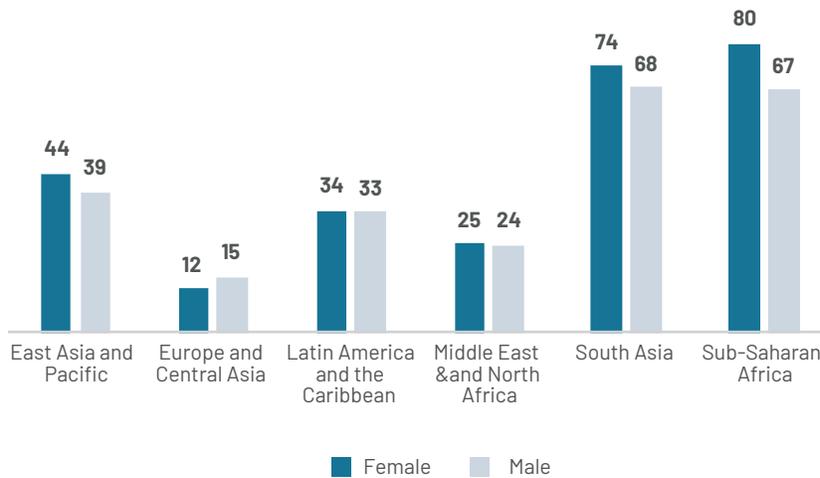


Source: World Bank, World Development Indicators.

Note: Modeled International Labour Organization estimates.

Figure 3A.2. Vulnerable employment, by region, 2019

Percent of total employment

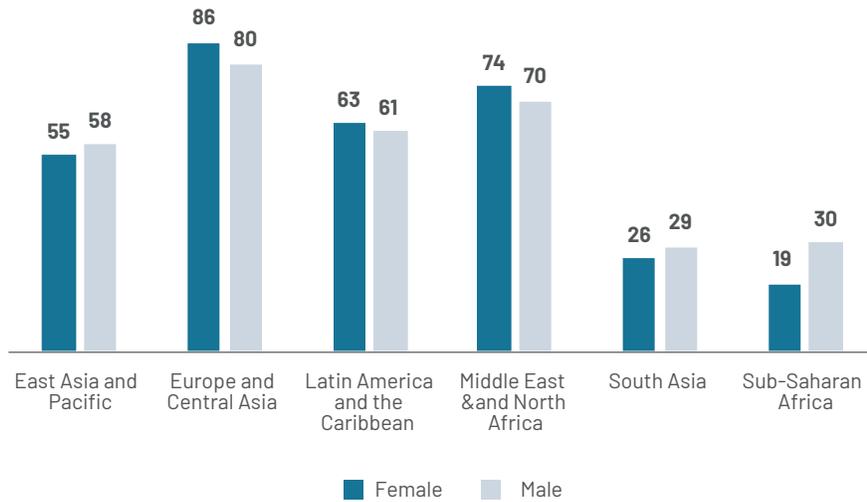


Source: World Bank, World Development Indicators.

Note: Modeled International Labour Organization estimates. Vulnerable employment considers family workers and own-account workers as a percentage of total employment.

Figure 3A.3. Wage employment, by region, 2019

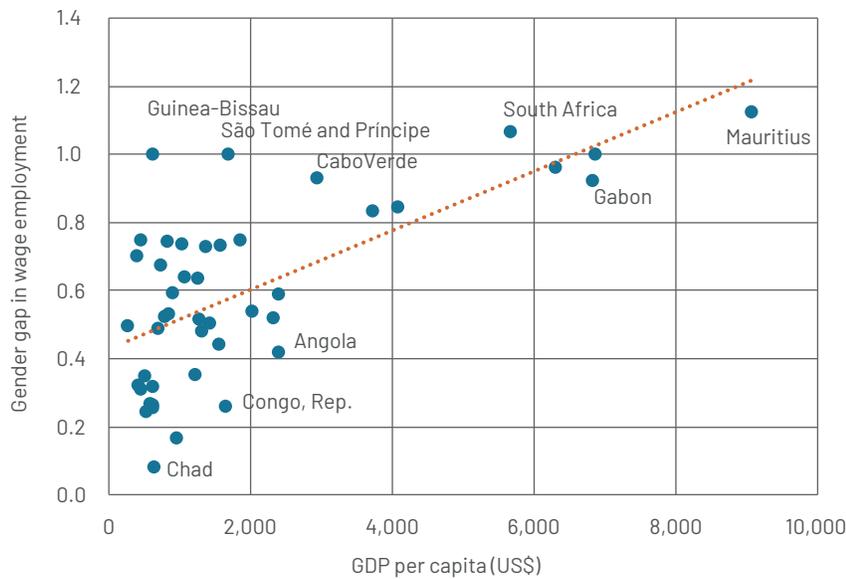
Percent of total employment



Source: World Bank, World Development Indicators.

Note: Modeled International Labour Organization estimates.

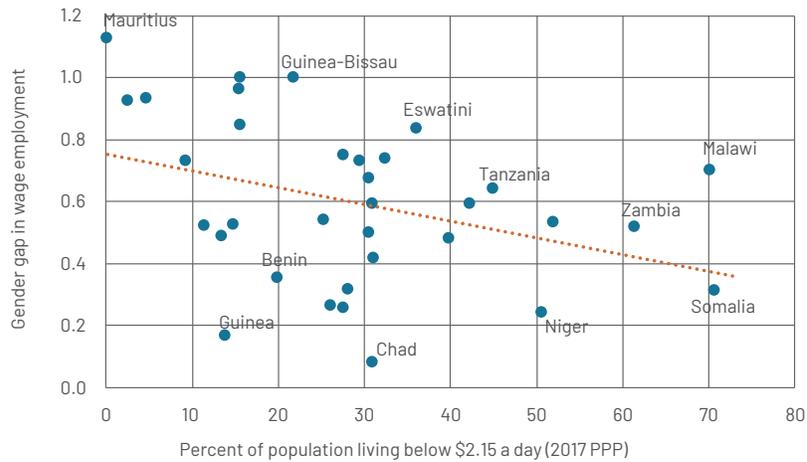
Figure 3A.4. GDP per capita and gender gap in wage employment in Sub-Saharan African countries, 2019



Source: World Bank, World Development Indicators.

Note: Modeled International Labour Organization estimates. Vulnerable employment considers family workers and own-account workers as a percentage of total employment.

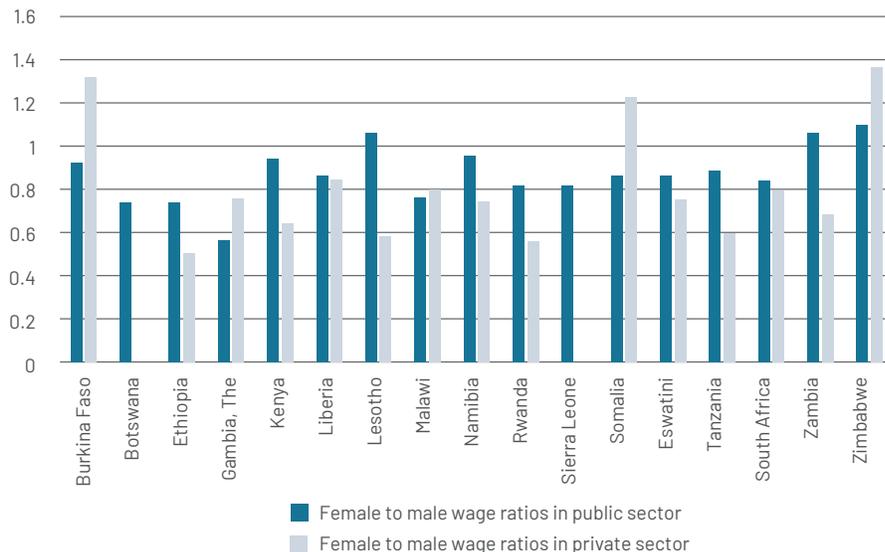
Figure 3A.5. Poverty rate at US\$2.15 per day and gender gap in wage employment, Sub-Saharan African countries



Source: World Bank, World Development Indicators.

Note: The figure includes Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Somalia, Tanzania, Togo, Uganda, Zambia, and Zimbabwe. Gender gap in wage employment considers wage and salaried workers out of total workers: 2019 data for all countries. Poverty headcount ratio is percent of population at US\$2.15 a day in 2017 PPP: 2019 (Uganda and Zimbabwe); 2018 (Angola, Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, and Togo); 2017 (Gabon, Lesotho, São Tomé and Príncipe, and Somalia); 2016 (Eswatini and Rwanda); 2015 (Botswana, Cabo Verde, The Gambia, Kenya, Namibia, and Zambia). PPP = purchasing power parity.

Figure 3A.6. Female to male wage ratios in public and private sector in selected, selected Sub-Saharan African countries, various years

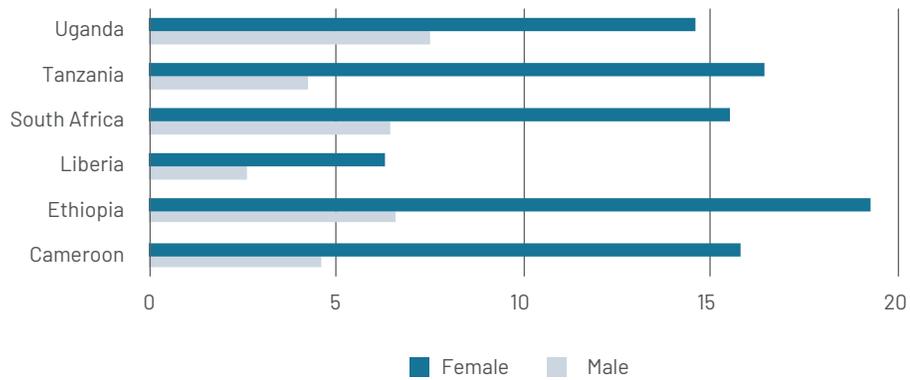


Source: Worldwide Bureaucracy Indicators Database (<https://datacatalog.worldbank.org/search/dataset/0038132>).

Note: Years of data: Burkina Faso (2014), Botswana (2015), Ethiopia (2016), Gambia, The (2015), Kenya (2015), Liberia (2014), Lesotho (2018), Malawi (2016), Namibia (2015), Rwanda (2016), Sierra Leone (2015), Somalia (2013), Eswatini (2016), Tanzania (2014), South Africa (2019), Zambia (2014), Zimbabwe (2017).

Figure 3A.7. Proportion of time spent on unpaid domestic and care work, selected Sub-Saharan African countries, various years

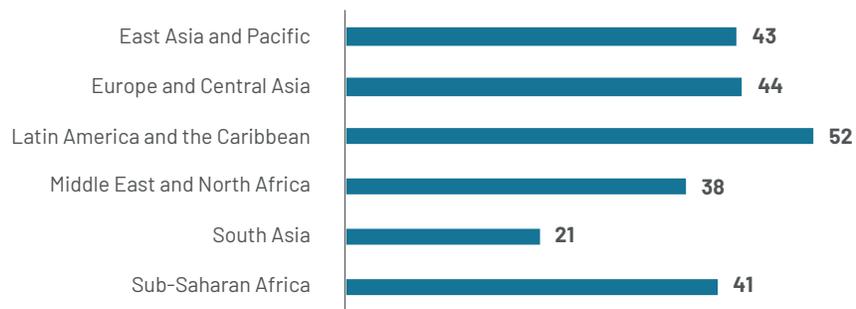
Percent of 24-hour day



Source: World Bank, World Development Indicators.

Note: Years of data: Cameroon 2014, Ethiopia 2013, Liberia 2010, South Africa 2010, Tanzania 2014, and Uganda 2018.

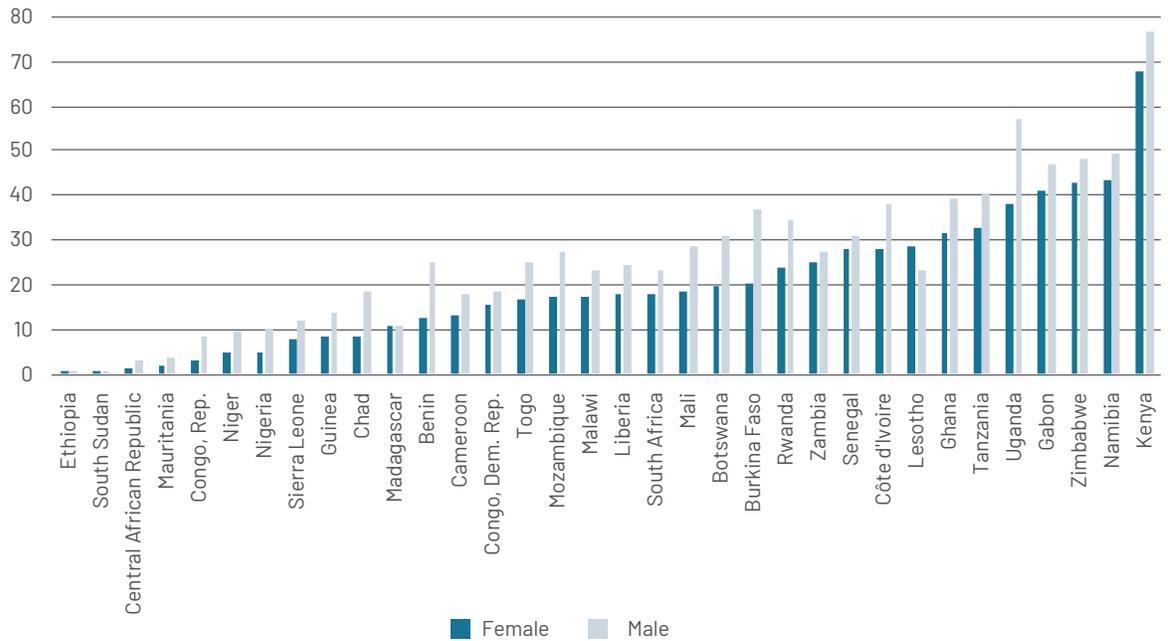
Figure 3A.8. Percentage of female secondary vocational pupils, by region, 2017



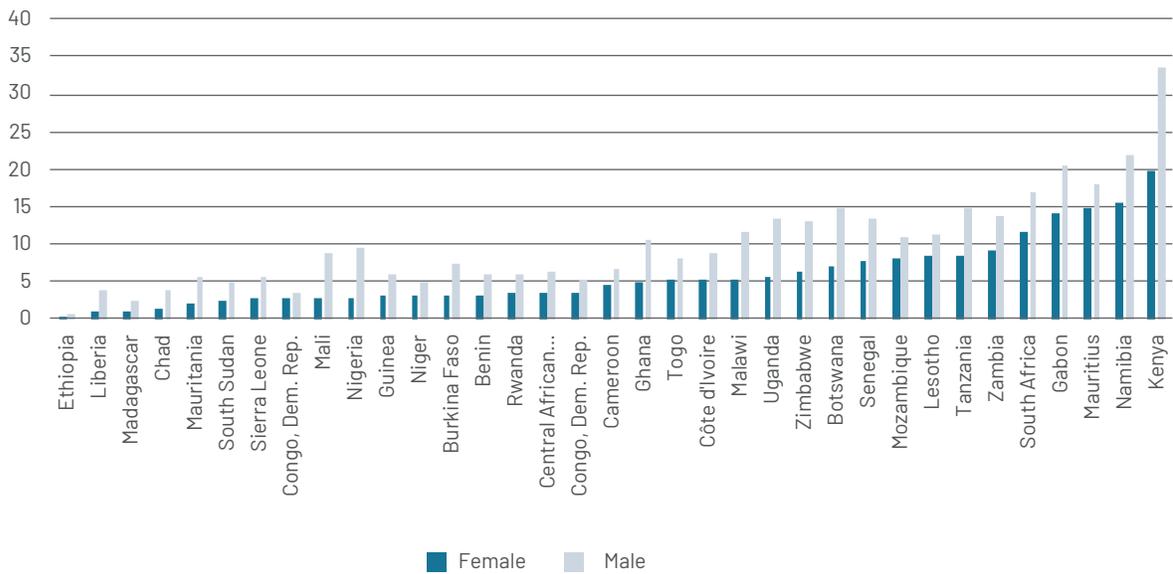
Source: World Bank, World Development Indicators.

Figure 3A.9. Internet use, selected Sub-Saharan African countries, 2017

a. Percentage of population ages 15+ that used the internet to pay bills or to buy something online in the past year



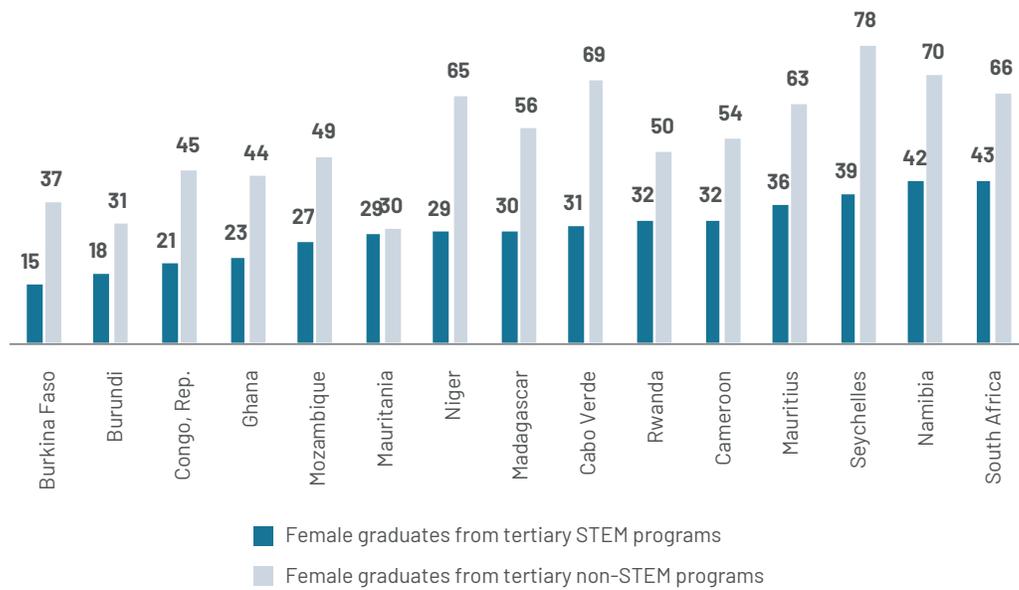
b. Percentage of population aged 15+ that used a mobile phone or the internet to access a bank account



Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>)

Figure 3A.10. Female tertiary graduates, by type of program, selected Sub-Saharan African countries, 2017

Percent

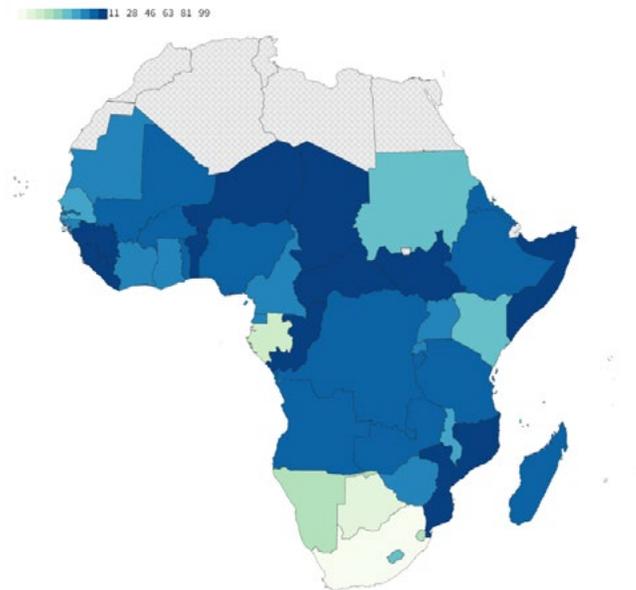


Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>)

Note: STEM = science, technology, engineering, and mathematics.

Map 3A.1. Female vulnerable employment, Sub-Saharan Africa, 2019

Percent of total female employment

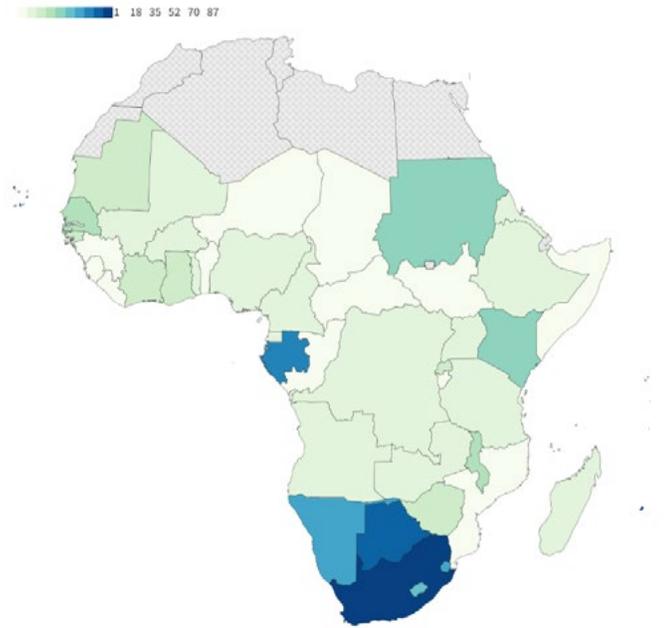


Source: World Bank, Gender Data Portal (<https://genderdata.worldbank.org>).

Note: Modeled International Labour Organization estimates.

Map 3A.2. Female wage employment, Sub-Saharan Africa, 2019

Percent of total female employment



Source: World Bank, Gender Data Portal (<https://genderdata.worldbank.org>).

Note: Modeled International Labour Organization estimates. Indicator considers wage and salaried workers out of total workers.

Figure 3A.11. Female vocational pupils, selected Sub-Saharan African countries, 2017

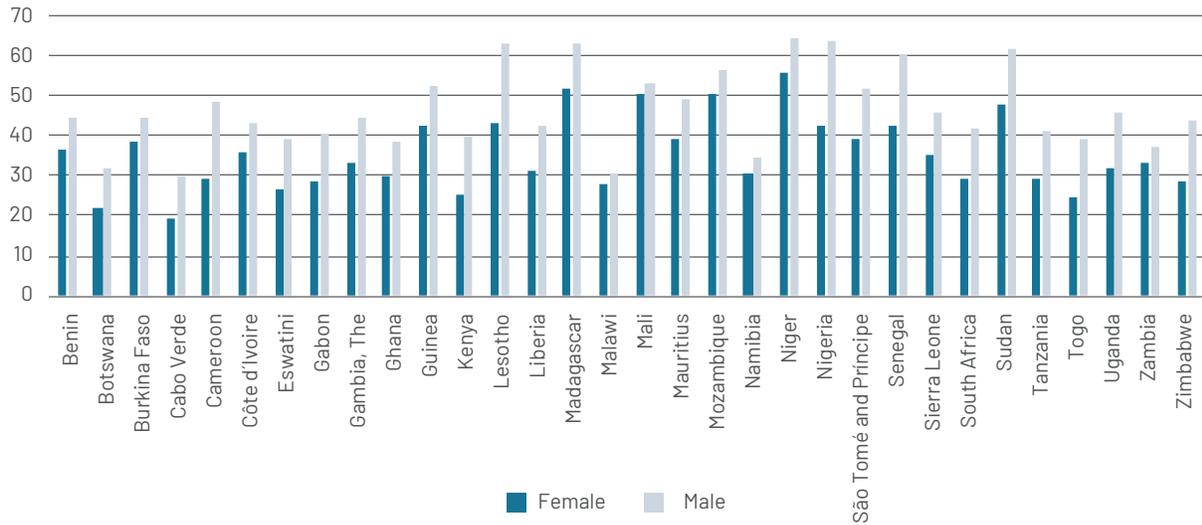
Percent



Source: World Bank, World Development Indicators.

Figure 3A.12. Agrees or strongly agrees that men have more right to a job when jobs are scarce

Percent



Source: Afrobarometer (R7 2016/2018).

Note: Question asked level of agreement with following statement: When jobs are scarce, should men have more right to a job than women?

4. Support women farmers to maintain and grow their businesses



Context

Employment in agriculture in Sub-Saharan Africa (SSA), although decreasing in the past 30 years, is still much higher than anywhere else in the world for both women and men. In 1991, 66 percent of women and 61 percent of men worked in the sector; in 2019 participation had declined to 53 percent for both (figure A.1).³³ Country disparities exist, and agriculture's importance as a source of employment for women is particularly high in central and eastern areas of the region (map A.1). Despite a clear negative relationship between a country's income level and the share of women in agriculture in SSA countries, the wide range of participation in agriculture in countries of lower income suggests that demographic and geography variables also play a role (figure A.2). Figure 4A.3 shows an inverse relationship between poverty rates in a country and respective female participation in agriculture, although agriculture clearly still provides an important source of occupation in some countries with relatively low poverty rates (see for example Gabon).

Productivity in SSA agriculture is low in general, and research focusing on selected countries shows that it is particularly low in female-managed farms. As table A.1 shows, a 2014 report profiling six countries that represent more than 40 percent of SSA's population and span a wide array of farming systems—Ethiopia, Malawi, Niger, Nigeria, Tanzania, and Uganda—found gender productivity gaps ranging from a low of 13 percent in Uganda to a high of 25 percent in Malawi (World Bank and the ONE Campaign 2014).³⁴ The factors identified as drivers of the gender gap in agricultural productivity in SSA countries include the following:

- *Women farmers face difficulties in mobilizing extra help to work on their farms.* Challenges begin in the home. On average, female farmers tend to live in smaller households with fewer men, possibly because of widowhood, migration, or divorce. Female farmers also face challenges in hiring effective outside labor, possibly because they have greater income constraints when compared to male farmers.
- *Women use less-productive farm technologies and realize lower returns when they do use technologies.* Women are especially constrained by their relative lack of access to inorganic fertilizers, which must be purchased in the marketplace. This is also largely connected to income constraints that tend to burden women farmers greatly.
- *Women are less likely to plant high-value crops.* High-value crops include cash crops and exported crops, all typically farmed by men, whereas women are more likely to plant subsistence crops. In Malawi, for example, men are more likely than women to plant tobacco.
- *Women face disadvantages in access to credit and land.* Statutory and customary land tenure systems often disadvantage rural women even in countries where the national law protects women's rights to land, so rural women are less likely than rural men to control land. Women's tenure insecurity reduces their land investments, thus undermining their productivity (World Bank and the ONE Campaign 2014). Data on landownership shows that women are less likely to own land alone in every country surveyed in the region

33 Data in the context section of this note come from the World Bank's World Development Indicators, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

34 The gaps in Tanzania and northern Nigeria are statistically insignificant based on a simple comparison.

(figure 4A.4). Because they lack collateral, women also face difficulties in accessing formal credit through commercial banks, and this problem can be exacerbated by weak property rights.

- *Women have less access to extension services and training.* Women farmers tend to have less access to knowledge and training in farming methods, often receiving secondhand information from husbands and friends. Furthermore, household responsibilities and mobility constraints may mean that women attend fewer training activities, and cultural norms may prevent them from interacting effectively with male extension agents (World Bank and the ONE Campaign 2014). Remaining differences in schooling between men and women in SSA (including in literacy) as seen in brief 1, “Support Girls in Achieving Better Education Outcomes,” also translate into differences in agricultural productivity.
- *Women farmers tend to have less access to markets.* They tend to fare worse than their male counterparts in indicators linked to increased commercialization such as educational level; farm size; land rights; access to inputs, labor, and resources; participation in associations; social norms; and others. (Akrong, Mbogoh, and Irungu 2021; ASDI 2007; Boughton et al. 2007; Khoza et al. 2019; Navarra 2018; Ngenoh et al. 2019).

In general, women’s time and ability to dedicate themselves to farm work, either when they are the main farm manager (usually as the head of household) or when they support their husbands’ farms, are constrained by limited access to inputs and prevailing social norms. For example, in a male-headed household, women are expected to have access to land through their husbands and are not

allowed to manage their own plots of land. Often in SSA, women are expected to spend less time on farm work but work longer hours on productive and household work. Also, in many SSA countries, men are still seen as the main bread winner—the notion that men have more right to a job when jobs are scarce is shared by many, not only by men (above 30 percent of men in 32 countries with available data agree that men should be given priority) but also at slightly lower levels, by women (as seen in figure 3A.12 of Annex 3A).

Some facts:

- Countries with a share of female employment in agriculture higher than 70 percent include Chad and the Central African Republic at 73 percent, Mozambique at 80 percent, Malawi at 82 percent, and Somalia at 84 percent (map 4A.1).
- Unequal access to male family labor is one of the most important factors explaining the gender gap in productivity in Ethiopia, Malawi, and Tanzania (UN Women 2019).
- In Malawi, Niger, northern Nigeria, and Uganda, women use lower overall levels of fertilizer than men, which reduces their relative agricultural productivity (World Bank and the ONE Campaign 2014).
- In Ethiopia and Tanzania, gender differences in returns to fertilizer use also contribute to the gap, suggesting that female farmers in these countries use lower-quality fertilizer, apply it incorrectly, or use it at the wrong time (World Bank and the ONE Campaign 2014).
- Gender differences in planting of high-value crops account for part of the gender gap in Malawi, Rwanda, Tanzania, and Uganda (UN Women 2019).

- In countries like Cameroon and Senegal, the percentage of men who own land alone is almost nine times higher than that of women who do (figure 4A.4).
- The lower percentage of women than men who own an account in a financial institution (in every country except Namibia and South Africa) signals women's lower involvement with financial markets in general (figure 4A.5). In countries like Chad, Côte d'Ivoire, Liberia, and Mali, the percentage of men who own an account is more than double that of women. Nigeria, although in the top 4 for male access, ranks only 13th in female access.
- Giving women farmers the same access as men to productive resources and services could significantly increase agricultural output, boost economic growth, and alleviate poverty in developing countries (FAO 2011; Quisumbing et al. 2014; World Bank 2022).
- Gender equality in agriculture also enhances food security of households and the nutrition, education, and health of children (FAO 2011).
- Women can be powerful agents of change in rural communities. Ensuring gender equality in access to agricultural resources and inputs is essential to increase the adaptive capacity and reduce vulnerability to climate change of smallholder farmers (Metcalf 2022).

Why does gender equality in agriculture matter?

Closing the gender gap in agriculture is likely to increase the well-being of women, children, and households; helps to reduce poverty; and stimulates growth.

Evidence on what works to close gender gaps in agriculture in SSA

This section is based on the review of 18 impact evaluations of interventions aimed at increasing the economic empowerment of female farmers. Box 4.1 explains the three categories used in determining the effectiveness of the interventions.

Box 4.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Countries: Benin, Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, Rwanda, Senegal, Tanzania, and Uganda.

Interventions: Land titling/land registration, transfers, knowledge dissemination, access to assets, access to formal financial services, couples-based interventions, and provision of inputs.

Outcomes: Land rights, decision-making, productivity, income, asset ownership, adoption of agricultural practices, social capital, and consumption/food security.

Interventions that have shown effectiveness

Land regularization and contract farming interventions, especially if coupled with information focusing on gender equality, strengthen women's land rights.

- An intervention that offered fully subsidized freehold land titles to rural households in Uganda (without any conditionalities) increased to 62 percent the share of households that decided to co-title. The probability increased to 76 percent after households received gender information through an educational video (Cherchi et al. 2019).
- In rural Côte D'Ivoire, 66 percent of men who had viewed a video designed to shift attitudes around women's landownership accepted

putting one plot of their land in their wife's name³⁵ (Donald et al. 2020).

- In Rwanda, a pilot land regularization intervention increased by 7 percentage points the likelihood of married women being regarded as joint landowners. The program also prompted better recording of inheritance rights without gender bias. Women without a marriage certificate, however, experienced a reduced probability of having documented landownership³⁶ (Ali, Deininger, and Goldstein 2014).
- In Uganda, an intervention that consisted of transferring a sugarcane contract to the wife or to register a previously uncontracted sugarcane block in her name was accepted by couples in more than 70 percent of households. After couples attended a workshop that focused on gender equity, the rates of refusal to accept the intervention reduced by another 7 percent; however, lower socioeconomic status was associated with intervention refusal (Ambler, Jones, and O'Sullivan 2021).

Land tenure security increases women's ability to make decisions—with positive spillovers to household welfare.

- An intervention in Ghana that successfully increased land registration of smallholder farmers caused a shift to nonfarm economic activities, especially by women. Engagement of women in off-farm work increased by 10.4 percentage points, and women involved in

³⁵ The economic incentive (a lottery to win a tricycle moto) had an even greater impact: 75 percent of men offered part of their land to their wife to be certified during the land certification program

³⁶ The program was also associated with a very large impact on investment and maintenance of soil conservation measures, particularly for female-headed households who registered their lands.

enterprises also saw a significant increase in profits³⁷ (Agyei-Holmes et al. 2020).

- A land formalization intervention in Benin led women moving production away from relatively secure, demarcated land and toward less secure land outside the village to guard those parcels. Female-managed landholdings in treated villages were also more likely to be left fallow—an important soil fertility investment—fully erasing the gender gap observed in control villages (Goldstein et al. 2015).
- In Ethiopia, the land registration and certification reform stimulated land rental activity. The resulting increased land productivity in rented plots by female landlords led to positive effects on household welfare (Holden and Ghebru 2019).

- Farmer field schools³⁸ in Kenya, Tanzania, and Uganda increased per capita agricultural income of participating female-headed households by 189 percent but had no statistically significant increases for male-headed households (results at the regional level). At the country level, the schools led to a significant and larger increase in crop productivity for female-headed households in Tanzania and Uganda compared to male-headed households. No differences in crop productivity were found in Kenya by gender. In Kenya and Uganda, livestock production of female participants also increased significantly more than that of male participants, whereas female livestock production in Tanzania did not change significantly (Davis et al. 2012).

Interventions that show promise

Facilitating knowledge exchange among farmers and providing participatory learning approaches have improved crop productivity and/or agricultural income of female farmers.

- In Uganda, a social network intervention that encouraged female cotton farmers to share new agricultural information with each other throughout the growing season led to a gain of 98 kilograms per acre, on average, for females—except for highly productive farmers who were already familiar with the new information (Vasilaky and Leonard 2016).

Interventions that provided cash or in-kind transfers to female farmers improved those farmers' ownership of animals and agricultural assets.

- In Burkina Faso, an intervention that gave women a small transfer of agriculture and animal assets caused a decrease in the male-to-female ratio of agricultural assets (such as watering cans, rakes, and shovels) from 15.2 at baseline to 6.0 at endline (the control group ratio changed from 12.5 to 13.4) and in the male-to-female ratio of small animal ownership from 4.0 to 2.8 (no change in control). The intervention also consisted of training in optimal agriculture and animal-

37 Land registration did not translate into agricultural investments or increased credit taking.

38 Farmer field schools are a participatory method of learning, technology development, and dissemination based on adult learning principles (Davis et al. 2012).

raising practices and optimal health and nutrition practices (Van den Bold et al. 2015).

- Unconditional cash transfers given to women in rural farming communities in Nigeria led to an increase of about one and a half times in the value of animal stock owned by recipients. Women receiving cash transfers were also 11 percent more likely to work in a nonfarm business, and their business profits were 80 percent higher. These women mostly engaged in petty trading, rice crop-processing, and frying cakes for sale. Cash recipients also spent a significantly higher amount on festivals and celebrations, which may help bolster their position in the community and grow their social capital (Bastian, Goldstein, and Papineni 2017).

Voucher assistance to buy agricultural inputs can increase crop productivity of female farmers.

- In Tanzania, vouchers given for the purchase of chemical fertilizer and improved maize or rice seed increased input use and yields of female farmers compared to nonbeneficiaries. The intervention showed no impacts on household welfare indicators, such as income, food security, and educational attainment (Gine et al. 2015).

The use of mobile money in a cash transfer program increased women’s bargaining power and food security in households.

- In Niger, a mobile money cash transfer program that targeted women increased household diet diversity by 9–16 percent,

and children ate an additional one-third of a meal per day. These results can be partially attributed to time savings associated with mobile transfers and shifts in intrahousehold bargaining power for women (Aker et al. 2016).

Agricultural insurance leads to higher yields and protection against shocks; however, evidence shows that women prioritize protection against life cycle risks.

- In Burkina Faso and Senegal, female farmers were less likely to purchase agricultural insurance than male farmers and more likely to invest in savings for emergencies, likely because of risks associated with fertility and childcare. Those who purchased more agricultural insurance realized higher average yields and were better able to manage food insecurity and shocks (Delavallade et al. 2015).

Performance-based incentives can lead to a greater acceptance of female extension agents and increase technology adoption.

- In Malawi, relatively small incentives for rewards given to trained female farmers in a new agricultural technology (communicators³⁹) undid the disparity in farmers’ performance—caused by distrust in women—by encouraging added interactions and improving accuracy of farmers’ perception of the communicator’s skills. Before the intervention, female communicators were not as successful as men at teaching or convincing other farmers to adopt the new technology (BenYishay et al. 2016).

39 In the intervention, farmers were randomly assigned the task of learning about a new agricultural technology, and then communicating it to others to promote its adoption.

Interventions with mixed results

Evidence shows that having a woman as the one providing information to farmers leads to mixed impacts on agricultural productivity and adoption of techniques.

- In Mozambique, having demonstration plots maintained by local trained female farmers increased by 10 percent the number of sustainable land management techniques adopted by women. Furthermore, farmers adopting those techniques also taught others in their communities what they had learned (Kondylis and Mueller 2013).
- In Uganda, providing only the female co-head with video information instead of the male co-head resulted in large positive effects on production and productivity of female-

managed maize plots. By contrast, having a woman convey agricultural messages to other women (as sole recipients) had a positive effect on women's decision-making but a significant and negative effect on yields of female-managed plots. Men's unilateral decision-making about maize production was reduced when a female actor was involved in providing the video information (alone or together with a men) as compared to only a male actor (Lecoutere, Spielman, and Van Campenhout 2019).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions that particularly address social, cultural, and religious norms and beliefs.

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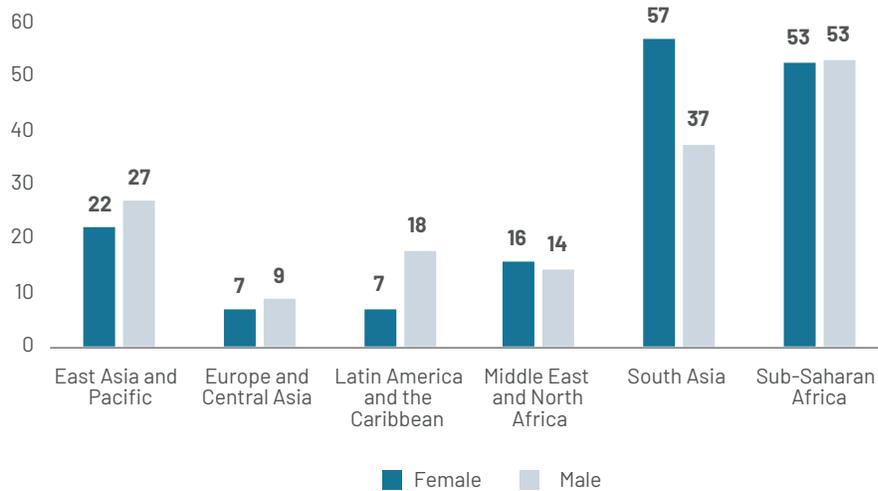
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Annex 4A

Figure 4A.1. Employment in agriculture, by region, 2019

Percent of total employment, by gender

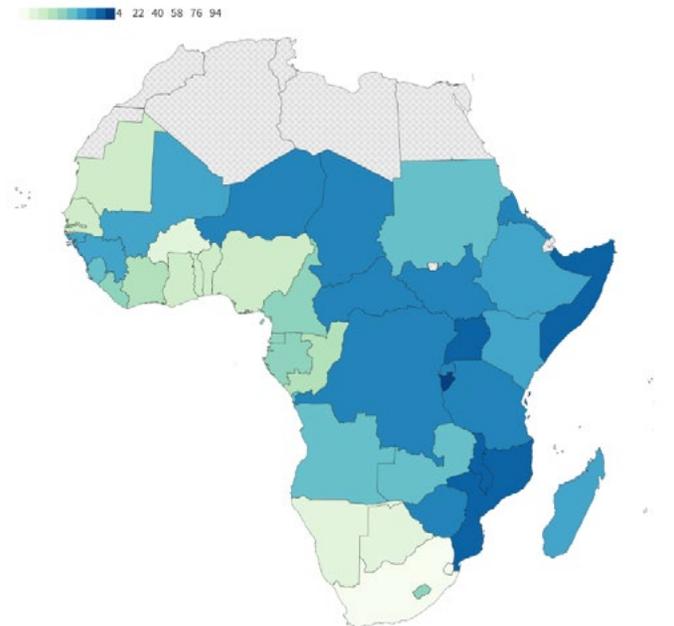


Source: World Bank Gender Data Portal (<https://genderdata.worldbank.org>).

Note: Modeled International Labour Organization estimates.

Map 4A.1. Female employment in agriculture, Sub-Saharan African countries, 2019

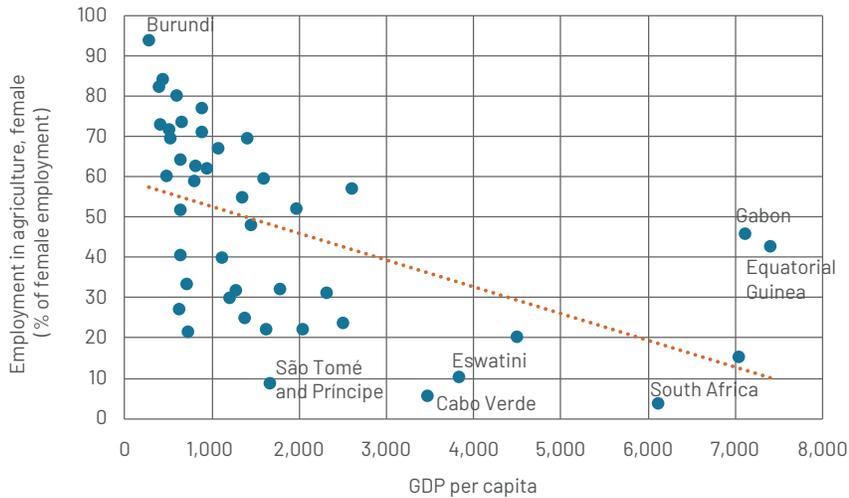
Percent of total female employment



Source: World Bank Gender Data Portal (<https://genderdata.worldbank.org>).

Note: Modeled International Labour Organization estimates.

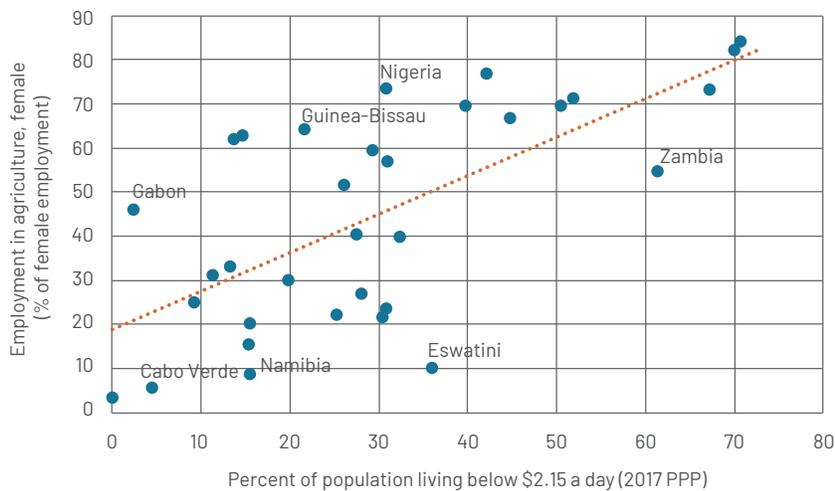
Figure 4A.2. GDP per capita and share of female employment in agriculture in Sub-Saharan African countries, 2019



Source: World Bank, World Development Indicators.

Note: Figure includes all Sub-Saharan African countries except Eritrea, Mauritius, Seychelles, and South Sudan. GDP per capita is constant 2015 US dollars.

Figure 4A.3. Poverty rate at US\$2.15 per day and share of female employment in agriculture, Sub-Saharan African countries



Source: World Bank, World Development Indicators.

Note: Figure includes Angola, Benin, Botswana, Burkina Faso, Cabo Verde, Chad, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Malawi, Mali, Mauritius, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Somalia, South Sudan, Tanzania, Togo, Uganda, Zambia, and Zimbabwe.

Female employment in agriculture: 2019 data for all countries. Poverty headcount ratio (percent of population at US\$2.15 a day in 2017 PPP): 2019 (Malawi and Zimbabwe); 2018 (Angola, Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, Guinea-Bissau, Mali, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, and Togo); 2017 (Gabon, Lesotho, Mauritius, São Tomé and Príncipe, Somalia); 2016 (Eswatini, Ghana, Liberia, Rwanda, and South Sudan); 2015 (Botswana, Cabo Verde, Kenya, Namibia, and Zambia). PPP = purchasing power parity.

Table 4A.1. Gender gaps in agricultural productivity, by country

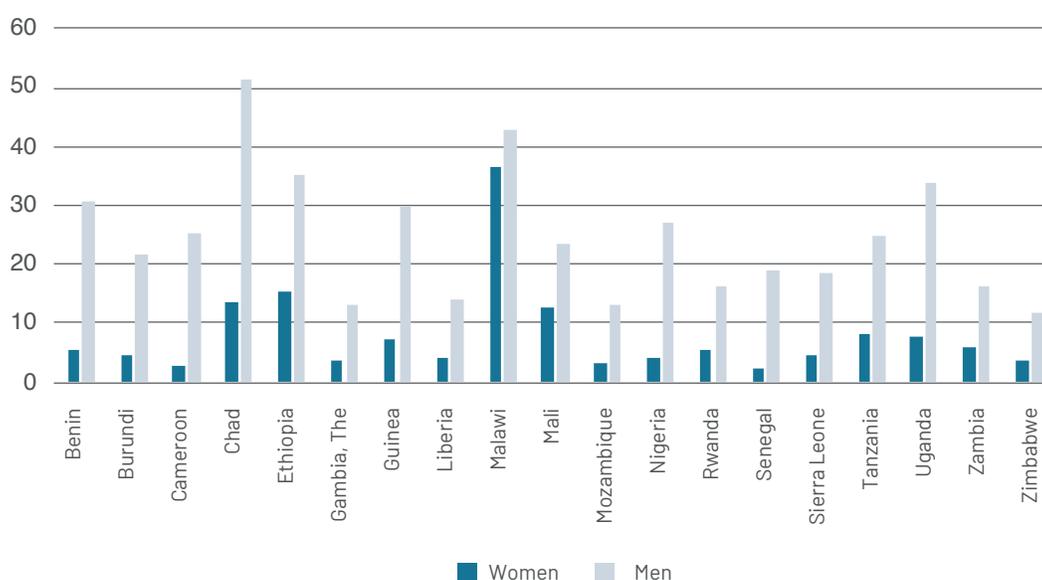
	Simple difference (%)	Accounting for plot size and regions (%)
Ethiopia	23***	24***
Malawi	25***	25***
Niger	19***	66***
Nigeria (north)	4	46***
Nigeria (south)	24*	17
Tanzania	6	23***
Uganda	13***	33***

Source: World Bank and the ONE Campaign 2014.

Note: Agricultural productivity is defined as the average value of agricultural output produced per hectare or acre of land.

Significance level: * = 10 percent, ** = 5 percent, *** = 1 percent.

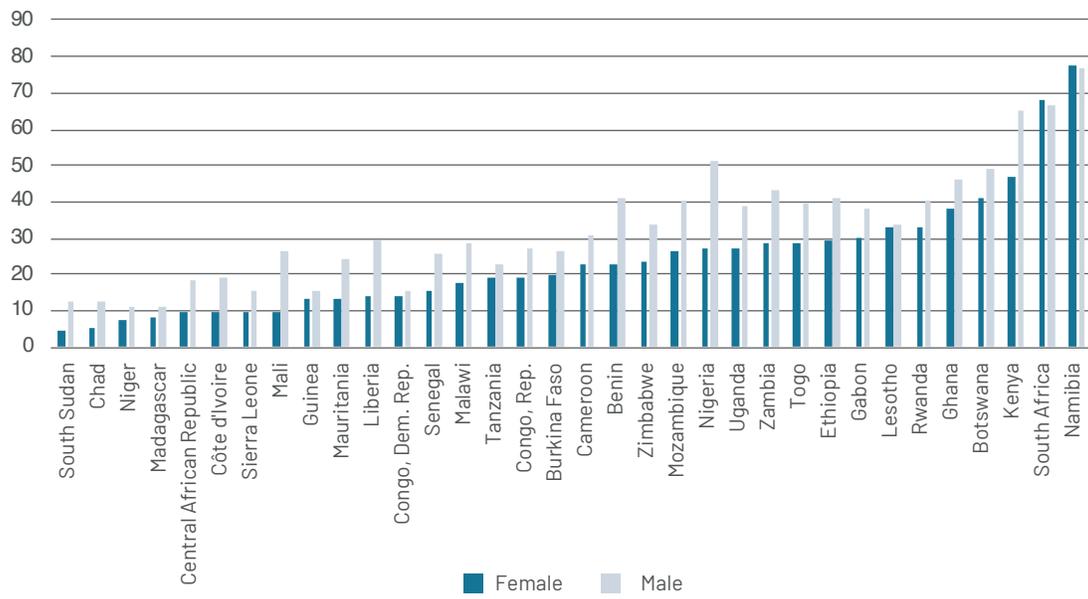
Figure 4A.4. Percentage of population ages 15–49 with sole ownership of land, various years



Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

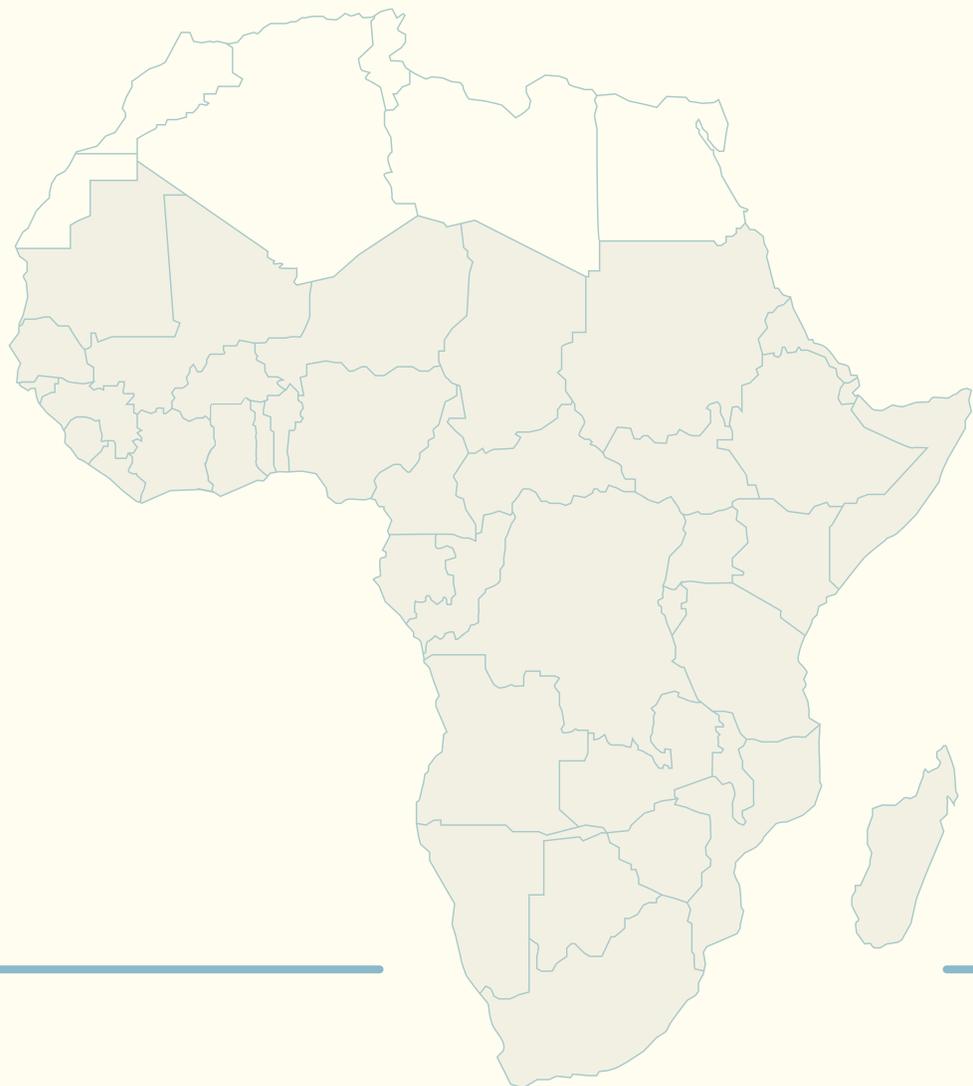
Note: Years of data: 2015 (Chad, Mozambique, and Zimbabwe); 2016 (Ethiopia, Malawi, Tanzania, and Uganda); 2017 (Burundi); 2018 (Benin, Cameroon, Guinea, Mali, Nigeria, and Zambia); 2019 (Senegal and Sierra Leone); 2020 (The Gambia, Liberia, and Rwanda). Women’s sole ownership of land reflects the percentage of women ages 15–49 who solely own land that is legally registered in their name or that cannot be sold without their signature. Men’s sole ownership of land reflects is the percentage of men who solely own land that is legally registered in their name or that cannot be sold without their signature.

Figure 4A.5. Percentage of population ages 15+ with a financial institution account, 2017



Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

5. Support women entrepreneurs to maintain and grow their businesses



Context

To understand the importance of entrepreneurship for women in Sub-Saharan African (SSA), this note looks at self-employment in the region.⁴⁰ Although this category of workers includes employers, own-account workers, members of producers' cooperatives, and contributing family workers—and thus does not represent only entrepreneurs—it still provides a good approximation of entrepreneurship.

Self-employment is crucial for workers in SSA, and even more so for women (figure 5A.1). Self-employment in SSA is comparable only to that in South Asia, which has a similar rate of self-employment for males (70 percent in SSA vs. 71 percent in South Asia) but not for women (81 percent in SSA vs. 74 percent in South Asia).⁴¹

The importance of self-employment in SSA is connected with the **scarcity of wage employment and the lack of better opportunities**—particularly for women, who often have lower levels of formal education and may be seen as a second option in hiring. As expected, women in countries with higher poverty rates generally rely more on self-employment (figure 5A.2). Additionally, women tend to bear most of the responsibility for domestic work, including childcare, **so small-scale home-based businesses provide one of the few ways women can generate income for their households**. As such, **women often run small businesses in the informal sector**; evidence shows that women have a low presence in the registered business sector, representing less than half of all registered businesses in every country

with data available (figure 5A.3). Most countries also have a low percentage of firms with female ownership (figure 5A.4).

Analysis of data from enterprise, household, and impact evaluation studies shows that, compared to male-owned businesses, female-owned businesses in SSA have the following characteristics:

- *Lower profits*: Firms run by women have, on average, 34 percent lower profits than firms run by men.
- *Fewer employees*: Firms with majority-female ownership account for, on average, 20 percent of firms in the formal economy with 10 or fewer employees, only 10 percent of firms with 100 to 500 employees, and only 7 percent of firms with more than 500 employees.
- *Lower average sales*: Average sales are 38 percent lower in female-owned formal firms than in male-owned formal firms.
- *Less value added*:⁴² Enterprises run by men add approximately 38 percent more value than those owned by women. (World Bank Group 2019).

In general, **female entrepreneurs control fewer assets than men**, affecting their capacity to invest in their businesses and access large enough loans. This includes access to land and to technology, for example. Statutory and customary land tenure systems often disadvantage rural women, who are less likely to control land than rural men. Women's tenure insecurity reduces their land investments,

40 Data in the context section of this note come from the World Bank's World Development Indicators, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

41 The focus on self-employment is due to its large prevalence in SSA and the fact that self-employed individuals are likely in a condition of poverty. Though the interventions described in the next section do not clearly specify whether their focus is necessity or opportunity entrepreneurs, we acknowledge that these categories have different needs and interests.

42 Value added is the amount obtained by subtracting direct costs—costs of inputs, raw materials, and goods purchased for resale—from firm sales.

thus undermining their productivity (World Bank and the ONE Campaign 2014). Data on landownership shows that women are less likely to own land alone in every country surveyed in the region (as seen on brief 4, “Support Women Farmers to Maintain and Grow Their Businesses”, figure A.4). Also, women in Sub-Saharan Africa are 30 per cent less likely than men to own a smartphone (GSMA, 2022) and internet use reveals a gender gap in most countries with data available (as seen on brief 3, “Help women in Sub-Saharan Africa Access Quality Jobs”, figures A.9a and A.9b). Women in SSA also tend to have **less access to the financial sector** (figures A.5 and A.6).

Other factors that limit women’s ability or willingness to expand or formalize their businesses are **lack of confidence** and **high risk aversion, limited access to networks and information**, limited authority over the allocation of household assets, and **more pressure to share resources** (World Bank Group 2019). Social norms may also completely constrain any economic activity by women in some countries, even if it is home-based – World Value Surveys data shows that in Zimbabwe over 80 percent of men and women believe that a woman may be considered immoral if she wants to work for money, while less than 30% in Ethiopia (figure A.7).

Some facts:

- Several countries present female self-employment rates above 90 percent: Chad (99 percent), the Central African Republic and Somalia (97 percent), Sierra Leone (96 percent), Benin (94 percent), Mozambique (93 percent), Liberia (92 percent), and the Republic of Congo (91 percent)(map 5A.1).

- Sudan (8 percent) and Guinea (9 percent) have the lowest percentages of firms with female ownership in the region (figure 5A.4).
- Women own more than 40 percent of firms in only four SSA countries: Kenya (48 percent), Burundi (44 percent), Zimbabwe (43 percent), and Namibia (41 percent)—see figure 5A.4.
- In countries like Cameroon and Senegal, the percentage of men who own land alone is almost nine times higher than that of women who do (as seen in brief 4, “Support Women Farmers to Maintain and Grow Their Businesses,” figure 4A.4).
- A gender gap in the use of the internet exists in every country for paying bills or shopping online and in all countries except Lesotho and Madagascar for accessing online banking accounts (as seen in brief 3, “Help Women in Sub-Saharan Africa Access Quality Jobs,” figure 3A.9, panels a and b). Internet use shows striking disparities across SSA countries: for example, female access to online bank accounts varies from 0.3 percent in Ethiopia to 68.0 percent in Kenya.
- Gender gaps in borrowing money to start, operate, or expand a farm or business are low in the region (12.4 percent for men vs. 10.8 for women) as both men and women have limited access to this type of funding. Kenya, Liberia, and Uganda show the highest levels of borrowing (about 20 percent for both genders)(figure 5A.5).
- A lower percentage of women than men owns accounts in financial institutions in every country except Namibia and South Africa (figure 5A.6).

Why does gender equality matter in entrepreneurship?

Women's entrepreneurship plays a significant role in empowering women, increasing their family's welfare, and boosting economic growth.

- Although the role of female entrepreneurs in boosting economic growth is still understudied, existing studies show that gender equality in entrepreneurship increases employment, average output per worker, and wages (Cuberes and Teignier 2012, 2016; Hechavarria et al. 2019; IFC 2018; Kevane and Wydick 2001).
- Female entrepreneurship is associated with an increase in women's decision-making power, autonomy, financial independence, and empowerment (Morshed and Haque 2015; Noor, Isa, and Nor 2021).

- Women's business ownership and related income are associated with improved family welfare because women tend to invest their income in their households and in children's needs (Ge et al. 2022; Seshie-Nasser and Oduro 2018).
- Women-led businesses tend to employ more female workers as a share of the total workforce (Cirera and Qasim 2014).

Evidence on what works to close gender gaps in businesses in SSA

This section is based on the review of 22 impact evaluations of programs aimed at increasing the economic empowerment of women entrepreneurs in SSA. Box 5.1 explains the three categories used in determining the effectiveness of the interventions.

Box 5.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Countries: Benin, Ethiopia, Ghana, Kenya, Malawi, Niger, Tanzania, Togo and Uganda.

Interventions: Cash support, business formalization, entrepreneurship training, and access to formal financial services.

Outcomes: Business formalization, income/earnings/profits/sales, adoption of business practices, expenditures, savings, and consumption/food security.

Interventions that have shown effectiveness

The review found no interventions that met the criteria described in box 5.1 for interventions that have shown effectiveness.

Interventions that show promise

Evidence shows that women with access to financial products to support their businesses are likely to have higher incomes.

- In Ghana, women operating small businesses that participated in microcredit programs had higher incomes compared with their non-microcredit-participating counterparts. Factors that positively influenced women's likelihood of participating in microcredit schemes included number of years in formal education, satisfaction with application procedures, membership in business associations, amount of savings with financial institutions, and satisfaction with interest rate charges (Awunyo-Vitor, Abankwah, and Kwansah 2012).
- In Kenya, an intervention allowing participants to open an account at the village bank at no cost led female market vendors to save up in order to increase the size of their business and their private expenditures (Dupas and Robinson 2013).

Incentives to increase business formalization, such as reducing the registration costs and offering

complementary services, can have a significant impact on rates of formalization.

- In Malawi, decoupling tax registration from formal registration resulted in 73 percent of women-owned firms registering their businesses—compared to only 7 percent of women-owned firms that had to pay for the registration (control group). Combining business registration with an information session at a bank, including the offer of a business bank account, led to even higher levels of formalization (83 percent) and an increased use of formal financial services, which in turn resulted in increases in sales and profits of 28 percent and 20 percent, respectively (Campos, Goldstein, and McKenzie 2019).
- In Benin, provision of information on the benefits of formalization and of incentives such as business training, support to open a bank account, and tax mediation services significantly increased formalization rates compared to the control group. Impacts were much higher for male owners with more education, however, even though most businesses did not have to pay anything to formalize (Benhassine et al. 2015).

Psychology-based trainings, such as Personal Initiative Training, and One-to-One Mentorships seem to have the potential to improve microentrepreneur profits.

- In Togo, a personal initiative training was significantly more effective at increasing both female and male microentrepreneurs sales and profits compared to a traditional business training. The personal initiative training focused on entrepreneurial behaviors

and relied on psychological mechanisms to teach a proactive mindset. Compared to the control means, monthly sales of the personal initiative training arm increased by 17 percent and monthly profits by 30 percent. There were not statistically significant increases in sales and profits for those who attended the traditional business training (Campos et al. 2017).

- In Kenya, a one-to-one mentorship increased profits of young and inexperienced female microenterprise owners by 20 percent. The mentors, experienced entrepreneurs from the same community, were allowed to relay whatever information they believed would be beneficial to their mentees. In the same intervention, formal business classes covering general business topics had no statistically significant effects on profits. The positive impacts on profits of the mentorship faded as matches were dissolved (Brooks, Donovan, and Johnson 2018).

Interventions with mixed results

Interventions that provide business training and mentoring on outcomes such as business practices and profits have had mixed results, and impact seems to be conditioned on factors such as the businesswoman's level of experience, the ability of trainers to connect with trainees, and the type of training.

- In Tanzania, participants of training enhanced by individual coaching sessions and services tailored to individual needs were more likely

to adopt new business practices compared to those who received the basic training.⁴³ The enhanced training also led to an increase in revenue, but only among those with at least nine years of experience (Bardasi et al. 2017, 2018).

- Access to a mobile savings account among women microentrepreneurs in Tanzania, with and without business training, substantially increased women's savings and microloans through the mobile account. The business training led to an increase in the number of business practices adopted by women; however, such impacts did not translate into greater investment, sales, or profits (Bastian et al. 2018).
- Yet another business training intervention in Tanzania improved business knowledge of both male and female entrepreneurs but translated into profits only for men. This result was attributed to differences in mindset (females showed less willingness to compete) and to external constraints facing female entrepreneurs (such as not being able to work on their business because of household chores) (Berge, Bjorvatn, and Tungodden 2015).
- In Ethiopia, training aimed at providing basic business management skills positively affected profits, sales, and business practices of experienced businesswomen. In a second stage mentoring component, the businesswomen who were trained in the previous stage acted as mentors to randomly selected women (mentees) from their social and business network. The mentees increased

⁴³ The Women Entrepreneurs' Program consisted of two types of training: a basic version with in-class sessions to strengthen managerial and technical skills, and an enhanced version that supplemented basic training with an orientation workshop, individualized coaching sessions on business site, and services tailored to individual needs.

the adoption of business practices but had no impact on profits (Bakhtiar, Bastian, and Goldstein 2021).

- In Ethiopia, a business training conducted by trainers who previously owned a business themselves was more effective in inspiring less experienced entrepreneurs to be proactive compared to training conducted by people who had not owned a business (Alibhai et al. 2019).
- In Malawi, on-the-job training (apprenticeships) led to better outcomes for men than for women. Despite similar improvements in self-reported skills across genders, male trainees exhibited greater improvement in subjective measures of well-being and confidence compared to women. Furthermore, women were found to have negative outcomes, such as reduced savings and decreased earnings-related activities following treatment. Training did not lead to improvements in labor market outcomes in the short run (Cho et al. 2013).
- In rural Kenya, the GET Ahead Training Program, aimed at enhancing women's entrepreneurship, resulted in women earning higher profits, being more likely to have surviving businesses, and having improved mental health and subjective well-being (McKenzie and Puerto 2017; McKenzie, Puerto, and Odhiambo 2019).
- An empowerment training also in Kenya led to more than doubling the sales of improved cookstoves for both female and male entrepreneurs. Women outsold men by a margin of nearly three to one and were more likely to continue to pursue leads despite limited sales (Shankar, Onyura, and Alderman 2015).

Small-business grants, either alone or combined with skills training, have had mixed impacts on the profits of women-owned businesses. Furthermore, positive impacts are not always sustained in the long term.

- A program that invited young adults in conflict-affected areas of Uganda to apply for cash grants to become self-employed artisans increased men's earnings by 29 percent and women's earnings by 73 percent (compared to a control group). After nine years, however, no differences in income (or employment) between treatment and control groups were observed (Blattman, Fiala, and Martinez 2014).
- In Kenya, a "microfranchising" intervention increased the income of young women in some of Nairobi's poorest neighborhoods. The franchise treatment offered participants a combination of vocational and life skills training, start-up capital, and ongoing business mentoring. A second treatment provided women with an unconditional cash grant (grant treatment) but no training or other support. The franchise treatment increased weekly income by 30 percent; the grant treatment increased weekly income by 56 percent. As expected, these impacts appear to be driven by a shift from paid work to self-employment. In the long run, although women in the intervention were still more likely to be self-employed compared to the control group, observed impacts on income disappeared (Brudevold-Newman et al. 2017).
- In Uganda, an intervention that combined training, start-up grants, and regular follow-up support doubled female microenterprise ownership from 40 percent to 79 percent, increased female nonagricultural employment

hours by 94 percent, and doubled women's monthly earnings from US\$7.15 to US\$15.25 (Blattman et al. 2013; Green et al. 2015).

- In Niger, a multicomponent intervention on top of a regular cash transfer program increased female business revenues (off-farm self-employment) by 76–160 percent, relative to the control group (after six months). In addition to the cash transfer, the first treatment group included a lump-sum cash grant (capital package), the second included a psychosocial component (psychosocial package), and the third group received both the cash grant and the psychosocial support (full package). All three groups also included savings promotion, coaching, and entrepreneurship training. After 18 months, revenues increased by a smaller percentage (49–102 percent) but were still large in magnitude. The largest increases occurred in groups that received the cash grant. However, the psychosocial package was the most cost-effective. All three treatments generate large impacts on consumption and food security 6 and 18 months after the intervention (Bossuroy et al. 2021).
- In an intervention in urban Ghana, provision of cash or material aid led to no gains in profits for women running subsistence enterprises; for women with larger businesses, only in-kind grants increased profits (Fafchamps et al. 2014).
- In Uganda, an intervention that provided randomly selected business owners with loans, cash grants, business skills training, or a combination of these programs did not

have any impact on women's businesses. By contrast, businessmen who had access to loans and training increased their profits by 54 percent (Fiala 2013).

Savings promotion interventions seem to boost savings at semiformal institutions but not at formal saving services.

- In Uganda, a savings promotion intervention led to an increase in female ownership of savings at semiformal institutions (such as Rotating Savings and Credit Associations, or ROSCAs) by about 29 percent. No impacts were found on the amount of savings in formal saving services (such as regular bank accounts). The intervention that targeted only women provided training sessions and assistance to open a savings account (Buehren 2015).

This review also highlights the need for additional research on the combination of solutions that would work for a diversity of firm segments in the medium to long term. For example, more research is needed to better understand the impact of interventions that address social, cultural and religious norms and beliefs, that provide dedicated financial services (for example, women entrepreneur-focused line of credit), and that facilitate access to different types of assets (for example, digital assets). Furthermore, heterogeneous impacts (for example, in different firms' sectors, size, and level of formality) across a broader range of economies require further research.

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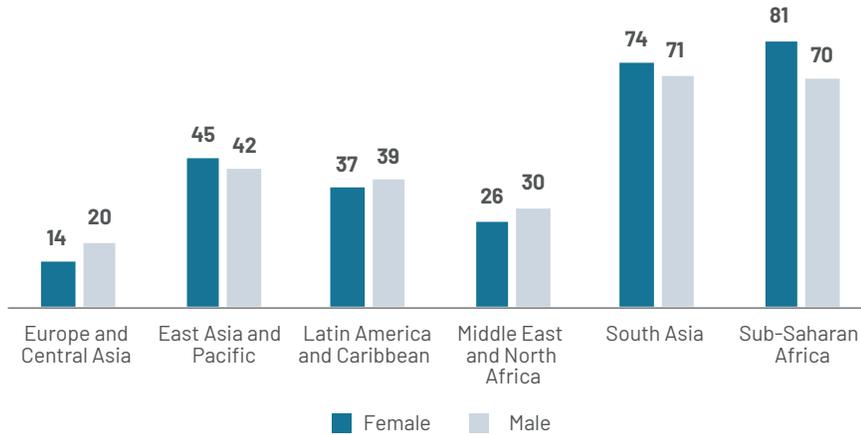
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Annex 5A

Figure 5A.1. Self-employment, by region, 2019

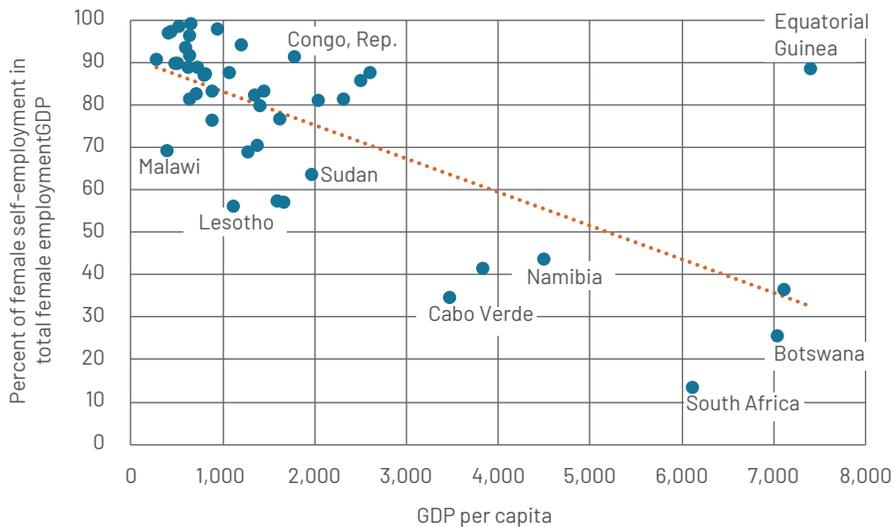
Percent of total employment, by gender



Source: World Bank, World Development Indicators.

Note: Modeled International Labour Organization estimate. Self-employed workers include employers, own-account workers, members of producers' cooperatives, and contributing family workers.

Figure 5A.2. GDP per capita and female self-employment in Sub-Saharan African countries, 2019

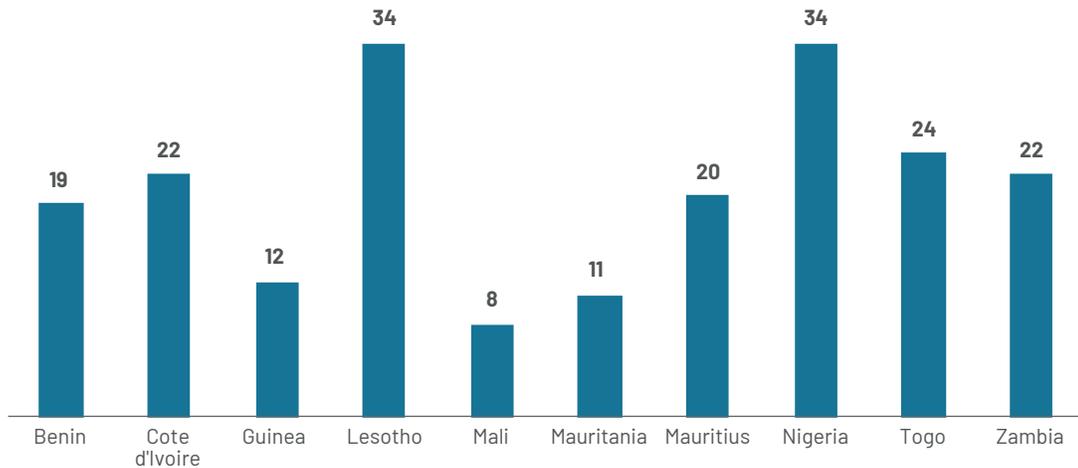


Source: World Bank, World Development Indicators.

Note: Figure includes all Sub-Saharan African countries except Eritrea, Mauritius, Seychelles, and South Sudan. GDP per capita is constant 2015 US dollars.

Figure 5A.3. Share of female business owners out of the total number of newly registered businesses, 2018

Percent

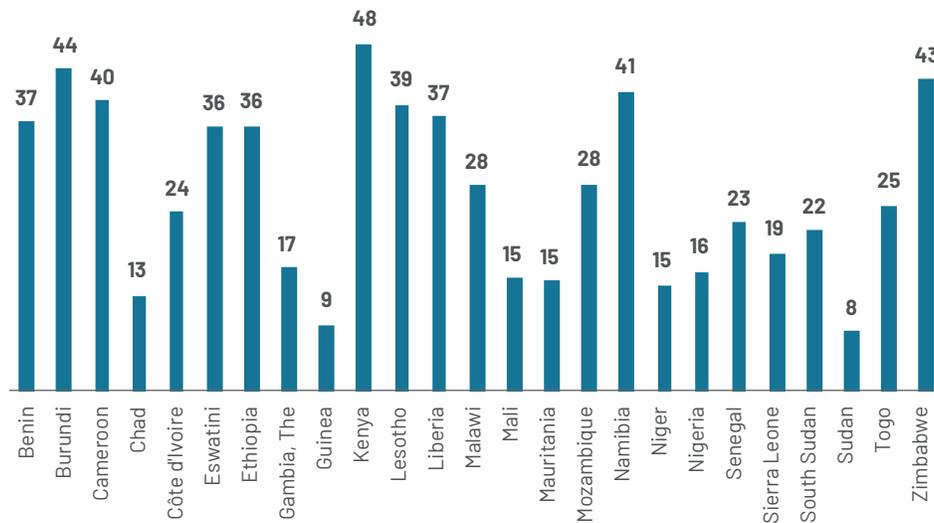


Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Note: Share of female business owners is the proportion of female newly registered limited liability company owners out of the total number of newly registered limited liability company owners in the economy in the calendar year.

Figure 5A.4. Firms with female participation in ownership, various years

Percent

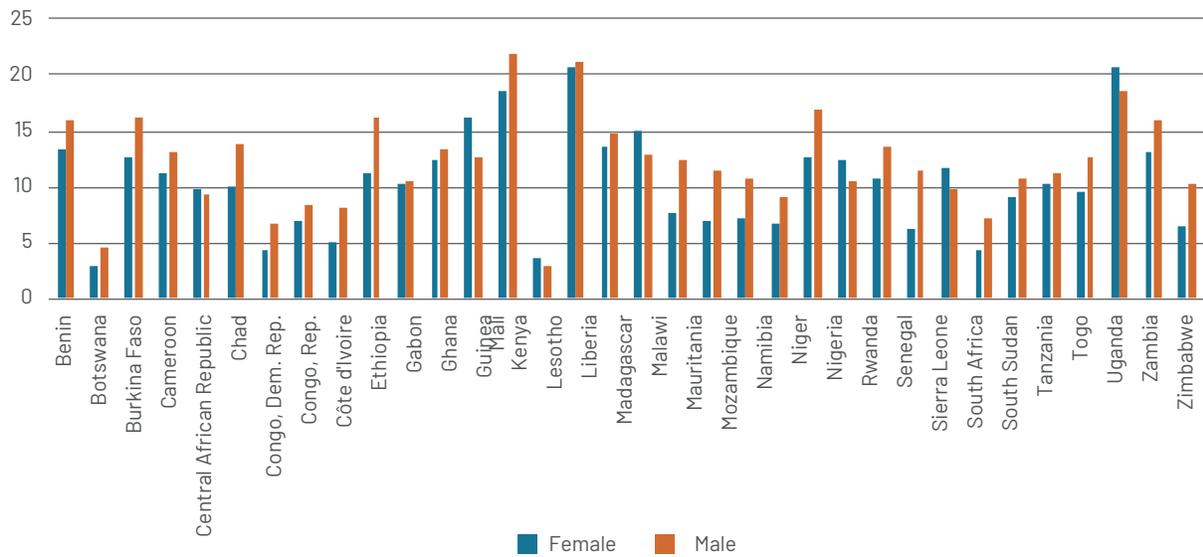


Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Note: Firms with female participation in ownership are the percentage of firms with a woman among the principal owners. Years of data: 2014 (Burundi, Malawi, Mauritania, Namibia, Nigeria, Senegal, South Sudan, Sudan); 2015 (Ethiopia); 2016 (Benin, Cameroon, Côte d'Ivoire, Eswatini, Guinea, Lesotho, Mali, Togo, Zimbabwe); 2017 (Liberia, Niger, Sierra Leone); 2018 (Chad, The Gambia, Mozambique).

Figure 5A.5. Respondents who borrowed to start, operate, or expand a farm or business in the past 12 months, 2017

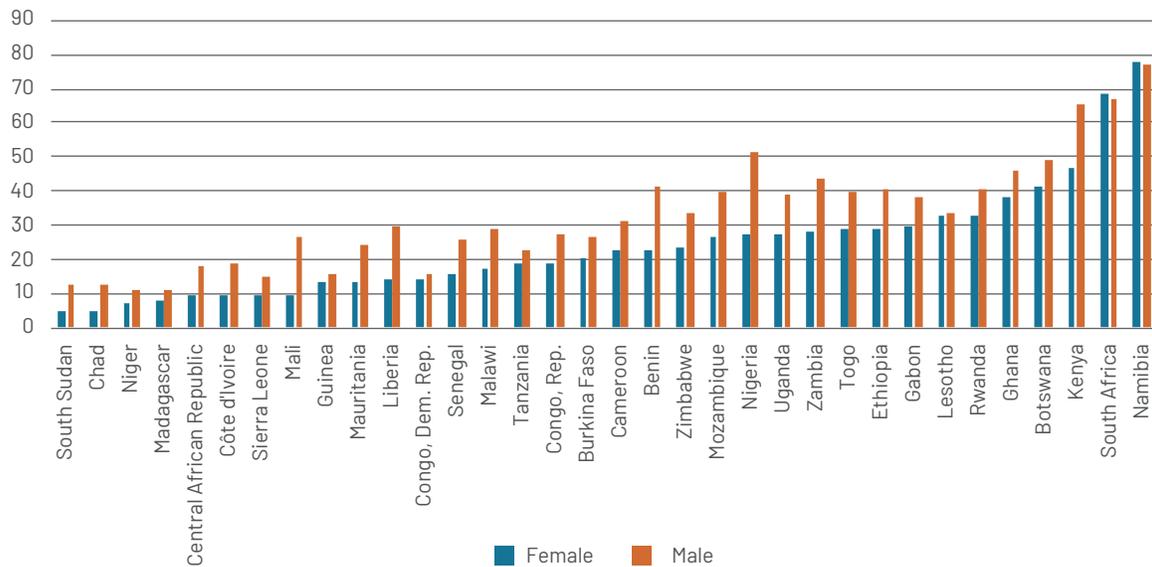
Percent of population ages 15+



Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Figure 5A.6 Population ages 15+ with a financial institution account, 2017

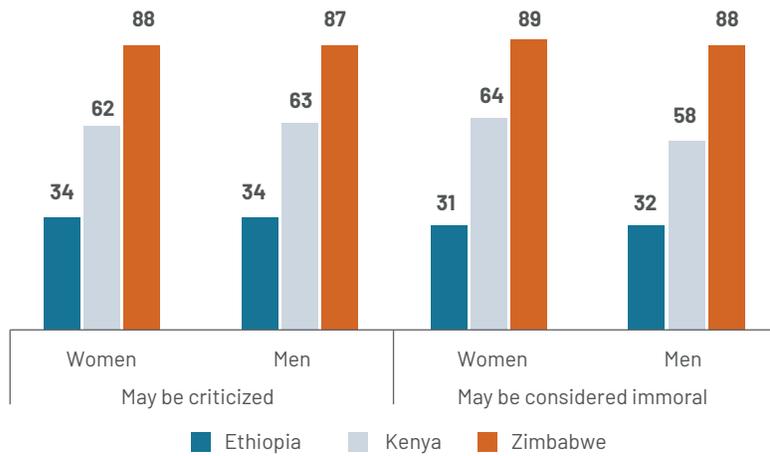
Percent



Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

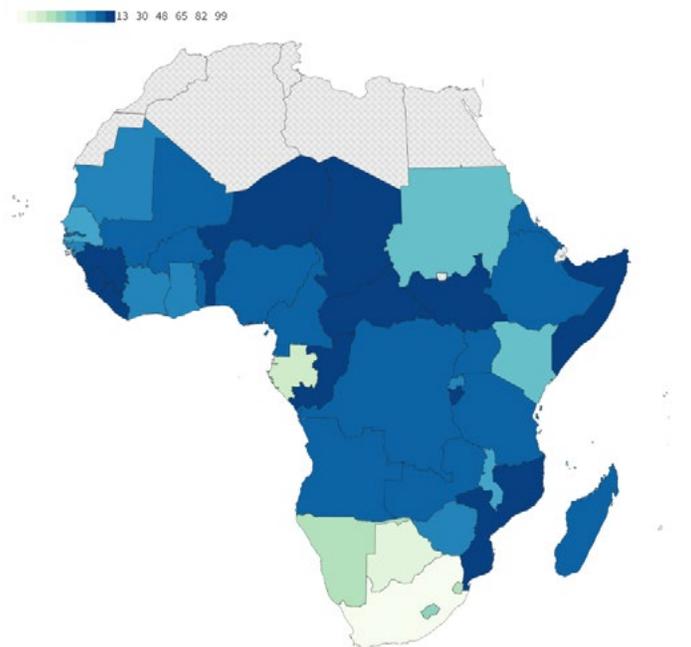
Figure 5A.7 Male/Female beliefs regarding women who want to work for money

Percent



Source: World Values Survey Wave 7: 2017-2022

Map 5A.1. Female self-employment in Sub-Saharan Africa, 2019



Source: World Bank Gender Data Portal (<https://genderdata.worldbank.org>).

Note: Modeled International Labour Organization estimate. Self-employed workers include employers, own-account workers, members of producers' cooperatives, and contributing family workers.

6. Reduce child marriage and alleviate its consequences



Context

The **highest levels of child marriage in the world are found in Sub-Saharan Africa (SSA)**.⁴⁴ Central and West Africa, with nearly 37 percent of young women married before age 18, lead the region, followed by East and Southern Africa (32 percent)—see figure 6A.1.⁴⁵ Within SSA, a **negative correlation exists between the level of income and prevalence of child marriage in a given country** (figure 6A.2). Country-level data confirm that **child marriage is more common among the poorest households**; in most countries, young women in poor households are more than twice as likely as girls in higher-income households to have married before the age of 18 (figure 6A.3).⁴⁶ Certain countries, however, still present child marriage rates above 50 percent even in the wealthiest households, suggesting that **poverty only partly explains the phenomenon**.

Girls' education and the value attributed to it are closely connected to child marriage. In SSA, a **clear negative correlation exists between a country's female primary completion rates and the proportion of women married before 18** (figure 6A.4). Although girls' education acts as a deterrent to child marriage, causality goes both ways because in certain countries marriage itself causes some girls to drop of school early.

In most SSA countries, child marriage is regulated by national law, with many countries in SSA adopting 18 years as the legal age for marriage for girls. Some countries, however, still have a lower legal age for marriage. Table 6A.1 summarizes the legal situation regarding marriage age for girls in SSA countries. Even when they have a legal marriage age of 18 or

higher, **many countries allow girls to be married earlier if their parents or judicial bodies authorize it**.

Along with such exceptions, many countries have no legal sanctions for those involved in child marriage; thus, laws in those countries end up providing limited protection against child marriage. The **combination of customary and statutory laws in many countries in the region complicates the age of consent to marriage**; in most cases, the different legal systems conflict (UNFPA and UNICEF 2017). Customary practices may differ from place to place within the same country and may not mention age restrictions for marriage.

Child marriage also threatens boys' rights, but **male child marriage is less common in SSA**. Data on age at first marriage by gender show that men tend to marry at an older age than women across countries. The average marriage age for men in all countries is above 23 years old, whereas for women it is below 20 years old in several countries (figure 6A.5).

Some facts:

- In the Central African Republic and Chad, more than 60 percent of young women married before 18 and about 25 percent before 15 (figure 6A.6).
- Mali and Mozambique also present a high prevalence of early marriage, with more than half of girls married before 18 (figure 6A.6).
- Rwanda and South Africa have almost eradicated child marriage (figure 6A.6).
- In Cameroon, Côte d'Ivoire, Eswatini, The Gambia, Kenya, Lesotho, Liberia, Namibia, Nigeria, Rwanda, São Tomé and Príncipe,

44 Data in the context section of this note come from the World Bank's World Development Indicators, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

45 United Nations Children's Fund, "Child Marriage," May 2022, <https://data.unicef.org/topic/child-protection/child-marriage/>.

46 United Nations Population Fund, World Population Dashboard, <https://www.unfpa.org/data/world-population-dashboard>.

Senegal, Tanzania, Zambia, and Zimbabwe, girls in the poorest households are over **four times** more likely than girls in the wealthiest families to marry before 18 (figure 6A.3).

- About half of girls in the wealthiest households married before 18 in the Central African Republic, Chad, and Niger (figure 6A.3).
- In Niger, women ages 15–50 married at an average age of just 17.2, a clear sign of the widespread prevalence of child marriage for girls in this country (figure 6A.5).

- Child marriage leads to more girls having pregnancies before the age of 18—and those girls are less likely to receive antenatal care (Elnakib et al. 2022; Wodon et al. 2017).
- Child marriage is negatively associated with a population's earnings and productivity (Parsons et al. 2015; Wodon et al. 2017).
- Ending child marriage would generate significant welfare benefits for countries as a result of a lower population growth and reduction in under-five mortality and stunting (ICRW 2018; Wodon et al. 2017).

Why does reducing child marriage matter?

Child marriage violates a child's rights and negatively influences education and health outcomes, placing girls at a higher risk for violence and abuse. Pervasive impacts of child marriage go beyond children, affecting their families, communities, and countries.

- Girls married before age 18 have higher odds of gender-based violence, female genital mutilation, and sexually transmitted infections; have higher school dropout rates and lower psychological well-being; and are economically less secure (Elnakib et al. 2022; ICRW 2018; Male and Wodon 2018; Nour 2009).

Evidence on what works to reduce child marriage in SSA

This section is based on the review of eight impact evaluations of interventions aimed at reducing child marriage in SSA.⁴⁷ Box 6.1 explains the three categories used in determining the effectiveness of the interventions.

Countries: Ethiopia, Malawi, Tanzania, Uganda, and Zimbabwe.

Interventions: Legal reforms, safe spaces, transfers, school supplies, school subsidies, and behavioral nudges.

Outcomes: Child marriage, consumption/food security, aspirations and attitudes, and social norms.

⁴⁷ The evidence summarized in this brief shows that interventions that provide financial and in-kind incentives for girls to remain in school, and legal reforms (increasing the minimum marriage age for girls) have mixed impacts on reducing child marriage, which is consistent with the findings of Bergstrom and Ozler (2021). However, we find that safe spaces interventions show promise as opposed to having mixed impacts as found by the authors mentioned.

Box 6.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Interventions that have shown effectiveness

The review found no interventions that met the criteria described in box 6.1 for interventions that have shown effectiveness.

Interventions that show promise

Interventions designed mainly to improve educational outcomes can also affect the age of first marriage.

- In Uganda, the national reform that eliminated primary school fees led to women having more schooling and as a result delaying marriage. Other effects observed include both a delay and a reduction in overall fertility, increased early child health investments, and fewer chronically malnourished children (Keats 2018).

Improving the social image of families through charitable behavior can lead to a reduction in child

marriage in families who marry their children mainly because of social image concerns.

- In Malawi, an intervention that increased the visibility of families' charitable behavior—which also affects social image—contributed to a reduction in child marriage in families who engaged in it because of social image concerns. One year after the intervention, girls' marriages decreased by roughly 30 percent in treated villages relative to the control group (Haenni and Lichand 2021).

Interventions with mixed results

Multifaceted empowerment interventions can lead to a decrease in child marriage. However, this impact varies according to the adolescent's age, the project design, and the quality of implementation.

- In Uganda, an intervention that offered girls vocational skills (for example, income-generating activities courses), life skills, and a safe space to meet and socialize with other adolescent girls decreased by 8 percentage

points the probability that participant girls would marry or cohabit, compared to control communities (Bandiera et al. 2018).

- However, when the same intervention was implemented in Tanzania, no impacts were found on any economic and social outcomes such as on child marriage rates. Such results were likely a consequence of differences in quality of implementation due to resource constraints and contextual factors (Buehren et al. 2017).
- A project in rural Ethiopia created safe spaces for girls to socialize and learn life skills, and provided support for education. The proportion of girls (ages 10–14) who had ever been married decreased from 10 percent to 2 percent in the treatment group, whereas it increased from 14 percent to 22 percent in the control group. For older girls (ages 15–19), there was no significant difference in marriage rates between the intervention and control groups at baseline; however, by the endline survey, the proportion of ever-married girls was higher in the treatment arm. Parents or guardians of the girls were promised a goat if they did not arrange marriages during the intervention (Erulkar and Muthengi 2009).

Interventions that provide financial and in-kind assistance for girls to remain in school—such as cash transfer programs and education subsidy programs—presented mixed results in terms of decreasing marriage of teenage girls.

- In Malawi, the conditional cash transfer arm of the Zomba Cash Transfer Program reduced marriage (by more than 40 percent) for girls not in school at baseline (that is, dropouts) but showed no effects for girls in school at baseline (Baird et al. 2009). In

turn, the unconditional cash transfer arm—conducted only among baseline schoolgirls—reduced the incidence of marriage by 48 percent. The intervention caused a modest increase (approximately 10 percent) in the consumption of protein-rich food during the program, and this effect persisted after the program ended (Baird, McIntosh, and Özler 2010; Baird et al. 2013).

- In Zimbabwe, a five-year program providing financial and material aid for educating orphan adolescent girls reduced child marriage rates by 53 percent. Girls affiliated with Apostolic sects, however, were at much higher risk of early marriage and school dropout than those from other religious denominations (Hallfors et al. 2015).

Providing unconditional cash transfers to families with orphans and vulnerable children has no impacts on child marriage rates.

- An unconditional cash transfer intervention in Kenya that provided a monthly sum for households with orphans and vulnerable children did not have significant impacts on early marriage rates. Though this intervention was without conditionalities, beneficiaries were told that they were expected to use the money for the care and development of the orphans and vulnerable children resident in the household (Handa et al. 2015).

Evidence shows that legal reforms to increase the age of first marriage can be effective. For some groups, however, cultural norms prevail over the law.

- In nine regions in Ethiopia, revisions in family laws that raised the minimum marriage age

for girls from 15 to 18 (with girls ages 16–17 allowed to marry with parental consent) led to a decrease in marriage under age 16, particularly in the areas where early marriage was more common before the reform. Women also delayed fertility, and home births dropped. Despite those results, the effect of the reform was insignificant among women belonging

to ethnic groups with the strongest norms accepting early marriage (McGavock 2021).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions that address social, cultural and religious norms and beliefs.

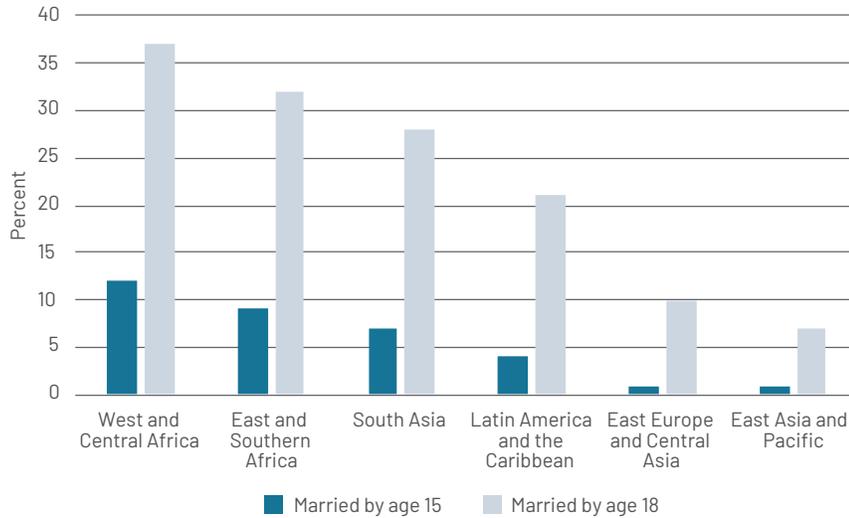
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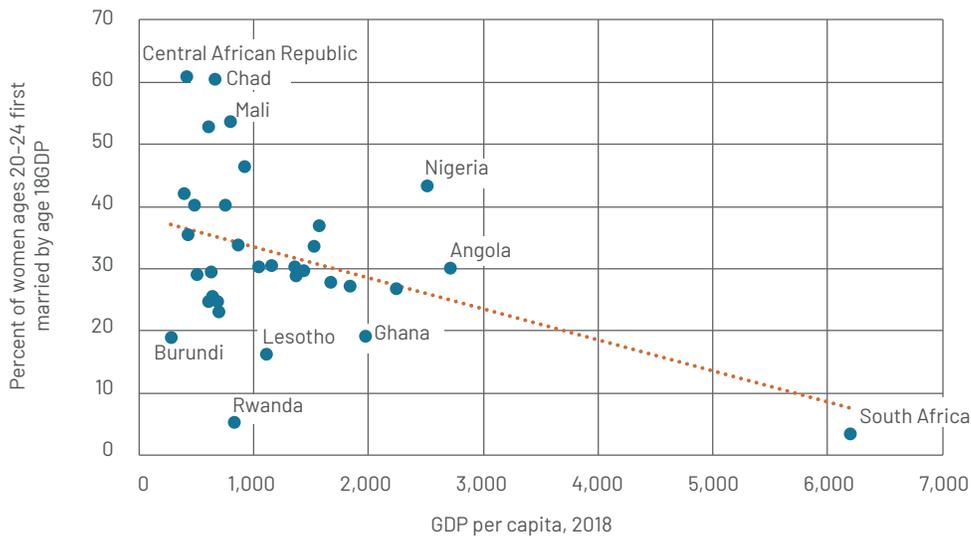
Annex 6A

Figure 6A.1. Women ages 20–24 who were first married by age 15 and age 18, by region



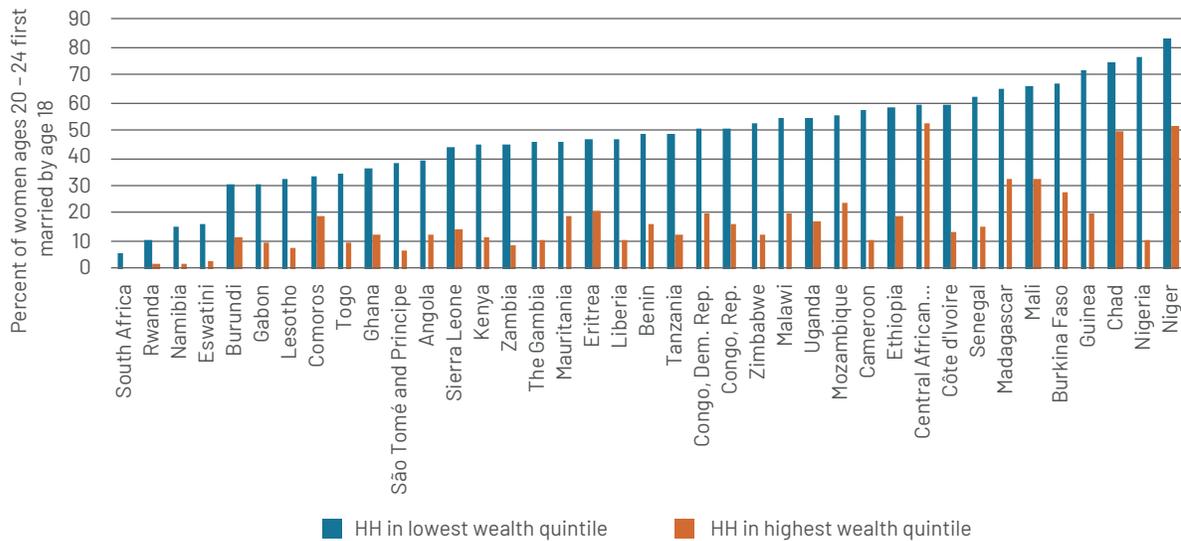
Source: United Nations Children’s Fund global databases, 2022 (<https://data.unicef.org/>). United Nations estimates based on a subset of 101 countries covering 77 percent of the population of women ages 20–24.

Figure 6A.2. GDP per capita and percentage of women ages 20–24 married by age 18 in Sub-Saharan African countries



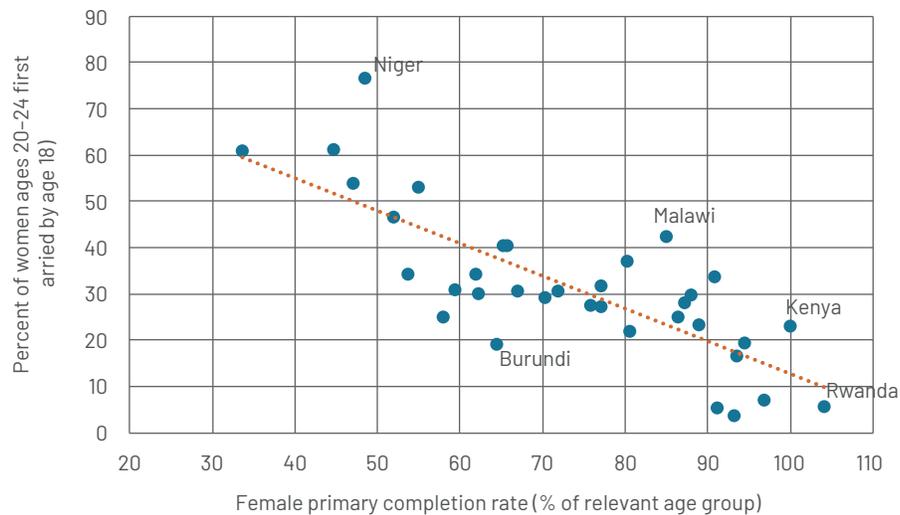
Sources: World Bank, World Development Indicators; World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).
 Note: GDP per capita is constant 2015 US dollars. Years of data for the child marriage indicator: 2015 (Angola, Republic of Congo, Mauritania, and Mozambique); 2016 (Côte d’Ivoire, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi and Togo); 2018 (Cameroon, Democratic Republic of Congo, Ghana, Lesotho, Madagascar, Mali, Nigeria, and Zambia); 2019 (Central African Republic, Chad, Guinea, Guinea–Bissau, São Tomé and Príncipe, Senegal, Sierra Leone, and Zimbabwe); 2020 (The Gambia, Liberia, Rwanda, and Somalia).

Figure 6A.3. Women ages 20–24 first married by age 18, by country and household wealth



Source: United Nations Population Fund, Population Data Portal (<https://pdp.unfpa.org>).
 Note: HH = household.

Figure 6A.4. Female primary completion rate and percentage of women ages 20–24 married by age 18 in Sub-Saharan African countries



Sources: World Bank, World Development Indicators; World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).
 Note: Figure includes the following countries: Benin, Burundi, Cameroon, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Republic of Congo, Côte d'Ivoire, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, Sudan, Tanzania, Togo, Uganda, and Zimbabwe. Primary completion rate shows 2020 data. Years of data for the child marriage indicator: 2015 (Republic of Congo, Mauritania, and Mozambique); 2016 (Côte d'Ivoire, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi and Togo); 2018 (Democratic Republic of Congo, Ghana, Lesotho, Madagascar, and Mali); 2019 (Central African Republic, Chad, Guinea, Guinea-Bissau, São Tomé and Príncipe, Senegal, Sierra Leone, and Zimbabwe); 2020 (The Gambia, Liberia, and Rwanda).

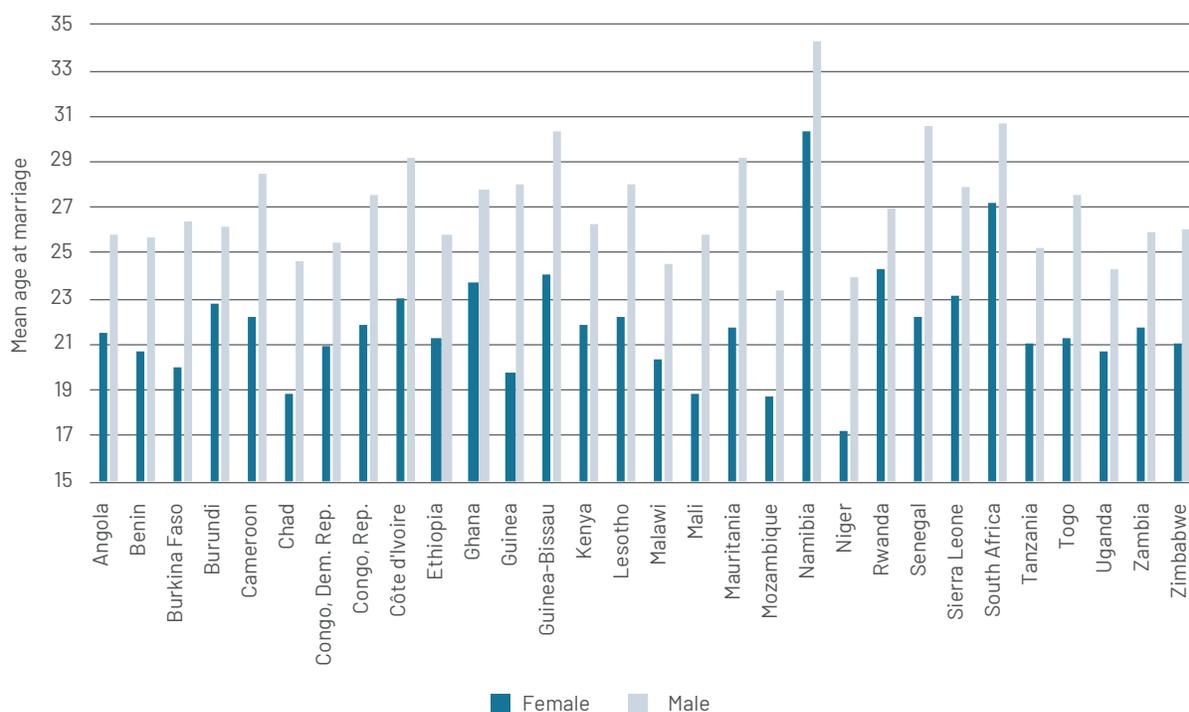
Table 6A.1. Legal age of marriage for girls in Sub-Saharan African countries

	Legal age of marriage: 18 years, no exceptions	Minimum legal age of marriage below 18 years	No minimum legal age of marriage (all exceptions taken into account)	No data available
Angola		x		
Benin			x	
Botswana	x			
Burkina Faso		x		
Burundi			x	
Cabo Verde		x		
Cameroon			x	
Central African Republic			x	
Chad		x		
Comoros			x	
Congo, Dem. Rep.	x			
Congo, Rep.				x
Côte d'Ivoire		x		
Equatorial Guinea		x		
Eritrea		x		
Eswatini			x	
Ethiopia		x		
Gabon			x	
Gambia, The	x			
Ghana	x			
Guinea			x	
Guinea-Bissau		x		
Kenya	x			
Lesotho			x	
Liberia		x		
Madagascar			x	
Malawi	x			
Mali		x		
Mauritania	x			
Mauritius		x		
Mozambique	x			
Namibia			x	
Niger			x	
Nigeria	x			
Rwanda	x			
São Tomé and Príncipe		x		
Senegal			x	

	Legal age of marriage: 18 years, no exceptions	Minimum legal age of marriage below 18 years	No minimum legal age of marriage (all exceptions taken into account)	No data available
Seychelles				
Sierra Leone			x	
Somalia			x	
South Africa			x	
South Sudan	x			
Sudan		x		
Tanzania		x		
Togo		x		
Uganda	x			
Zambia			x	
Zimbabwe	x			

Source: Girls Not Brides website (<https://www.girlsnotbrides.org/>).

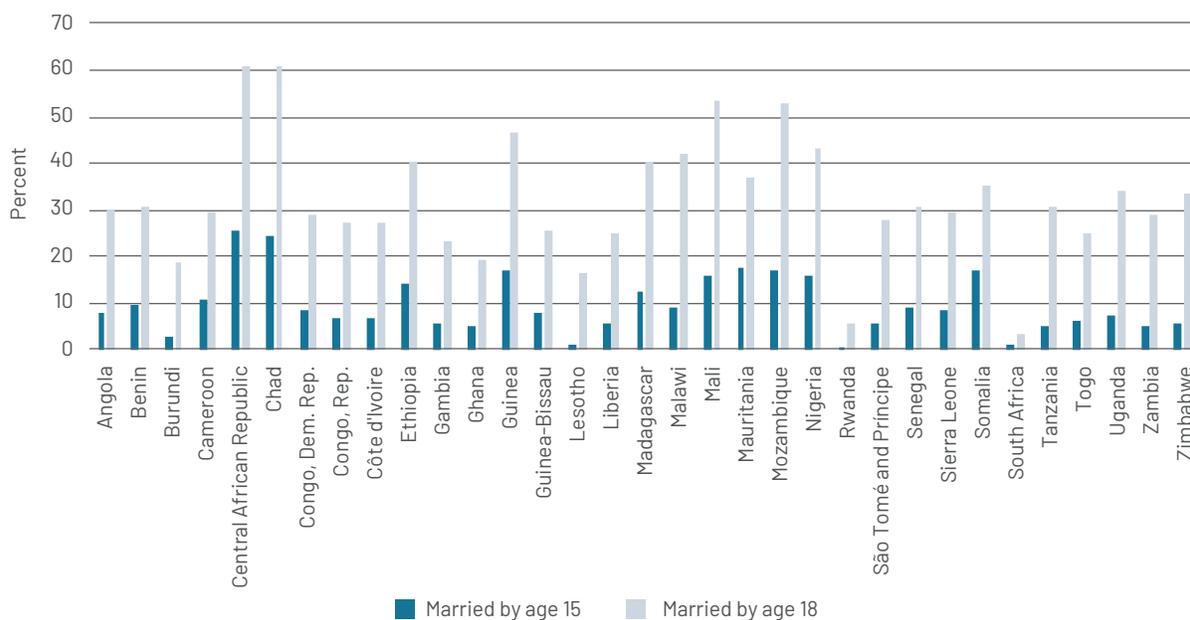
Figure 6A.5. Age at first marriage among population who married before age 50, Sub-Saharan Africa, various years



Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Note: Years of data: 2014 (Cameroon, Democratic Republic of Congo, Guinea, Guinea-Bissau, Kenya, Lesotho, and Zambia); 2015 (Chad, Republic of Congo, Mauritania, Niger, and Rwanda); 2016 (Angola, Burundi, Côte d'Ivoire, Ethiopia, Namibia, South Africa, Tanzania, and Uganda); 2017 (Burkina Faso, Ghana, Mozambique, Senegal, Sierra Leone, Togo, and Zimbabwe); 2018 (Benin, Malawi, and Mali). Mean age at marriage shows the average length of single life expressed in years among those who marry before age 50. It is a synthetic indicator calculated from marital status categories of men and women ages 15–54 at the census or survey date.

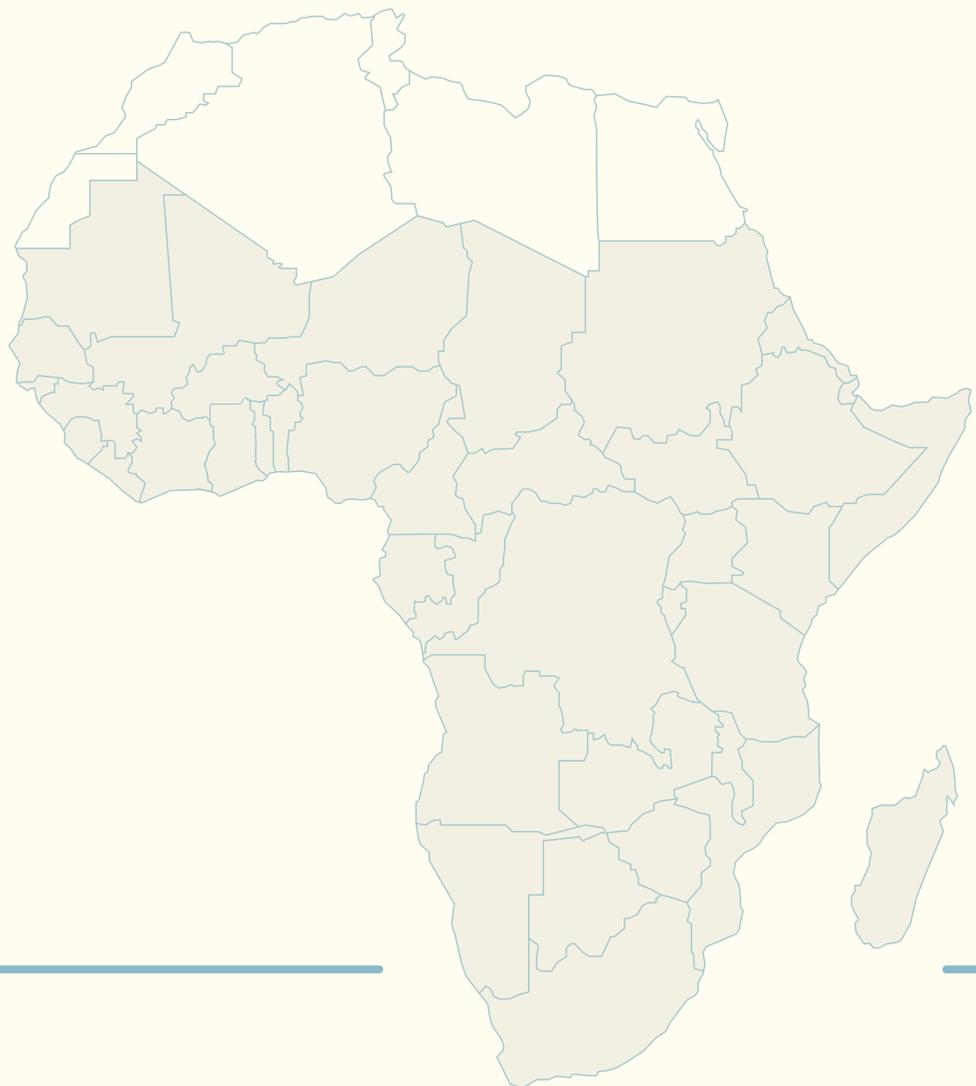
Figure 6A.6. Women ages 20–24 first married by age 15 and age 18, Sub-Saharan Africa, various years



Source: World Bank, World Development Indicators.

Note: Years of data: 2015 (Angola, Republic of Congo, Mauritania, and Mozambique); 2016 (Côte d'Ivoire, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi and Togo); 2018 (Cameroon, Democratic Republic of Congo, Ghana, Lesotho, Madagascar, Mali, Nigeria, and Zambia); 2019 (Central African Republic, Chad, Guinea, Guinea-Bissau, São Tomé and Príncipe, Senegal, Sierra Leone, and Zimbabwe); 2020 (The Gambia, Liberia, Rwanda, and Somalia).

7. Reduce teenage pregnancies and alleviate their consequences



Context

Adolescent fertility has been decreasing moderately every year in Sub-Saharan Africa (SSA)

leading to an overall 15 percent reduction since the late 1990s.⁴⁸ Nevertheless, the region still has, by far, the **highest adolescent fertility rate in the world—98 births per 1,000 women ages 15–19** (figure 7A.1). Disparities within the region exist, but few countries show adolescent fertility rates below 60 (map 7A.1), which is the average value for Latin American and the Caribbean (the region with the second-highest rate in the world).

Within SSA, a **negative correlation exists between a country's level of income and its level of adolescent fertility** (figure 7A.3). Figure 7A.3 also shows varying levels of adolescent fertility in countries with per capita income below US\$1,000 and its persistence even in middle-income countries, indicating that income is not the sole factor behind this phenomenon. Country-level data show that **teenage pregnancy is more common among the poorest households**; in most countries, the fertility rate for young women in poor households more than doubles that of girls in higher-income households (figure 7A.4).⁴⁹ Female education is also closely related to teenage pregnancy, both as a dissuading factor and as an outcome that suffers when girls get pregnant and drop out of school. As expected, a simple plot of **primary completion rates and respective adolescent fertility rates in SSA countries shows a clear negative correlation** (figure 7A.5).

Youth (women ages 15–24) **use of contraceptives is lower than for older women in every country** with

data available in the region, even in countries with high overall use (figure 7A.6).⁵⁰

Some facts:

- Several countries have rates of more than 150 births per 1,000 women ages 15–19: Niger (178), Mali (162), and Chad (152)—see map 7A.1.
- Other countries, however, have adolescent fertility rates below 60: Mauritius (24), Rwanda (38), Botswana (44), Eritrea (47), Burundi (53), South Sudan (54), Sudan (54) and Namibia (58)—see map 7A.1.
- In Mozambique, 46 percent of girls ages 15–19 have already given birth to a child or are currently pregnant (the highest rate in the region), meaning that almost half of girls have had at least one child by the time they reach the age of 20 (figure 7A.2).
- Several other countries have percentages of teenage motherhood above 30 percent: Madagascar (39 percent), Chad (36 percent), Mali (36 percent), Angola (35 percent), Liberia (34 percent), and Malawi (30 percent) (figure 7A.2).
- Burundi (8 percent) and Rwanda (6 percent) stand out as positive outliers for their relatively small shares of teenage mothers (figure 7A.2)
- The Republic of Congo presents the highest level of contraceptives use for youth (44 percent) and relatively similar use levels across age groups (figure 7A.6).

48 Data in the context section of this note come from the World Bank's World Development Indicators or World Bank Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>) websites, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

49 The DHS Program STATcompiler (<http://www.statcompiler.com>).

50 United Nations Population Fund, Population Data Portal, <https://pdp.unfpa.org>.

Why does reducing teenage pregnancies matter?

Giving birth as a teenager can have long lasting detrimental impacts on a woman and her offspring.

- Adolescent mothers face negative health outcomes, such as higher maternal mortality and pregnancy- and childbirth-related complications (Bhandari and Joshi 2016; UNFPA 2013).
- They also are less likely to own a home later in life and are more likely to live in households with lower household income (Arceo-Gómez and Campos-Vásquez 2014; Ermisch 2003).
- *Teenage pregnancy is associated with poor academic performance and higher school dropout rates (Barmao-Kiptanui, Kindiki, and Lelan 2015; Maemeko, Nkengbeza, and Chokomosi 2018).*

- In turn, reducing teenage pregnancy can lead to increased economic empowerment of young women, enabling them to secure more lucrative jobs (Chaaban and Cunningham 2011).
- Children of teenage parents are more likely to become young parents in the future (Pevalin 2003; Wall-Wieler, Roos, and Nickel 2016).
- The earlier women start having children, the more children they can expect to have, which can negatively affect their human capital and that of their children (UNFPA 2022).

Evidence on what works to reduce teenage pregnancies in SSA

This section is based on the review of 12 impact evaluations of interventions aimed at reducing teenage pregnancies in SSA.⁵¹ Box 7.1 explains the three categories used in determining the effectiveness of the interventions.

Box 7.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

51 A larger review conducted by Bergstrom and Ozler (2021) in low- and middle-income countries finds that school-based sex education and cash/in-kind transfers have mixed results on delaying fertility of teenage girls. Impacts of the programs were influenced by their design, characteristics of the target population, cultural norms, and other context-specific factors.

Countries: Cameroon, Ghana, Kenya, Malawi, Sierra Leone, South Africa, Tanzania, and Uganda.

Interventions: Provision of contraceptive methods, safe spaces, sexual and reproductive health training, transfers, school subsidies, and behavioral nudges.

Outcomes: Fertility/teenage pregnancy, aspirations and attitudes, social norms, and decision-making.

Interventions that have shown effectiveness

Evidence shows that cash transfer and education subsidy interventions can lead to decreases in pregnancy rates of teenage girls.

- In Malawi, the conditional cash transfer arm of the Zomba Cash Transfer Program reduced pregnancy by more than 30 percent for those girls not in school at baseline (that is, dropouts) although it showed no effects for girls in school at baseline (Baird et al. 2009). In turn, the unconditional cash transfer intervention arm—conducted only among baseline schoolgirls—reduced the incidence of pregnancy by 34 percent (Baird, McIntosh, and Özler 2010; Baird et al. 2013).
- An education subsidy program in Kenya that provided two free school uniforms for primary school students significantly reduced school dropouts and, as a result, led to a 3-percentage-point decrease (from 16 percent to 13 percent) in the teenage pregnancy rate within marriages (Duflo, Dupas, and Kremer 2015).
- In Ghana, a scholarship to attend senior high school decreased pregnancy among female scholarship recipients by 7 percentage points (Dupas, Duflo, and Kremer 2015).

- An unconditional cash transfer intervention in Kenya that provided a monthly sum for households with orphans and vulnerable children led to a reduction of five percentage points in the likelihood of young women in treatment households to have even been pregnant. Program impacts on pregnancy appear to work through increasing the enrollment of young women in school, financial stability of the household, and delayed age at first sex (Handa et al. 2015).

School-based education targeted at reducing HIV/AIDS transmission among students has resulted in increased use of condoms and changes in sexual behavior, which in turn has affected pregnancy and fertility rates of young women. Project design and type of information transmitted, however, can influence the level of impact of different interventions.

- In Kenya, an intervention in primary schools that provided information on the relative risk of HIV infection by partner's age (including an education video on "sugar daddies") led to a 28 percent decrease in teenage pregnancy rates. Self-reported sexual behavior data suggest substitution away from older (riskier) partners and toward same-age partners. In contrast, the official abstinence-only HIV curriculum (average HIV risk not disaggregated by age) had no impact on teenage pregnancy rates (Dupas 2011; Duflo, Dupas, and Kremer 2015).
- In rural Cameroon, four different interventions that provided HIV/AIDS information to teenage schoolgirls reduced the incidence of teenage pregnancy by 25–48 percent. The four interventions—one an in-class quiz,

two providing general information on HIV prevention, and one providing “sugar daddy risk information”—all discussed condom use as a key strategy rather than exhorting abstinence (Dupas, Huillery, and Seban 2017).

- In another intervention in Cameroon, a typical HIV/AIDS teacher training program resulted in a 7- to 10-percentage-point reduction in early childbearing by girls ages 15–17, likely caused by a significant increase in condom use. For younger girls (ages 12–13), the program resulted in an increase in self-reported abstinence and condom use and a decrease in the likelihood of having multiple partners (Arcand and Wouabe 2010).

Interventions that show promise

Access to youth-friendly health facilities that provide reproductive health services as well as sex-education programs can reduce teenage pregnancy rates, leading to intergenerational health benefits.

- In South Africa, living near a National Adolescent-Friendly Clinic Initiative during adolescence delayed early childbearing by 1.2 years on average. Furthermore, children born to women who had access to a clinic as a teenager showed significantly less stunting compared to those whose mother did not. The initiative had a clinical component (to increase access to reproductive health services) and an education component (Branson and Byker 2018).

Interventions with mixed results

Multifaceted programs aimed at empowering girls socially and economically can lead to a decrease in pregnancy rates among female teenagers. However, impacts vary according to context, quality of implementation and the design of interventions.

- During an Ebola epidemic in Sierra Leone, a girls’ club intervention (Empowerment and Livelihoods for Adolescents, or ELA, clubs) in highly disrupted villages decreased pregnancies outside of wedlock by 7.5 percentage points.⁵² ELA clubs provided a protective space for young women to find support, receive information on health or reproductive issues, and receive vocational training and microfinance (Bandiera, Buehren, Goldstein, et al. 2018).
- ELA clubs in Uganda decreased the probability that participant girls would have a child—by 3.8 percentage points compared to control communities. The intervention comprised vocational skills training (courses on income-generating activities), life skills training, and a safe space for girls to meet and socialize with other girls (Bandiera, Buehren, Burgess, et al. 2018).
- By contrast, the same ELA intervention implemented in Tanzania had no impacts on any social and economic outcomes including on teenage pregnancy rates. The addition of a microcredit component led to a take-up of the program and savings of the adolescent girls. When comparing why

⁵² In treated villages, the reduction in time that young women (ages 12–17) spent with men resulted in some older girls (ages 18–25) using transactional sex as a coping strategy; however, the intervention caused them to increase contraceptive use, which prevented a translation into higher fertility.

the same intervention (ELA clubs without microcredit) led to positive results in Uganda but not in Tanzania, the authors suggested that differences in quality of implementation due to resource constraints and contextual factors likely influenced the results (Buehren et al. 2017).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions that address social, cultural, and religious norms and beliefs and the links between gender-based violence interventions and teenage pregnancy.

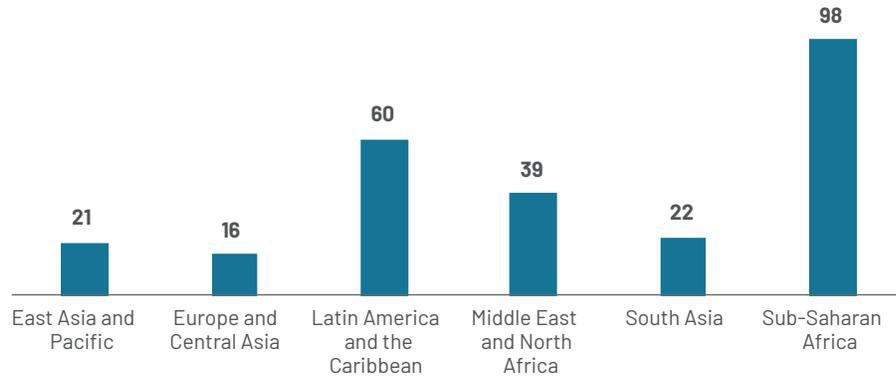
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Annex 7A

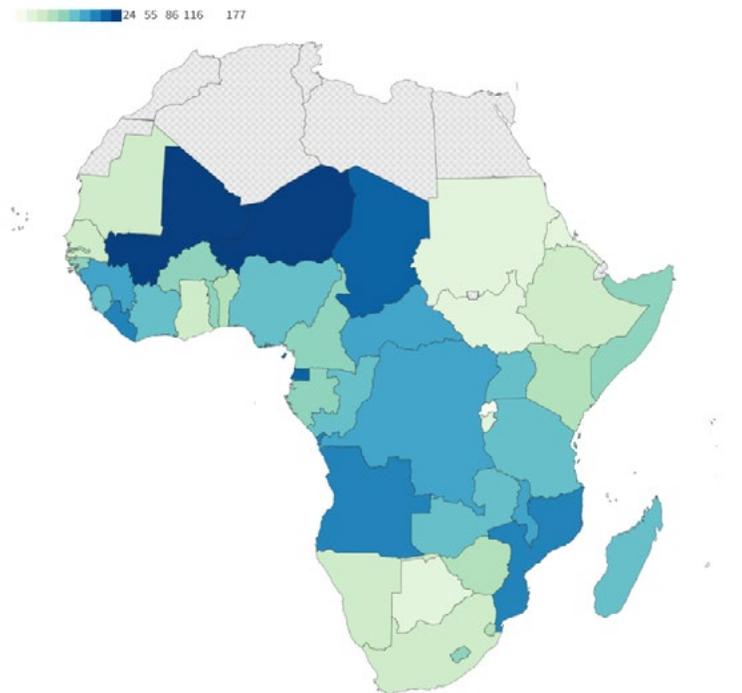
Figure 7A.1. Adolescent fertility rate, by region, 2020



Source: World Bank, World Development Indicators.

Note: The adolescent fertility rate is the number of births per 1,000 women ages 15–19.

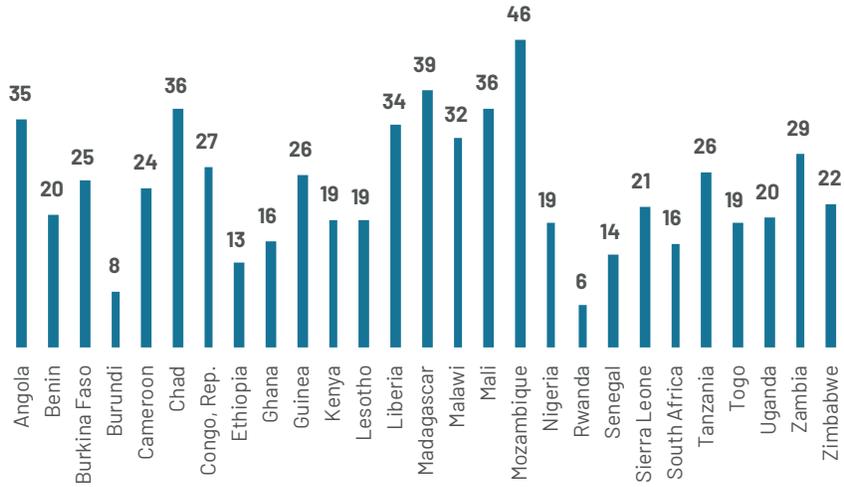
Map 7A.1. Adolescent fertility rates in Sub-Saharan Africa, 2020



Source: World Bank Gender Data Portal (<https://genderdata.worldbank.org>).

Note: The adolescent fertility rate is the number of births per 1,000 women ages 15–19.

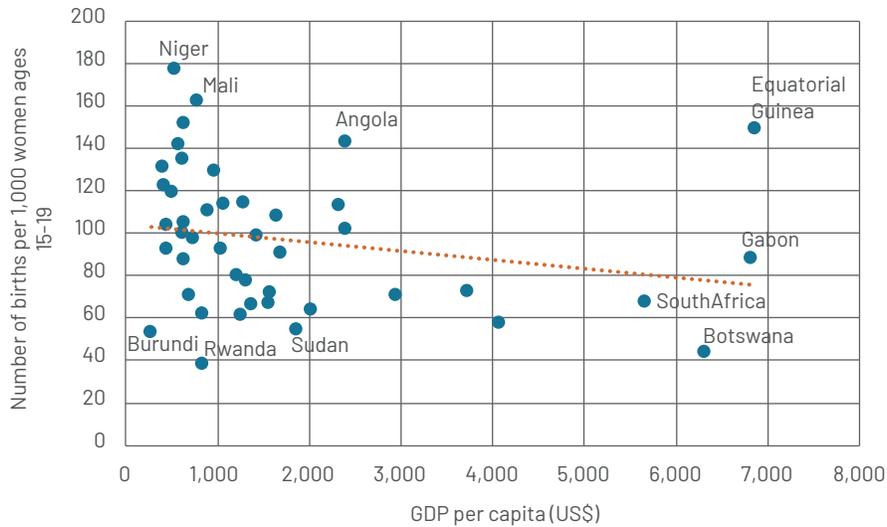
Figure 7A.2. Percentage of women ages 15–19 who have had children or are currently pregnant, Sub-Saharan African countries, various years



Source: World Bank, World Development Indicators.

Note: Years of data: 2014 (Republic of Congo and Lesotho); 2015 (Chad, Kenya, and Zimbabwe); 2016 (Angola, Ethiopia, Liberia, Madagascar, and South Africa); 2017 (Burundi, Malawi, Rwanda, Tanzania, and Togo); 2018 (Benin, Burkina Faso, Cameroon, Guinea, Mali, Mozambique, Nigeria, and Zambia); 2019 (Ghana, Senegal, and Sierra Leone).

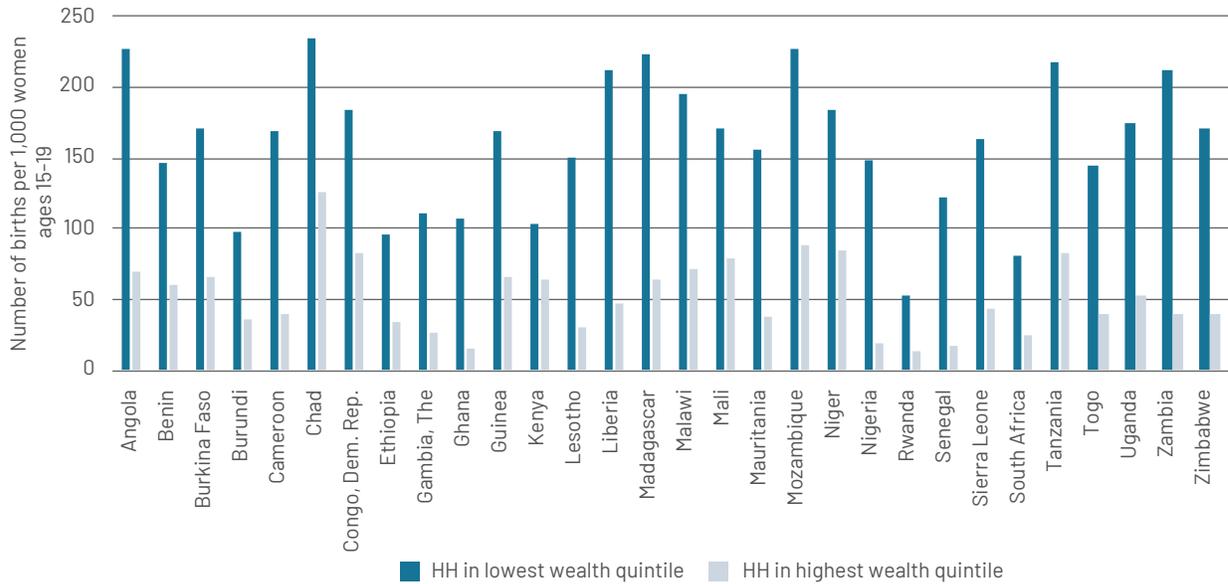
Figure 7A.3 GDP per capita and adolescent fertility in Sub-Saharan African countries, 2019



Source: World Bank, World Development Indicators.

Note: The adolescent fertility rate is the number of births per 1,000 women ages 15–19. The figure includes all Sub-Saharan African countries except Eritrea, Mauritius, Seychelles, and South Sudan. GDP per capita is constant 2015 US dollars.

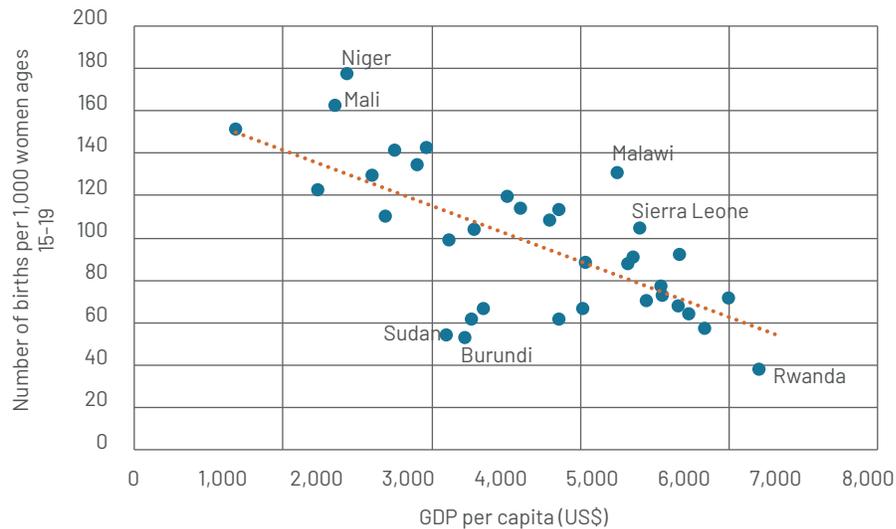
Figure 7A.4 Adolescent Fertility Rate, by country and household wealth



Source: The DHS Program STATcompiler (<http://www.statcompiler.com>).

Note: The adolescent fertility rate is the number of births per 1,000 women ages 15–19; HH=household; Years of data: 2014 (Congo, Dem. Rep., Lesotho); 2015 (Chad, Zimbabwe); 2016 (Angola, South Africa); 2017 (Burundi, Malawi, Tanzania, Togo); 2018 (Benin, Burkina Faso, Cameroon, Mozambique, Zambia); 2019 (Ethiopia, Ghana, Sierra Leone, Uganda); 2020 (Gambia, The, Kenya, Liberia, Rwanda); 2021 (Guinea, Madagascar, Mali, Mauritania, Niger, Nigeria, Senegal).

Figure 7A.5 Female primary completion and adolescent fertility in Sub-Saharan African countries, 2020

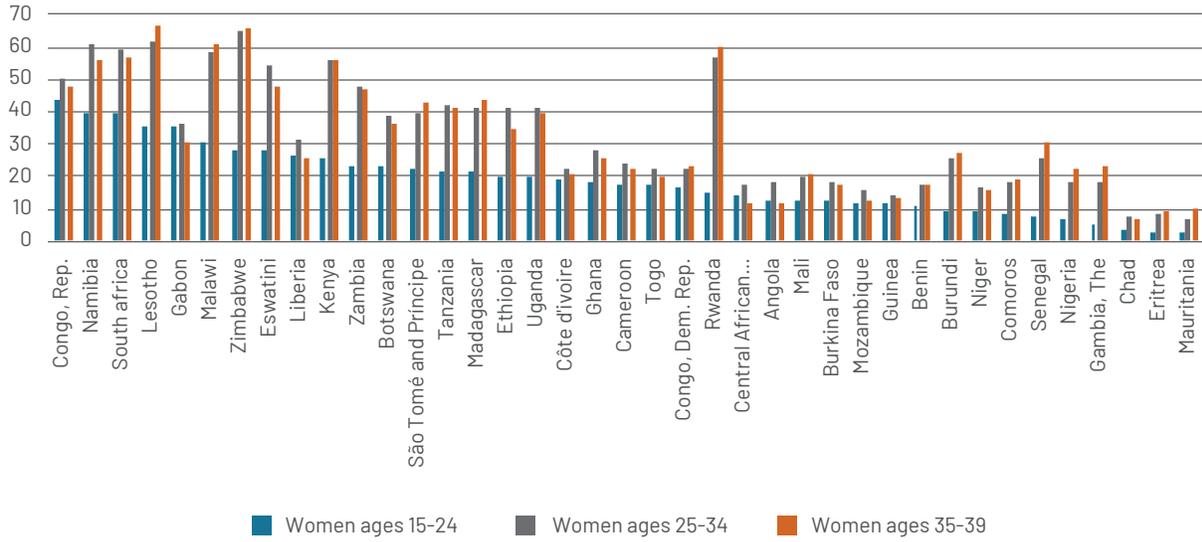


Source: World Bank, World Development Indicators.

Note: The adolescent fertility rate is the number of births per 1,000 women ages 15–19. The figure includes the following countries: Benin, Burundi, Cameroon, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Republic of Congo, Côte d’Ivoire, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, Sudan Tanzania, Togo, Uganda, and Zimbabwe.

Figure 7A.6 Contraceptive prevalence rate in Sub-Saharan African countries, by age group

Percent



Source: United Nations Population Fund, Population Data Portal, <https://pdp.unfpa.org>.

8. Prevent gender-based violence and protect survivors



Context

The World Health Organization estimates that about one in three women worldwide has been subjected to either to physical or sexual intimate partner violence (IPV) or to nonpartner sexual violence in her lifetime (WHO 2021a).⁵³ Estimates of IPV prevalence by region show that the regions with the highest levels of **violence against ever-married/partnered women ages 15–49 years are the Pacific (with rates as high as 51 percent),⁵⁴ South Asia (35 percent), and Sub-Saharan Africa, or SSA (33 percent).** Country-level data for SSA show that in several countries more than 40 percent of women have experienced IPV during their lifetime (figure 8A.1). When looking specifically at **sexual violence** (any form), numbers are lower but still worryingly high: more than **20 percent of women have experienced this type of violence in some SSA countries** (figure 8A.1).

The proportion of women who have sought help from any source to stop the physical or sexual violence they have experienced varies across the SSA countries with available data. Most of those countries present values between 30 percent and 50 percent (figure 8A.2). The most common source of help sought is the women’s own families, followed by the husband’s family. Seeking help from authorities—either law-enforcement or medical—is relatively rare (below 15 percent in most countries, with South Africa as an exception where 34 percent report they sought help from the police), which could be driven by factors such as stigma, fear, or lack of confidence in services (figure 8A.3).⁵⁵

Currently, **32 out of 48 countries in SSA have enacted legislation against domestic violence, a**

significant change from the year 2000 when only 4 countries had such legislation (Mauritius, Senegal, Seychelles, and South Africa). That means, however, that 16 countries still have no legislation regulating this type of violence. Moreover, deeply rooted social and cultural barriers and gender norms continue to play a role in normalizing violence against women, and **acceptance of domestic violence, even among women, is high in many SSA countries** (figures 8A.4 and 8A.5).

Economic factors also play a role because economic desperation can exacerbate stress and marital disputes; reduce access to education, media, and health/legal support services; and increase incentives for child marriage (Evans 2020). Evidence also shows that postconflict communities experience higher rates of domestic violence. Because many SSA countries have undergone conflict in recent decades, this is a factor that also influences the prevalence and acceptance of gender-based violence (GBV) in the region (Bradley 2018; Ekhatior-Mobayode et al. 2020).

Some facts:

- The SSA countries with the highest rates of women who have experienced IPV in their lifetimes are Sierra Leone (52 percent), the Democratic Republic of Congo (51 percent), Burundi (47 percent), Uganda (47 percent), Liberia (46 percent), and Tanzania (42 percent)—see figure 8A.1.
- The countries with the highest rates of any form of sexual violence against women are the Democratic Republic of Congo (27 percent), Burundi (23 percent), Rwanda (23

53 Data in the context section of this note come from the World Bank’s World Development Indicators or World Bank Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>) websites, except when otherwise stated. Figures that illustrate the information presented in this section can be found in the annex.

54 Melanesia (51 percent), Micronesia (41 percent), and Polynesia (39 percent).

55 The DHS Program STATcompiler, <http://www.statcompiler.com>.

- percent), Uganda (22 percent), and Malawi (21 percent)—figure 8A.1.
- Mali (19 percent), Ethiopia (23 percent), and Senegal (26 percent) show the lowest rates of help seeking for victims of violence, whereas Tanzania presents the highest value (54 percent)—figure 8A.2.
 - Zambia (15 percent), Uganda (16 percent), Zimbabwe (21 percent), and South Africa (34 percent) present the highest levels of helping seeking from the police by victims of physical or sexual violence.
 - The percentage of women ages 15–49 who believe a husband/partner is justified in hitting or beating his wife/partner for at least one of five reasons is above 60 percent in Mali (79 percent), the Democratic Republic of Congo (75 percent), Chad (74 percent), Guinea (67 percent), Ethiopia (63 percent), and Burundi (62 percent)—figure 8A.4.
 - The lowest percentages of men and women who believe a man is always/sometimes justified in beating his wife are observed in Cabo Verde, Eswatini, Madagascar, Malawi, and Mauritius (all with rates below 10 percent)—figure 8A.5.⁵⁶
- infection; to have fatal outcomes (suicide or homicide), more unintended pregnancies and birth complications, and depression and anxiety disorders; and to engage in increased substance use, smoking, and risky sexual behaviors (Duvvury et al. 2013; Morrison and Orlando 2004; WHO 2021b).
- GBV imposes significant costs in the form of increased demand for health care, the loss of productivity at work, and reduction in economic activity, resulting in a heavy economic toll for countries (Duvvury et al. 2013; Ouedraogo and Stenzel 2021).
 - Women who suffer from violence are more likely to use violence to discipline their children, and GBV has a negative impact on children's health and development outcomes (Duvvury et al. 2013; Morrison and Orlando 2004).
 - Boys who witness their mothers being abused are more likely to become abusers later in life, whereas girls who witness such violence are more likely to be sexually abused (ONS 2017; Vargas, Cataldo, and Dickson 2005).

Why does reducing GBV matter?

- Women who suffer from violence have more problems related to physical, mental, sexual, and reproductive health. They are more likely to contract a sexually transmitted

Evidence on what works to prevent GBV in SSA

This section is based on the review of 18 impact evaluations of interventions aimed at preventing GBV in SSA.⁵⁷ Box 8.1 explains the three categories used in determining the effectiveness of the interventions.

⁵⁶ Afrobarometer, Round 7, 2016/2018, <https://www.afrobarometer.org/data/>.

⁵⁷ This review's findings align with a larger review in developing countries that found, overall, a very small number of impact evaluations of both violence prevention and response programs (Arango et al. 2014). A previous systematic review (WHO 2010) found that the effectiveness of school-based interventions at reducing levels of violence against women seems promising. In line with Ellsberg et al. (2015), interventions focused on men aimed at promoting changes in social norms and behavior presented mixed results.

Box 8.1. Categories of interventions

- **Interventions that have been shown to be effective:** This category includes interventions for which at least three studies, in different contexts/countries, show that the intervention improved the outcome of interest.
- **Interventions that show promise:** This category comprises those interventions for which less than three studies demonstrate improvement in the outcome of interest, sometimes based on just one study with promising results.
- **Interventions with mixed results:** This category includes studies that present evidence of both positive effects and no statistically significant effects, as well as those that may have unexpected impacts on the outcome of interest.

Countries: Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Kenya, Malawi, Rwanda, South Africa, Tanzania, and Uganda.

Interventions: Psychological therapy or counseling, sexual and reproductive health training, couples- and community-based interventions, classroom-based intervention, behavioral nudges, and legal reform.

Outcomes: GBV, social capital, aspirations and attitudes, and social norms.

Interventions that have shown effectiveness

Psychological support can have a powerful and positive effect on the emotional well-being of vulnerable women who have experienced GBV.

- A cognitive processing therapy intervention in the Democratic Republic of Congo reduced anxiety/depression and posttraumatic stress disorder symptoms (PTSD) symptoms in sexual violence survivors (Bass et al. 2013). Emotional support seeking increased and per capita food expenditures improved, but there was no impact on assets (Hall et al.

2014). A separate Village Savings and Loans Association (VSLA) intervention without mental health support reported greater food consumption and reduced stigma experiences among sexual violence survivors, but no impacts on mental health severity were found. Stigma in this case is defined as receiving negative reactions, accusations, and blame and/or being discriminated against by other community members when disclosing sexual violence experiences (Bass et al. 2016).

- In Kenya, interpersonal psychotherapy reduced depression and PTSD symptoms in HIV-positive women and resulted in apparent reductions in physical IPV prevalence (Meffert et al. 2021).
- Also in Kenya, a psychosocial intervention significantly lowered antepartum depressive rates in abused pregnant women compared to a control group (Mutisya, Ngure, and Mwachari 2018).
- In Zambia, the implementation of the Common Elements Treatment Approach (CETA), a cognitive-behavioral psychotherapy

treatment, was more effective than treatment as usual plus safety checks (TAU-Plus⁵⁸) in reducing IPV and hazardous alcohol use among high-risk couples (women who reported moderate or higher-level IPV with male partners with hazardous alcohol use) (Murray et al. 2020).

Interventions that show promise⁵⁹

Incorporating gender-sensitization efforts into economic empowerment interventions can lead to benefits for women that go beyond the economic dimension. In particular, these programs can reduce GBV.

- In South Africa, a combined microfinance and health training intervention (IMAGE) resulted in a consistent pattern of improvement in all domains related to women’s empowerment—including self-confidence, autonomy in decision-making, and social networks—and reduction in IPV and HIV risk behavior (Kim et al. 2009).
- In Tanzania, an empowerment intervention integrated into an existing microfinance program (the MAISHA trial) led to fewer reports of physical IPV and women expressing fewer attitudes accepting IPV or beliefs that it is a private matter or should be tolerated. The intervention showed no evidence of an effect on reported sexual or emotional IPV (Kapiga et al. 2019).

Classroom-based interventions can reduce sexual violence by tackling female empowerment and gender norms.

- In Nairobi, Kenya, a combined parallel training for girls and boys decreased the risk of girls being sexually assaulted by 3.7 percent. The girls’ program had components of empowerment, gender relations, and self-defense; the boys’ program promoted healthy gender norms (Baiocchi et al. 2017).
- As a result of an empowerment self-defense training in primary and secondary schools in Malawi, participating female students reported reductions in past-year sexual violence from baseline to follow-up and increases in knowledge related to self-defense (Decker et al. 2018).

Evidence shows that technology-based interventions adapted to local contexts can improve women’s IPV-related health and safety in low-resource settings.

- In Kenya, access to a “safety decision-making and planning” mobile app for IPV prevention led to survivors in the intervention group reporting immediate postintervention improvement in safety preparedness relative to the control group. Among women reporting the highest levels of IPV severity, intervention participants had significant increases in resilience (Decker et al. 2020).

58 Couples in the control group (TAU-Plus) were provided with the contact information of existing community-based services that offer informal counseling at local organizations in Lusaka.

59 A systematic review by Kerr-Wilson et al. (2020) found some of the interventions in this category (promise) to be effective in reducing GBV, including economic and social empowerment interventions targeting women and school-based interventions. The same review found that social marketing campaigns, edutainment, and digital technologies for violence prevention had “no effect.”

Media campaigns can contribute to a reduction in GBV because of increased concerns about social image even if rates of acceptability of harmful practices remain unchanged.

- In Uganda, video dramatizations led to substantial increases in willingness to report violence to authorities (especially among women) and a decline in the share of women who experienced it. The intervention showed no changes in attitudes condoning violence against women, however, which might imply that interventions that affect disclosure norms may reduce socially harmful behavior even if they do not reduce its acceptability (Green, Wilke, and Cooper 2020).

Interventions with mixed results

Interventions that increase education attainment have shown mixed impacts on sexual GBV levels.

- In Uganda, a legal reform that eliminated primary school fees led to a one-year increase in grade attainment, which in turn reduced by 9 percentage points the probability of ever experiencing sexual violence among the surveyed women. In Malawi, however, no effects were found. Furthermore, no relationship between grade attainment and 12-month sexual violence was found in either country (Behrman, Peterman, and Palermo 2017).

Community-based, couples-based, and male-only interventions can be effective at improving attitudes toward gender equality. Such changes, however, do not always translate into respecting women's rights.

- An intervention in Addis Ababa, Ethiopia, that consisted of group education (GE) and community-based activities (CE) with young men led to a decrease in reported physical violence in both the GE+CE arm (from 36 percent to 16 percent) and the CE-only arm (from 36 percent to 18 percent) whereas reported violent behavior did not change in the control arm (Pulerwitz et al. 2010).
- In the Democratic Republic of Congo, an intervention that consisted of male-only discussion groups led to men reporting significant reductions in their intention to commit violence compared to men in the control group. However, no statistically significant differences were found in women's experiences of IPV between the treatment and control groups at follow-up (Vaillant et al. 2020).
- In Côte d'Ivoire, women who participated in a savings group and a gender dialogue group with their male partners significantly reduced acceptance of wife beating, whereas attitudes toward refusal of sex did not significantly change (Gupta et al. 2013).
- A microfinance and peer health intervention in Tanzania led to a reduction in inequitable gender norm attitudes but showed no impacts on IPV (Maman et al. 2020).
- The *Indashyikirwa* couples' training curriculum was highly effective in reducing IPV for members of a village savings and loan association in rural Rwanda. Compared with control, women in the intervention were less likely to report physical or sexual IPV, and men were significantly less likely to report perpetration of physical or sexual IPV (Dunkle et al. 2020).⁶⁰

60 Please see Contreras-Urbina et al. (2016) for more information on how to adapt community-based approaches to IPV in different contexts.

Evidence shows that strengthening economic assets of girls not protected by social assets (for example, by social networks) can leave vulnerable girls at increased risk of sexual violence.

- An intervention in Uganda in which girls received only a savings account increased their economic assets, but also their likelihood of being sexually touched and harassed by men. By contrast, girls who received saving accounts along with reproductive health and financial education and access to a safe space experienced improvements in their health and economic assets (Austrian and Muthengi 2014).

Provision of safe spaces and life skills training is likely to improve girls' attitudes toward gender equality; however, evidence shows that such positive changes are not always followed by reduction in violence.

- A multifaceted intervention in Uganda that offered girls vocational skills, life skills training, and a safe space to meet and socialize significantly decreased the number of girls reporting sex against their will (Bandiera et al. 2020).
- In Liberia, Girl Empower, a life skills intervention for adolescent girls, had a statistically significant effect on girls' attitudes toward gender equity and acceptability of IPV. Providing mentoring alone or combining it with cash transfers had positive impacts; however, no reductions were found in sexual or physical violence suffered by girls, in caregivers' gender attitudes, or in their aspirations for the female children (Özler et al. 2020).

This review also points to the fact that there are still knowledge gaps to be filled. For example, more research is needed to better understand the impact of interventions that target service providers.

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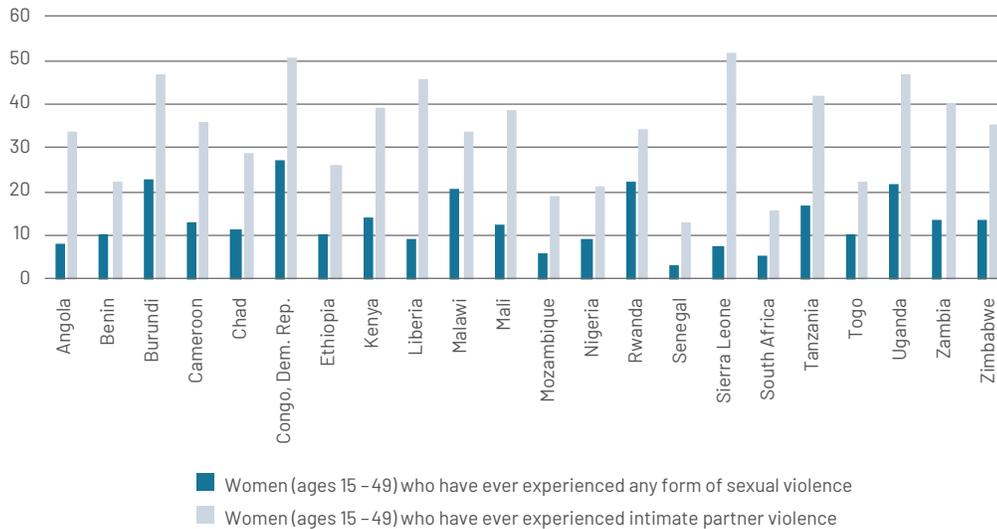
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Annex 8A

Figure 8A.1. Women ages 15–49 who have experienced violence, Sub-Saharan Africa, various years

Percent

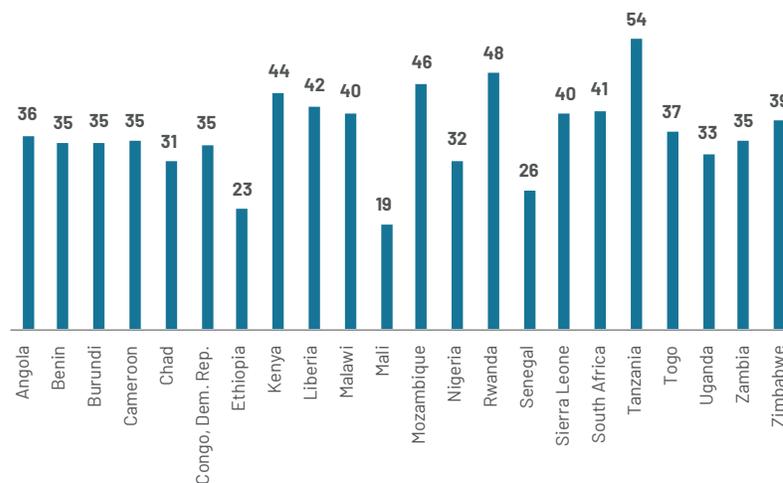


Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Note: Years of data: 2014 (Democratic Republic of Congo, Kenya, and Togo); 2015 (Chad, Rwanda, and Zimbabwe); 2016 (Angola, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi); 2018 (Benin, Cameroon, Mali, Nigeria, and Zambia); 2019 (Senegal and Sierra Leone); 2020 (Liberia).

Figure 8A.2. Ever-married women ages 15–49 who have sought help from any source to stop physical or sexual violence, Sub-Saharan Africa, various years

Percent

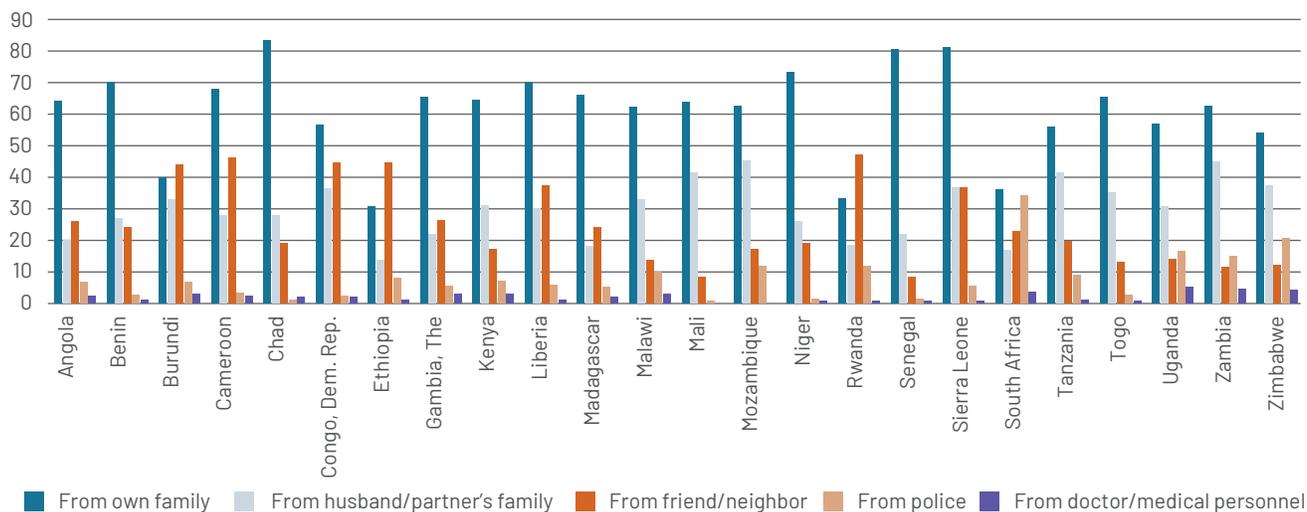


Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Note: Years of data: 2014 (Democratic Republic of Congo, Kenya, and Togo); 2015 (Chad, Mozambique, Rwanda, and Zimbabwe); 2016 (Angola, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi); 2018 (Benin, Cameroon, Mali, Nigeria, Senegal, and Zambia); 2019 (Sierra Leone); 2020 (Liberia).

Figure 8A.3 Sources from which women ages 15–49 who have experienced physical or sexual violence have sought help, various years

Percent

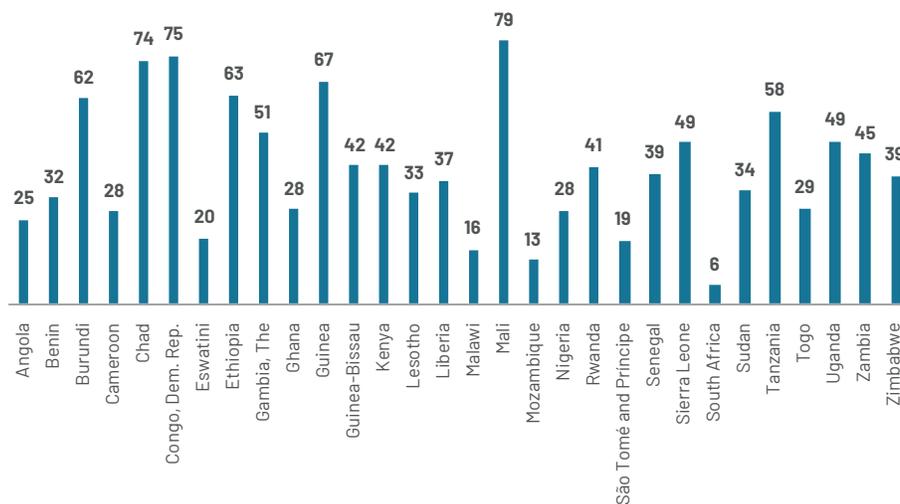


Source: The DHS Program STATcompiler (<http://www.statcompiler.com>).

Note: Years of data: 2014 (Democratic Republic of Congo, Kenya, and Togo); 2015 (Chad, Mozambique, Rwanda, and Zimbabwe); 2016 (Angola, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi); 2018 (Benin, Cameroon, Mali, Nigeria, Senegal, and Zambia); 2019 (Gambia, The, Sierra Leone); 2020 (Liberia).

Figure 8A.4. Women ages 15–49 who believe a husband is justified in beating his wife for one of five different reasons, Sub-Saharan Africa, various years

Percent

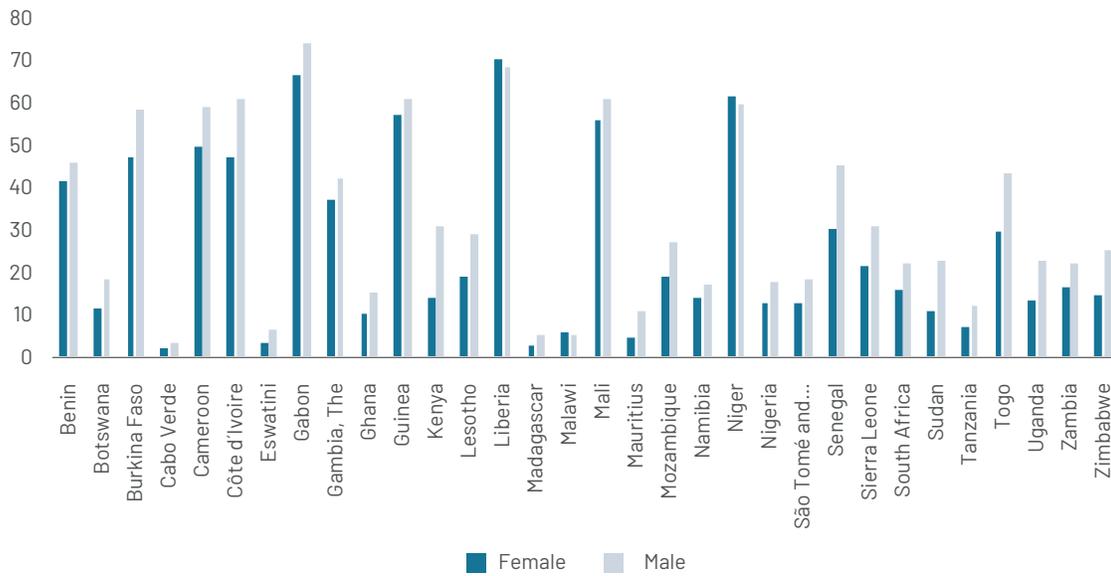


Source: World Bank, Gender Statistics (<https://databank.worldbank.org/source/gender-statistics>).

Note: Question asked women if they believe a husband is justified in beating his wife for any of the following reasons: argues with him, refuses to have sex, burns the food, goes out without telling him, or neglects the children. Years of data: 2014 (Democratic Republic of Congo, Eswatini, Ghana, Guinea-Bissau, Kenya, Lesotho, São Tomé and Príncipe, Sudan, and Togo); 2015 (Chad, Mozambique, Rwanda, and Zimbabwe); 2016 (Angola, Ethiopia, Malawi, South Africa, Tanzania, and Uganda); 2017 (Burundi); 2018 (Benin, Cameroon, Guinea, Mali, Nigeria, and Zambia); 2019 (Senegal and Sierra Leone); 2020 (The Gambia, Liberia).

Figure 8A.5. Population in Sub-Saharan Africa who believes a man is always/sometimes justified in beating his wife, by gender of respondent

Percent



Source: Afrobarometer, Round 7, 2016/2018 (<https://www.afrobarometer.org/data/>).

Note: Survey question: "Please tell me for each of the following whether you think it can always be justified, sometimes be justified, or never be justified: For a man to beat his wife?"

