Mobile Technology, Gender Norms and Social Embeddedness

Click Here to Open Video

On Her Own Account
Gender Targeting G2P Payments to Uplift Women

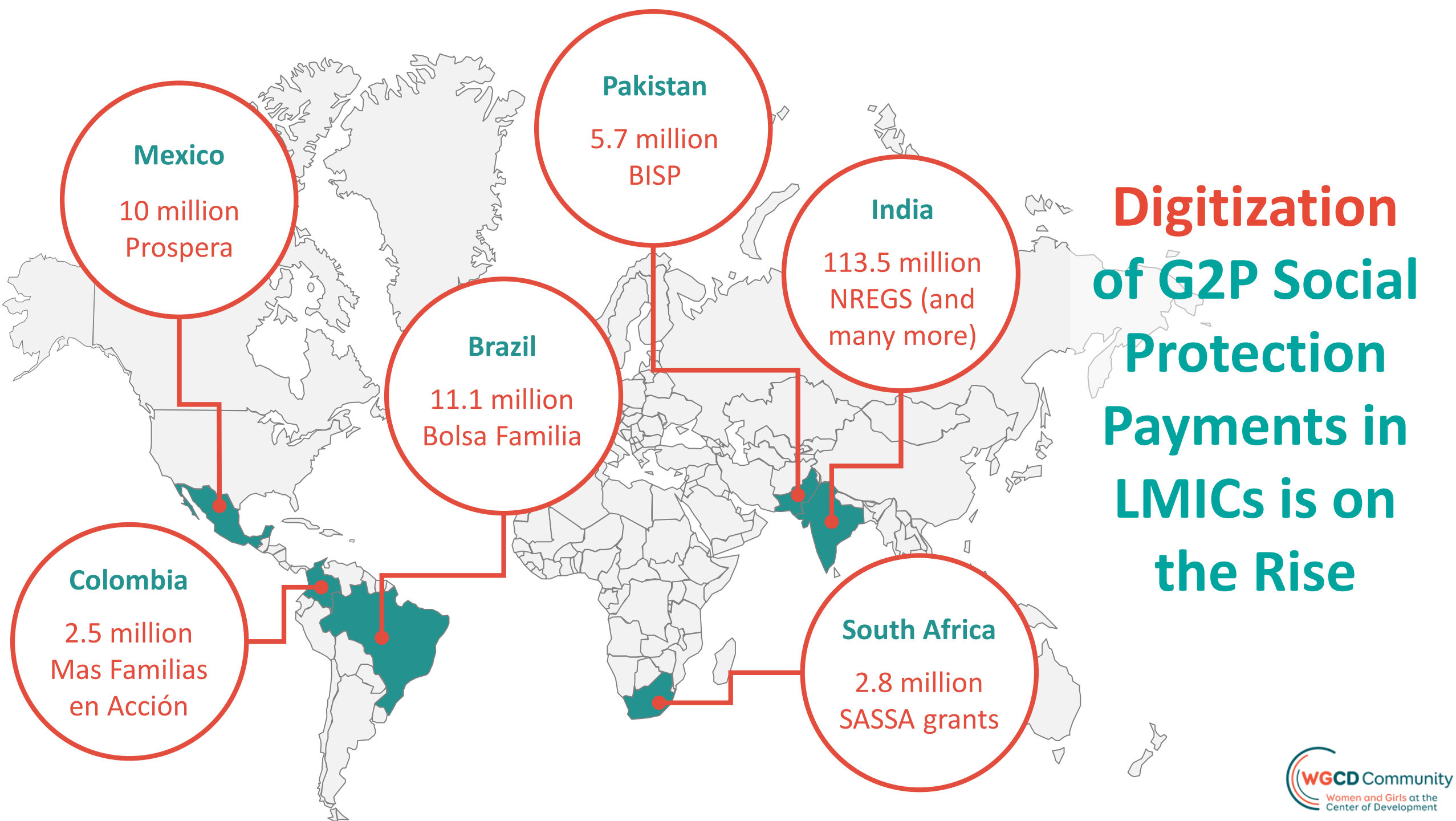*Simone Schaner, USC*

Co-Authors
Erica Field (Duke)
Rohini Pande (Yale)
Natalia Rigol (Harvard)
Charity Troyer Moore (Yale)

Digitization of G2P Social Protection Payments in LMICs is on the Rise

Mexico
10 million
Prospera

Colombia
2.5 million
Mas Familias
en Acción

Brazil
11.1 million
Bolsa Familia

Pakistan
5.7 million
BISP

India
113.5 million
NREGS (and
many more)

South Africa
2.8 million
SASSA grants

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But What Does This Mean for Women?

India: Limited Female Agency

"Do you have any money of your own that you alone can decide how to use?"
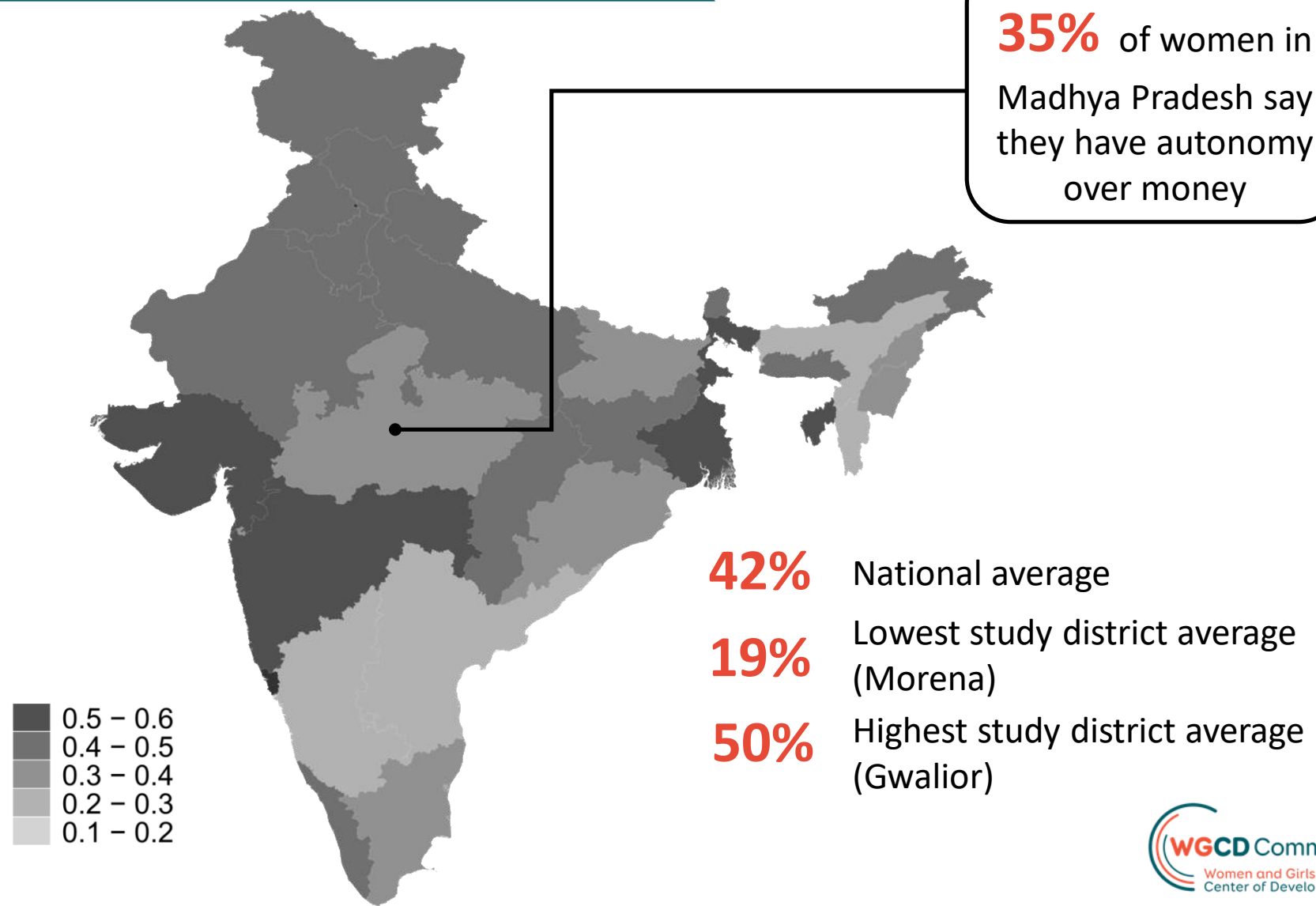
35% of women in Madhya Pradesh say they have autonomy over money

42% National average

19% Lowest study district average (Morena)

50% Highest study district average (Gwalior)

0.5 – 0.6
0.4 – 0.5
0.3 – 0.4
0.2 – 0.3
0.1 – 0.2

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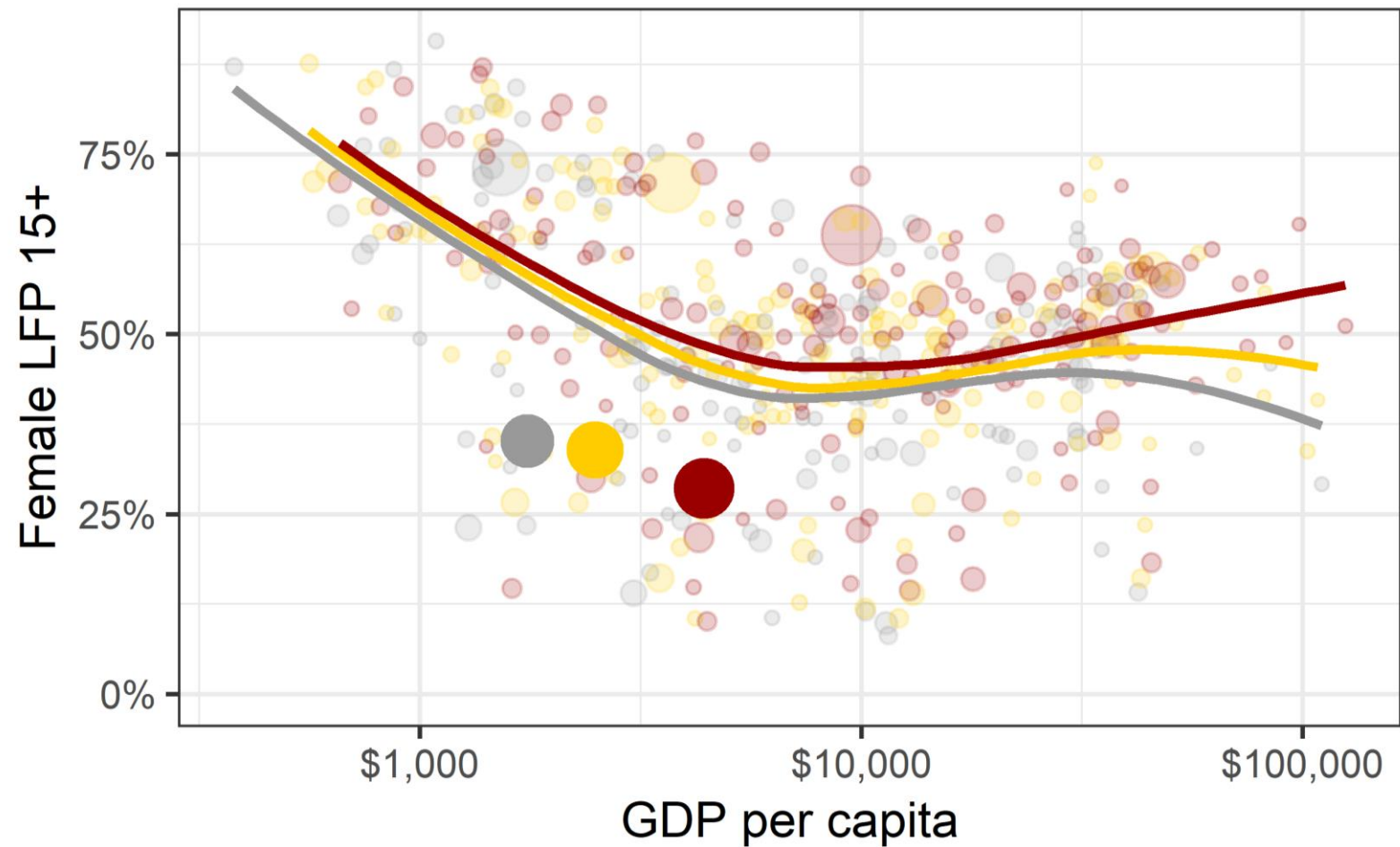
Our Question

Can smart-targeting G2P payments catalyze **social change** while supporting **women's work** and **empowerment**?

Understanding the Setting

The People

Madhya Pradesh, India

Conservative gender norms

Limited female mobility

Low female labor force participation

Low human capital (11% of women are literate)

The Policy

MGNREGS

Guarantee **100 days of work** at a fixed wage to any household that requests employment

The Problem

Payments directly transferred to beneficiary-owned bank accounts

Wage payments for all household members sent to bank account owned by male household head

Women have little-to-no wage control

The Foundation

Offer women village bank accounts

No fees
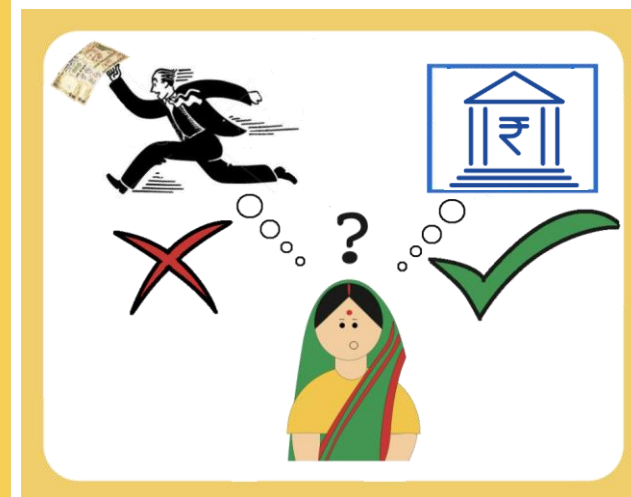
Biometrically authenticated

Innovation 1: Training

Complement accounts with basic training

Female-friendly setting

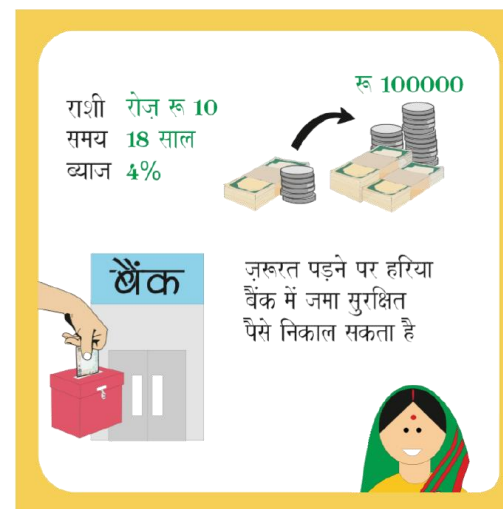**Use pictures, narrative examples**

Innovation 1: Training

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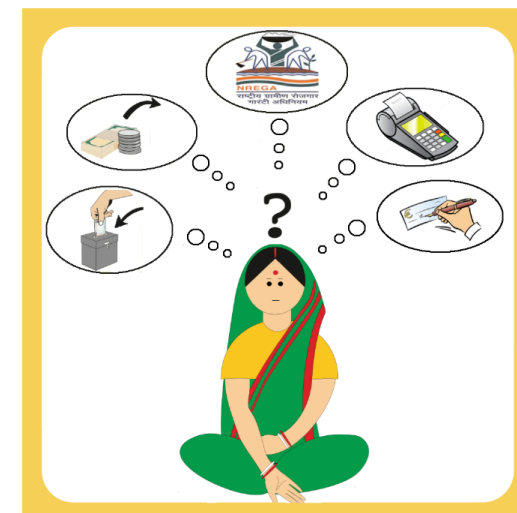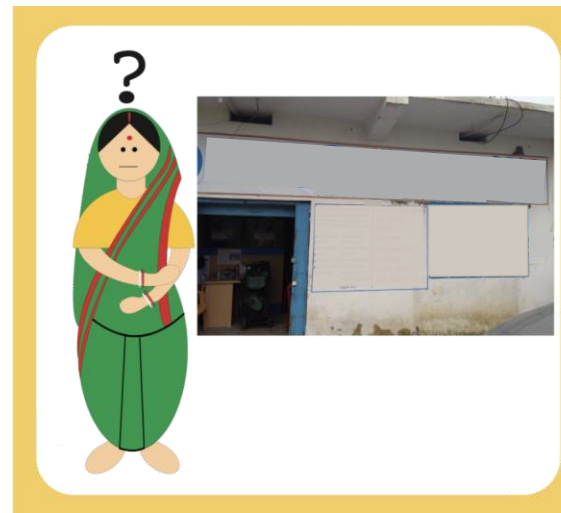
Innovation 2: Direct Deposit

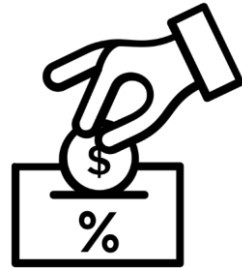**Sign women up for NREGS "direct deposit"**

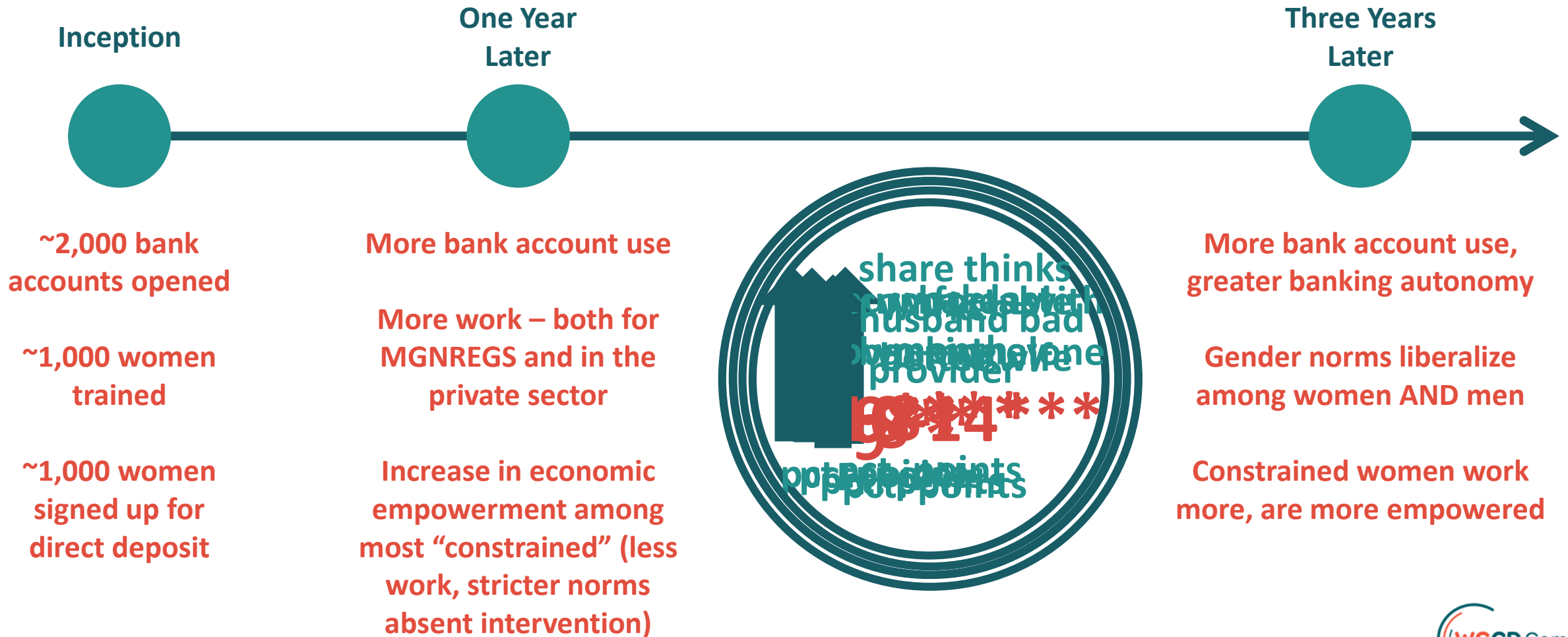**Submit paperwork** to request new accounts get linked to women's wages in NREGS payment system

Follow-up with local officials to ensure request processed

No change to wage deposits for any other household members

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What is the "Value Add" of Direct Deposit and Training?

Inception

One Year Later

Three Years Later

~2,000 bank accounts opened

~1,000 women trained

~1,000 women signed up for direct deposit

More bank account use

More work – both for MGNREGS and in the private sector

Increase in economic empowerment among most "constrained" (less work, stricter norms absent intervention)

More bank account use, greater banking autonomy

Gender norms liberalize among women AND men

Constrained women work more, are more empowered

share thinks
husband bad
provider *lone*
19.14***
ppt points
pp pt points

***, **, and * indicate significance at 1, 5, and 10 percent levels respectively.

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Policy Lessons

Norms matter: Women and men bear social costs when women work. Social costs to men may be larger, and more binding

Changing behavior can change norms: Our intervention changed norms without directly targeting them.
- Scope to pursue gender goals within broader social protection mandate

Put women at the center and don't forget the last mile: Accounts alone don't do much; impacts larger when training and direct deposit combined

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From Mobile Phone Ownership to Uptake and Use of Mobile Money

- First large-scale RCT on mobile phone ownership with REPOA in Tanzania

- Participants randomly assigned to 1 of 4 conditions:
  - Control
  - $20 cash grant
  - Basic phone (Samsung B110)
  - Smart phone (Huawei Y3C)

- Mobile phone training bundled with treatment

- Waitlist design

- Partners: Bill & Melinda Gates Foundation, BRAC, TASAF, three largest Tanzania MNOs

A participant from Manyara Region.

From Mobile Phone Ownership to Uptake and Use of Mobile Money

- Employ self-reported and behavioral measures to test impact on digital financial services

A Behavioral Measure of DFS Use:
Results from an On-the-Spot Mobile Money Test

- Employ self-reported and behavioral measures to test impact on digital financial services

- We offered participants a micro-grant (4000 Tsh [$1.80] - 8000 Tsh [$3.60]) and varied amounts if accepted as cash or as mobile money.

- When amounts were same or cash was higher, virtually everyone takes cash.

- When mobile money offer was higher…

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  - Mobile money 80%> cash offer: 47% take mobile money

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  - Mobile money 33%> cash offer: 7% take mobile money
  - Mobile money 80%> cash offer: 47% take mobile money
  - Mobile money 100%>cash offer: 56% take mobile money

Phone Ownership Increases Women's Control of MM

- Mobile phone ownership significantly increased control over mobile money...

- Basic phones significantly outperformed smartphones

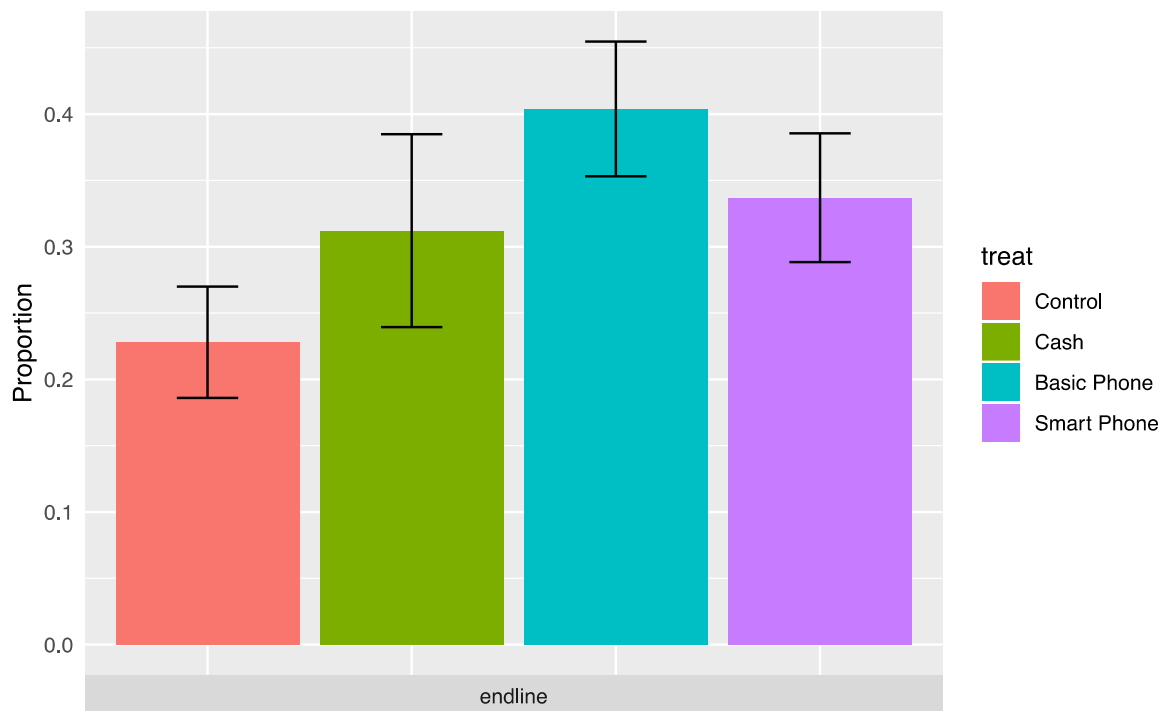- This effect is driven by low-literacy populations

Proportion of those who took small grant in mobile money and had it sent to their own phone
(95% confidence intervals)
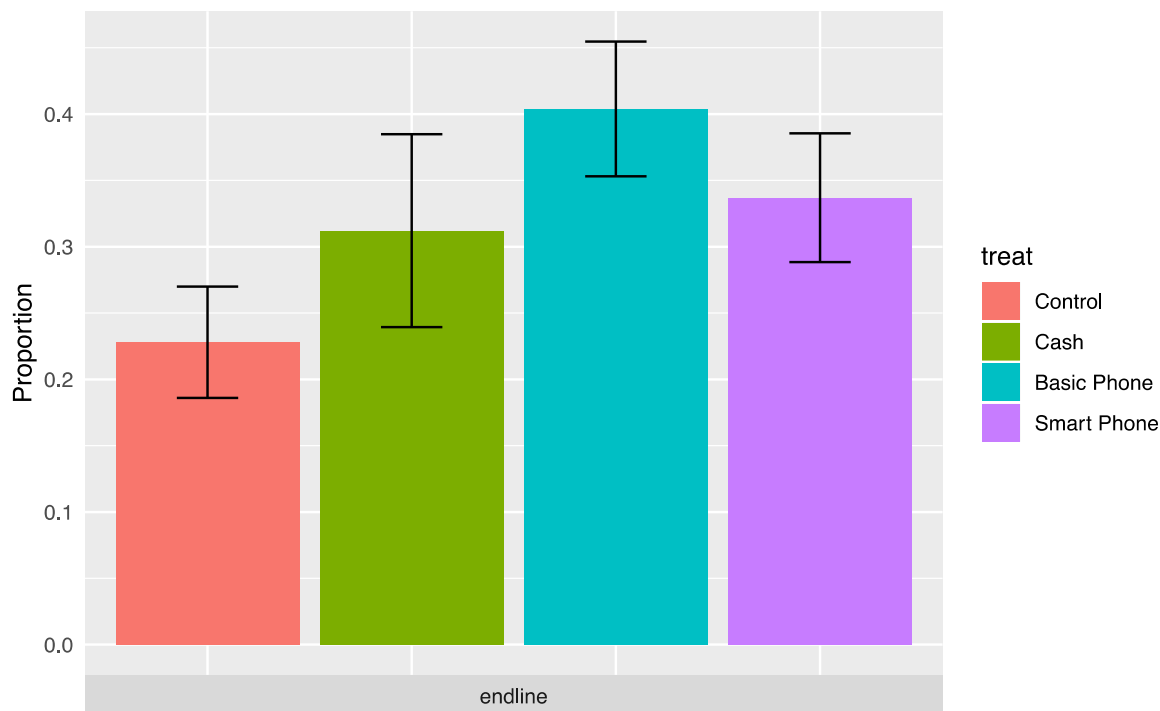
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- Why aren't effects higher?

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A Behavioral Measure of DFS Use:
Results from an On-the-Spot Mobile Money Test

Reasons Participants Chose Cash Over MM in Small Grant Exercise at Endline

(approximate percent among all participants who chose cash):

1. They didn't have a phone (28%)
2. Liquidity concerns—they needed money for immediate use (20%)
3. They never registered for mobile money (15%)
4. Forgot their mobile money password (11%)
5. Mobile money agent is too far away (8%)
6. Do not know how to use mobile money (7%)
7. To avoid withdrawal disturbances (6%)
8. To avoid withdrawal charges (5%)

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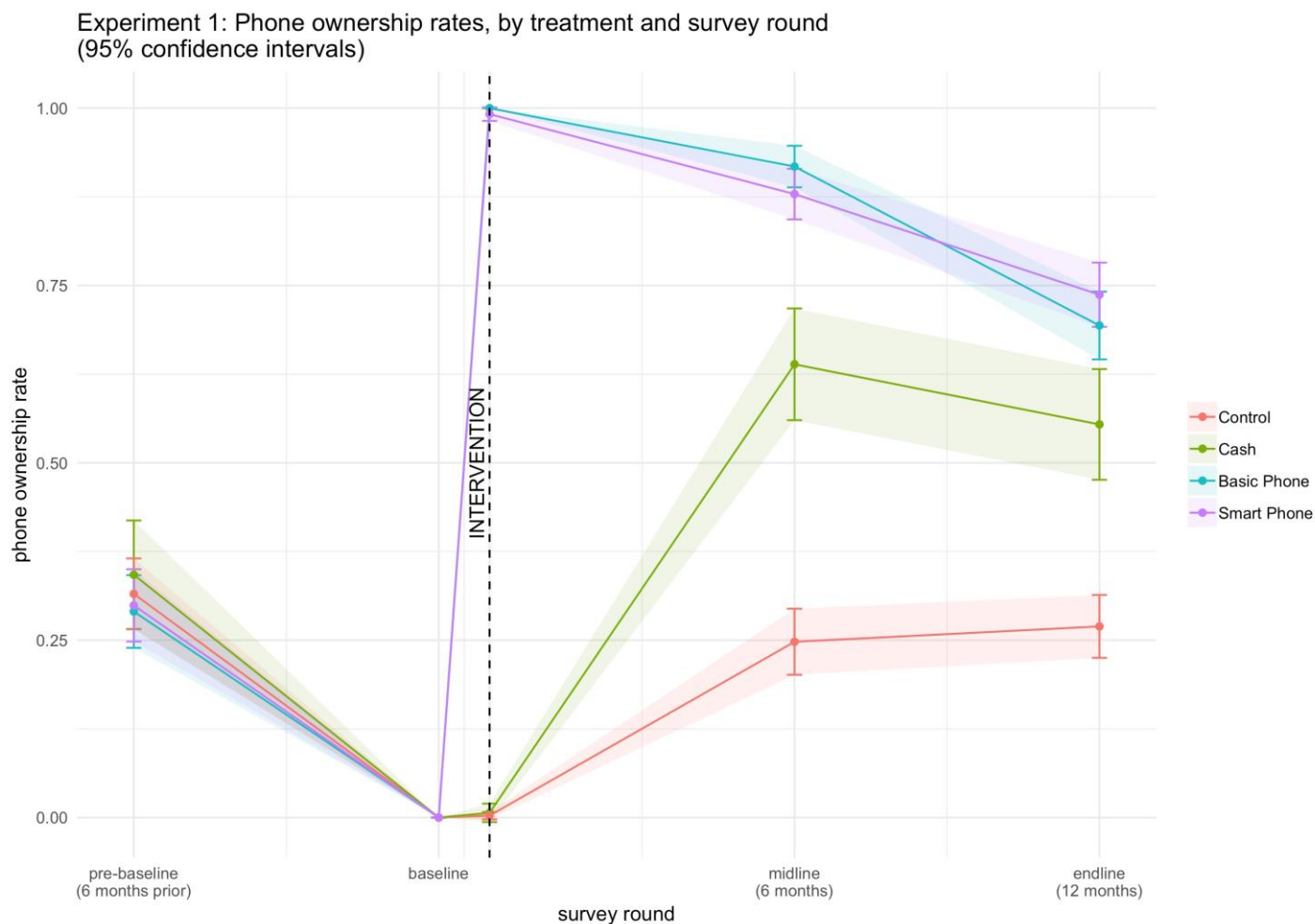8. To avoid withdrawal charges (5%)

!

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Handset Turnover Was Substantial, Significantly Depressing MM Uptake and Use

Experiment 1: Phone ownership rates, by treatment and survey round
(95% confidence intervals)

- Complier average causal effects on digital payments test were 100% to 125% higher than ITT

- Estimate that if phone loss was prevented, uptake in digital payments test would be 67% compared to control mean of 22%

Handset Churn Was Not a 'Free-Phone' Effect; Prevalent Across All Treatment Conditions
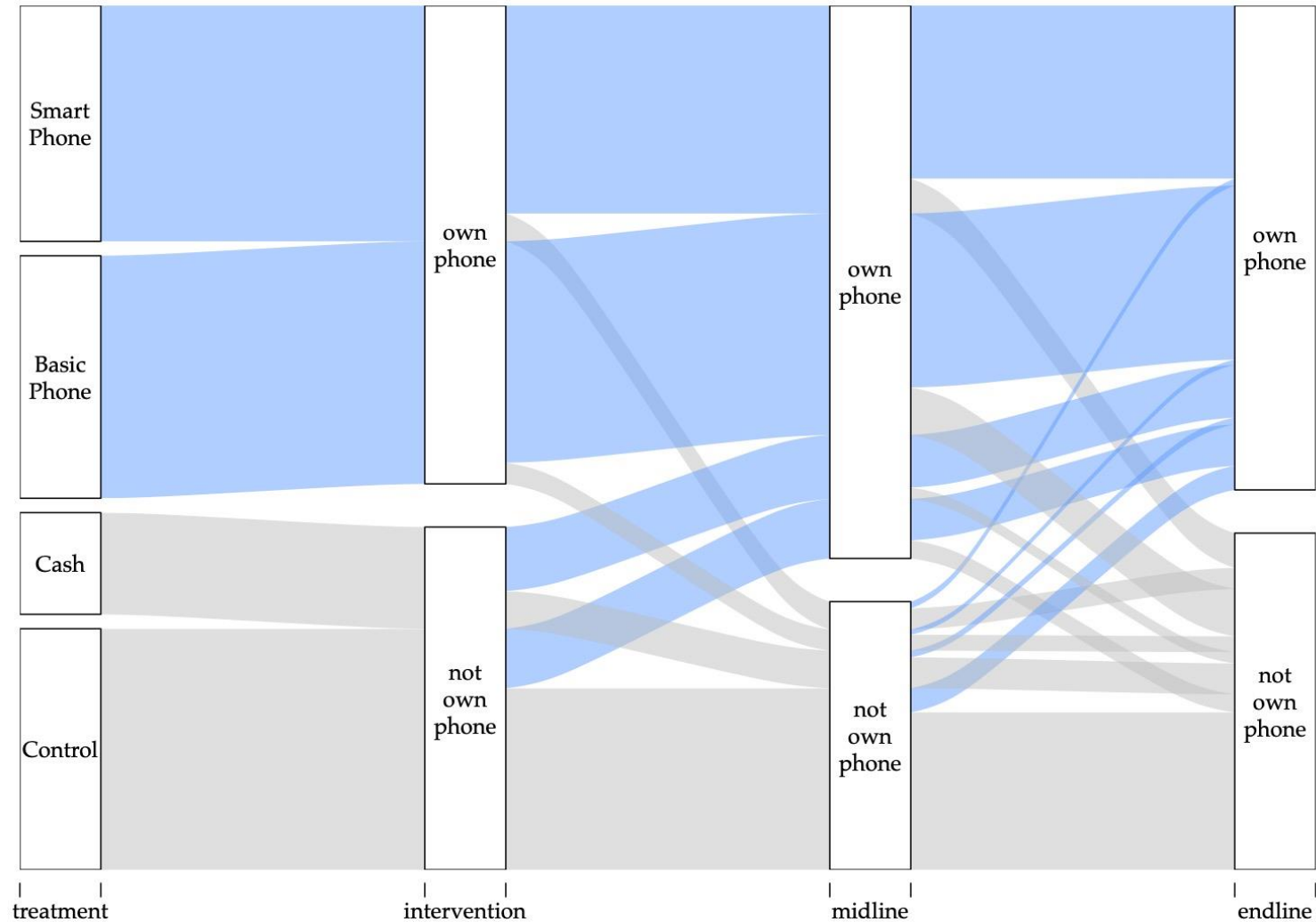
Structural Sources of Poverty Negating Technological Solutions

- Phone loss driven by:
  - Financial debt—the dark side of microfinance
  - Age—young women lost phones at higher rate
  - Intra-household dynamics—if no other handset in the household, participant significantly more likely to lose phone
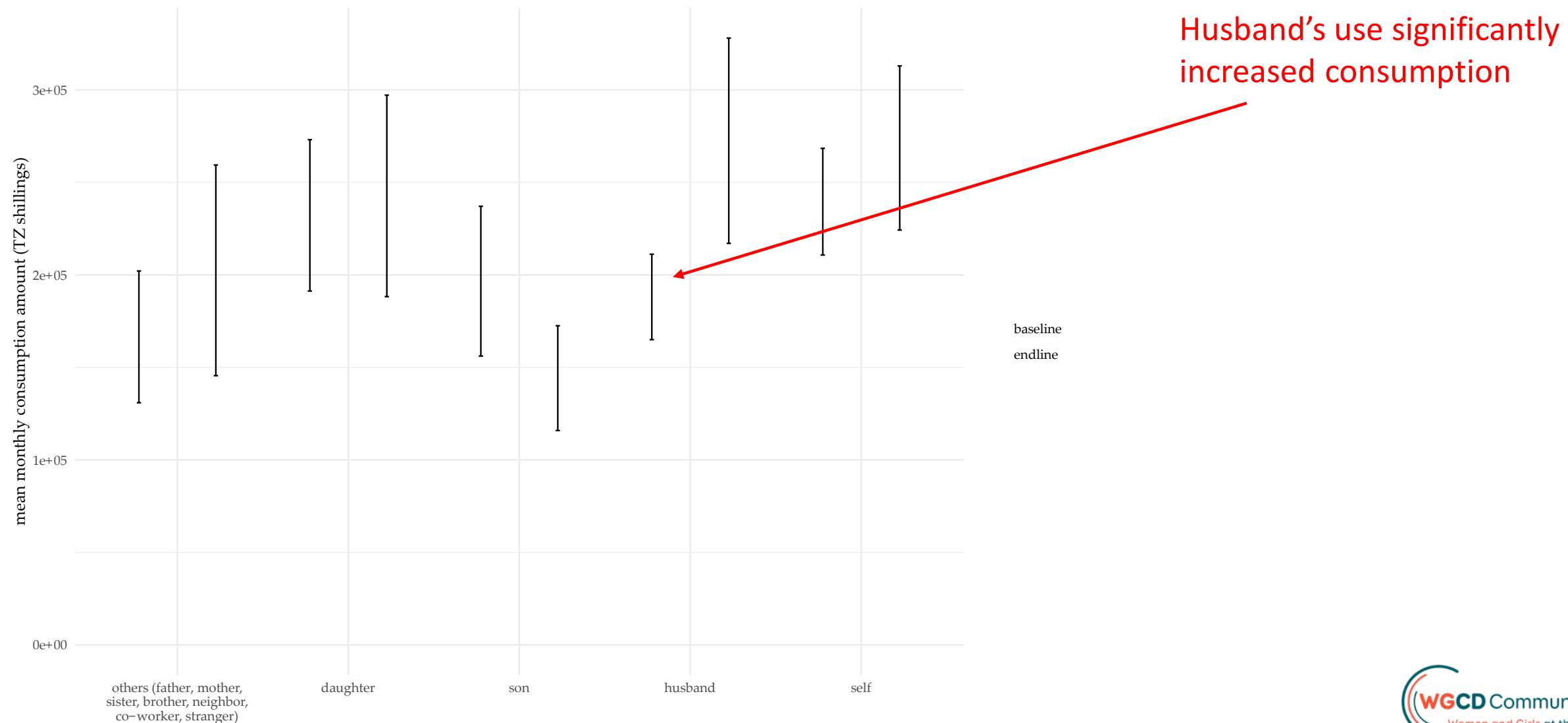
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  - Receipt of smartphones boosted consumption by 20% compared to control
  - These consumption gains were driven by participant's increased use of MM and income-generation
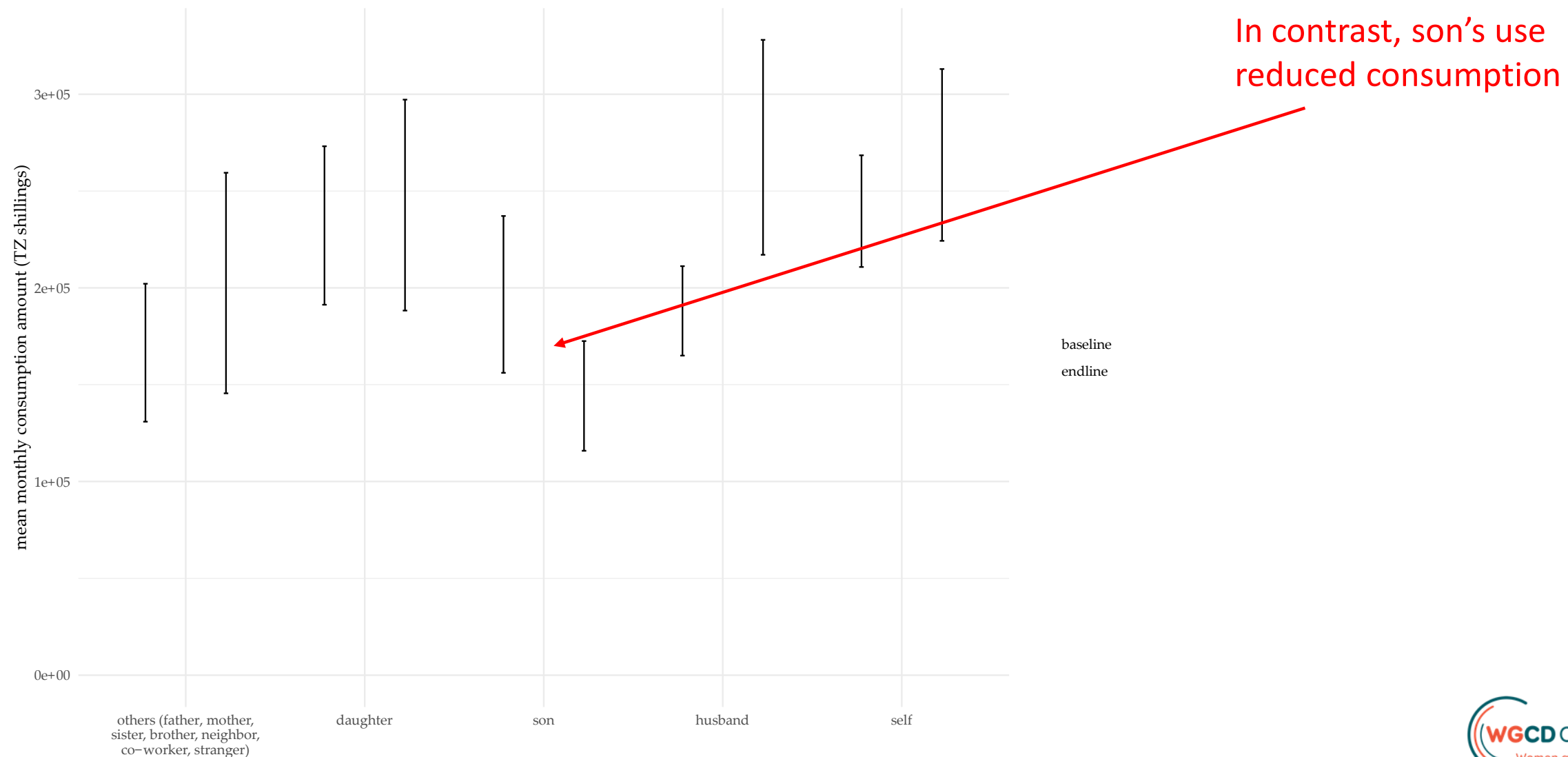 - But also by the husband's use of the smartphone

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  - Receipt of smartphones boosted consumption by 20% compared to control
  - These consumption gains were driven by participant's increased use of MM and income-generation
  - But also by the husband's use of the smartphone
  - But how other household members used the phone matters

Structural Sources of Poverty Negating Technological Solutions

Husband's use significantly increased consumption

mean monthly consumption amount (TZ shillings)

baseline
endline

others (father, mother, sister, brother, neighbor, co–worker, stranger) · daughter · son · husband · self

Structural Sources of Poverty Negating Technological Solutions

In contrast, son's use reduced consumption

Structural Sources of Poverty Negating Technological Solutions
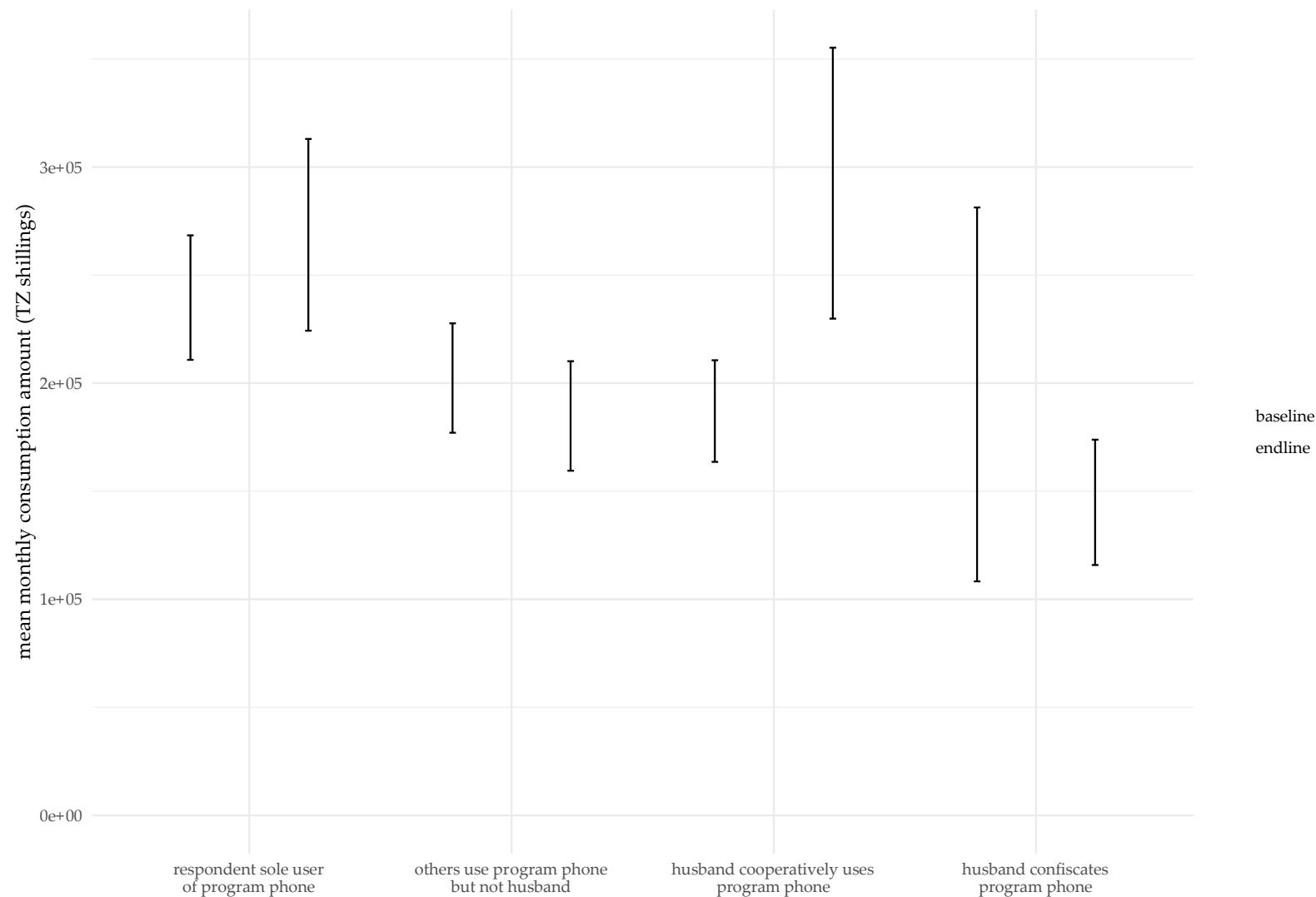
Takeaway: largest gains in household well-being when smartphones used cooperatively

baseline

endline

mean monthly consumption amount (TZ shillings)

3e+05

2e+05

1e+05

0e+00

respondent sole user of program phone

others use program phone but not husband

husband cooperatively uses program phone

husband confiscates program phone

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Key Takeaways

- Getting phones in the hands of women matters for their uptake and control of DFS in emerging economies
- On average, no leapfrogging benefits from smartphone—in terms of DFS use
- In both the basic and smartphone groups, handset churn was much higher than we anticipated, hindering impact
- Policies to mitigate phone turnover require as much attention as policies to increase phone adoption
- Field experiments are extremely useful for identifying causal impacts but also for process-tracing
- Next steps: better understand how cooperative intra-household mobile technology use increases the livelihoods of the poor

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About ETR

Vision

ETR envisions a world where all people have the information, skills, and opportunities to lead healthy lives.

Mission

We are driven by our mission to improve health and increase opportunities for youth, families, and communities.

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About the YTH Initiative

- **DISCOVER:** What works

- **INNOVATE:** Health solutions for youth through youth-centered design

- **LEAD:** Through training and digital strategy

Youth-Centered Health Design

Positive Youth Development

We **involve & engage youth** as partners & respect their **knowledge, strength, & leadership**.

+

Human-Centered Design

We **design, iterate, & share solutions** that meet the needs of youth & **reflect their experiences**.

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Women and Girls at the
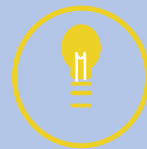Center of Development

Youth-Centered Health Design

INSPIRATION RESEARCH
Learn about your user and their world

SYNTHESIZE
Identify opportunity areas based on user needs and insights

IDEATE
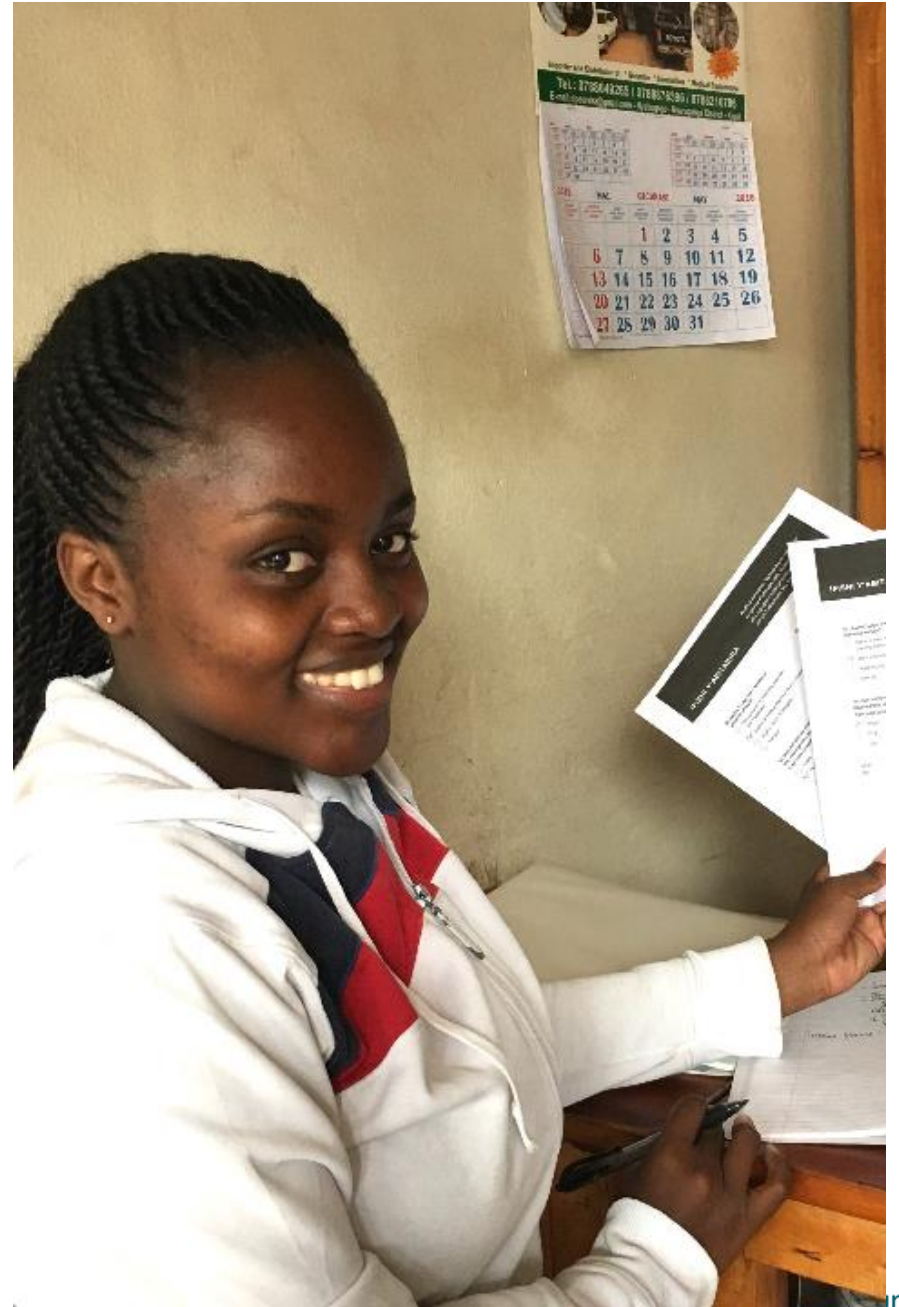Brainstorm creative solutions

PROTOTYPE
Build a tangible, testable version of your idea to get feedback

TEST & ITERATE
Test these prototypes with the user to learn and refine them

*Adapted from IDEO*

ZonaSegura

HOW MIGHT WE

use technology to provide girls your age with educational content about healthy relationships and teen dating violence?

Sp Adobe Spark

ZonaSegura aims to change knowledge, self-efficacy, & attitudes about TDV.

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ZonaSegura: Insights

- While girls can identify the prevalence and power of machismo, they **lack the tools and resources to challenge it.**

- **Violence is the problem and violence is the solution.**

- Boys lack an understanding of consent**, but value communication in relationships**; the lack of skills surrounding communication results in boys unknowingly perpetuating gender inequality and TDV.

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Screen 1 — Home
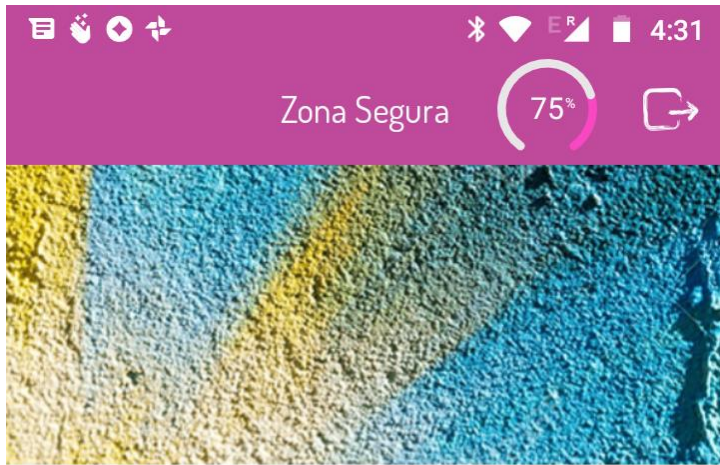
Welcome to Zona Segura

ZonaSegura is your place to learn about healthy romantic relationships and staying safe. ZonaSegura is a WhatsApp messaging campaign for boys and girls and a mobile app for girls. You'll learn what healthy relationships are, how to create them, and what to do if your relationship isn't healthy.........

Knowledge
Get More Knowledge

Weekly Quiz
Take a Quiz

Home · Resources · Safety Plan · Knowledge · More

Screen 2 — Safety Plan

Safety Plan

It can be hard to know what to do in a crisis. Use this safety plan to think through how you know a situation may become unsafe and what you can do to stay safe.

People I can call or message to help me

Activities I can do by myself to try to take my mind off things +

🖉 Edit

Staying Safe at School

The Safest way for me to get to and from school is:

🖉 Enter your response

If I need to leave the school in an emergency, I can get home safely through

Home · Resources · Safety Plan · Knowledge · More

Screen 3 — Resources

Get Instant Help

A help desk is a resource intended to provide the customer or end user with information..

Quality of Life Association

📱 Call Now

Lic. Ana Lizeth Cruz

📍 Barrio San Felipe, Costado West Haven Invalids, opposite Reposteria El Hogar, adjacent to Hospital D

- Atención psicológica
- social
- terapia ocupacional
- terapia grupal
- reforzamiento escolar

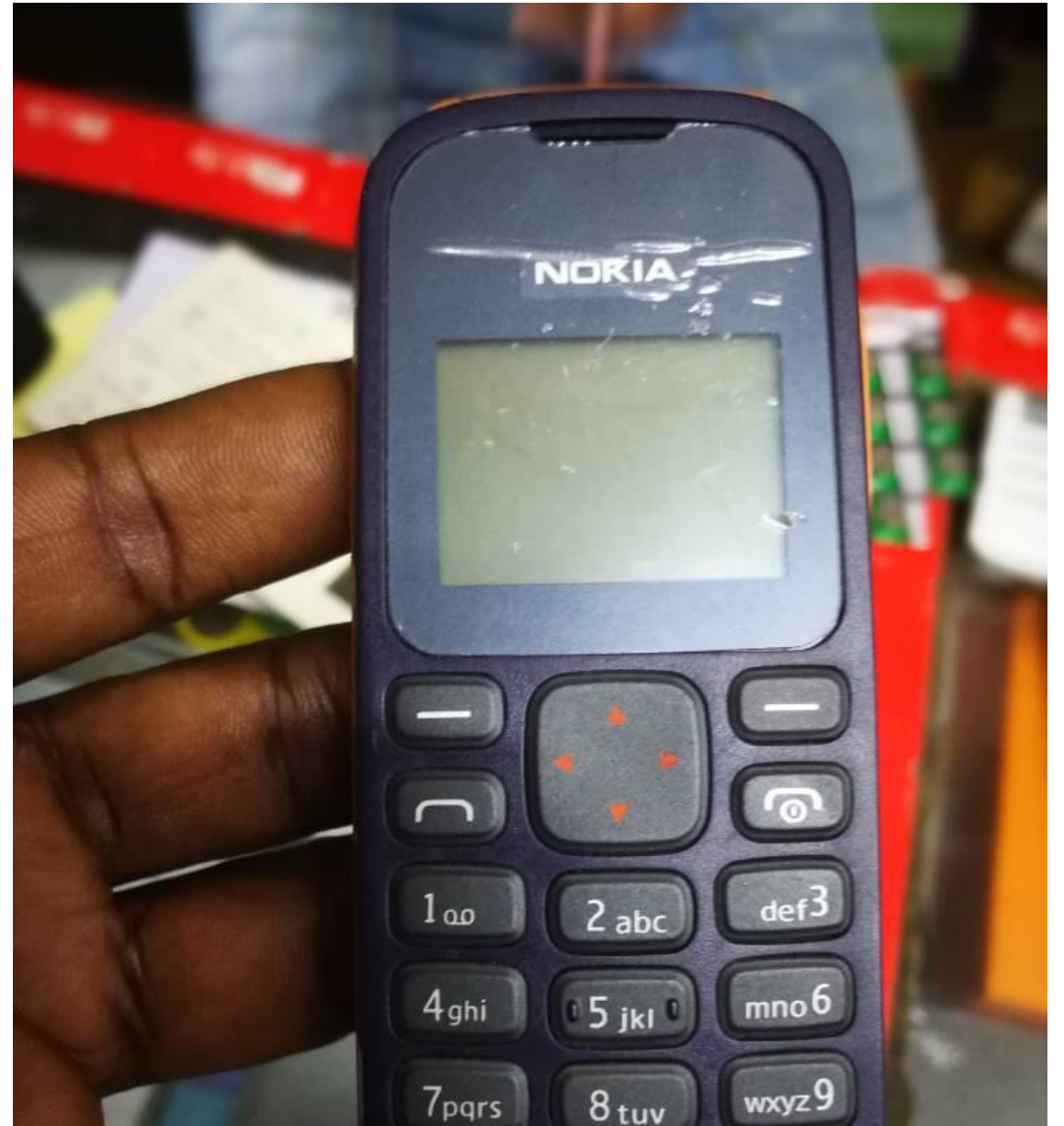#### Priority Services Clinic Doctors Without Borders, in the Alonso Suazo Health Center

📱 Call Now

Dr. Rafael Contreras / Sr.Héctor Chaparro

📍 Morazán district, adjoining Catholic Church San Martin de Porres, near Tiburcio Carias Andino Nation

- medical consultation
- counseling

Home · Resources · Safety Plan · Knowledge · More

ENGAGE Malawi

ENGAGE Malawi

ALL GIRLS IN SCHOOL NOT MARRIAGE!!!

ENGAGE Malawi

YONECO directs calls to the Child Helpline Number, GBV Crisis Line, Drug and Substance Abuse Line.

Refers callers to police, social welfare, and clinics.

+265 888 97 70 00

Monday, May 7

Atsikana muli ndi ufulu osankha yemwe mukufuna kudzakwatiwa naye komanso nthawi yomwe mufuna kudzakwatiwa,chisankho ichi ndichawina aliyense-YONECO-ENGAGE

ZonaSegura: Challenges

One woman is killed
EVERY
14 HOURS

96%
IMPUNITY

From 2005 to 2013
THE NUMBER OF VIOLENT
DEATHS OF WOMEN ROSE
BY 263.4%

ENGAGE Malawi: Challenges

The New York Times

Cyclone Idai Kills at Least 150 in Malawi, Mozambique and Zimbabwe

0:43
Cyclone Idai: At Least 150 Dead in Southern Africa

More than 1.5 million people were affected by the storm that hit Malawi, Mozambique and Zimbabwe last week, leading to flash floods.
Amos Gumulira/Agence France-Presse — Getty Images

⌂ Home / National / HRDC to continue with demonstrations

National

HRDC to continue with demonstrations

Jameson Chauluka ✉ · 1 week ago   🔥 510   🔖 Less than a minute

TRAUMA-INFORMED
YOUTH-CENTERED HEALTH DESIGN

UNDERSTANDING TRAUMA

Trauma can lead to lasting effects on individuals, families, communities, cultures, and systems. With support, resilience and well-being is possible.

7 IN 10 YOUTH
— AROUND THE WORLD —
HAVE EXPERIENCED ONE OR MORE
TRAUMATIC EVENTS[1]

The challenge: lack of provider accountability for provision of health services

- Triggerise uses mobile technology-based platforms to motivate or "nudge" users (either through phone-based follow ups, reward points or discounts) to perform healthy behaviors or to access and use health products or services. Our platforms link users of health services and products with suppliers such as clinics and pharmacies.

- Triggerise has been implementing such a platform in Kenya that focuses on increasing access to and uptake of sexual and reproductive health products and services among adolescent girls & young women aged 15-19

- A critical challenge faced by current SRH interventions targeted at adolescent girls and young women is that they do not provide an opportunity to provide feedback on the quality of services they have received and thus hold providers accountable for their services.

- Even more powerful is if the girl or young women can share these ratings so that her peers can also use them to inform which providers they should go to.

T-Safe: A motivation-based platform for girls aged 15-19 in Kenya
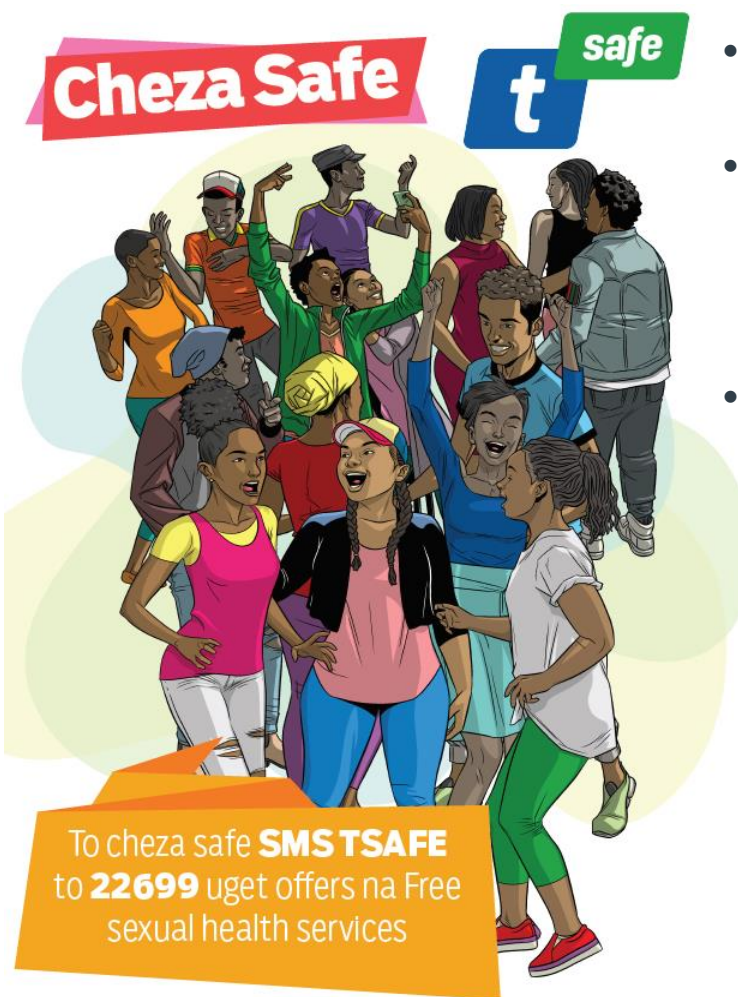
- Triggerise's ASRH platform in Kenya is branded **T-Safe**.

- It offers access to free counselling sessions and choice of contraceptives and other sexual and reproductive health products to all girls aged between 15 and 19, in 19 counties across the country.

- The platform's theory of change mirrors pathway that girls need to follow when exercising their SRH rights:

  - This starts with the girls valuing their sexual health and wanting services;

  - Designing these services and choices on their terms and making providers accountable:

  - Creating an environment where girls are fully supported to make their decision

The solution: Mobile based platform that empowers girls to rate services & share those ratings with providers and their peers

Assisted Enrolment

Girl hears about T-Safe through a community mobilizer

Community mobilizer enrolls girl on the mobile technology platform in person

Girl receives services via clinic and pharmacy-based provider & rates the service received

Girl is rewarded for rating the service

Quality is assured, service is verified, and girl is followed up to encourage repeat use

Girl hears about T-Safe through mass media or local communication (posters, comic books)

Girl self enrolls on the mobile based platform, receives targeted counseling and direction

Girl receives services at a pharmacy or clinic she trusts or is delivered products directly & she rates the service she received

Girl is rewarded for rating the service

Quality is assured, service is verified, and girl is followed up to encourage repeat use

Self Enrollment

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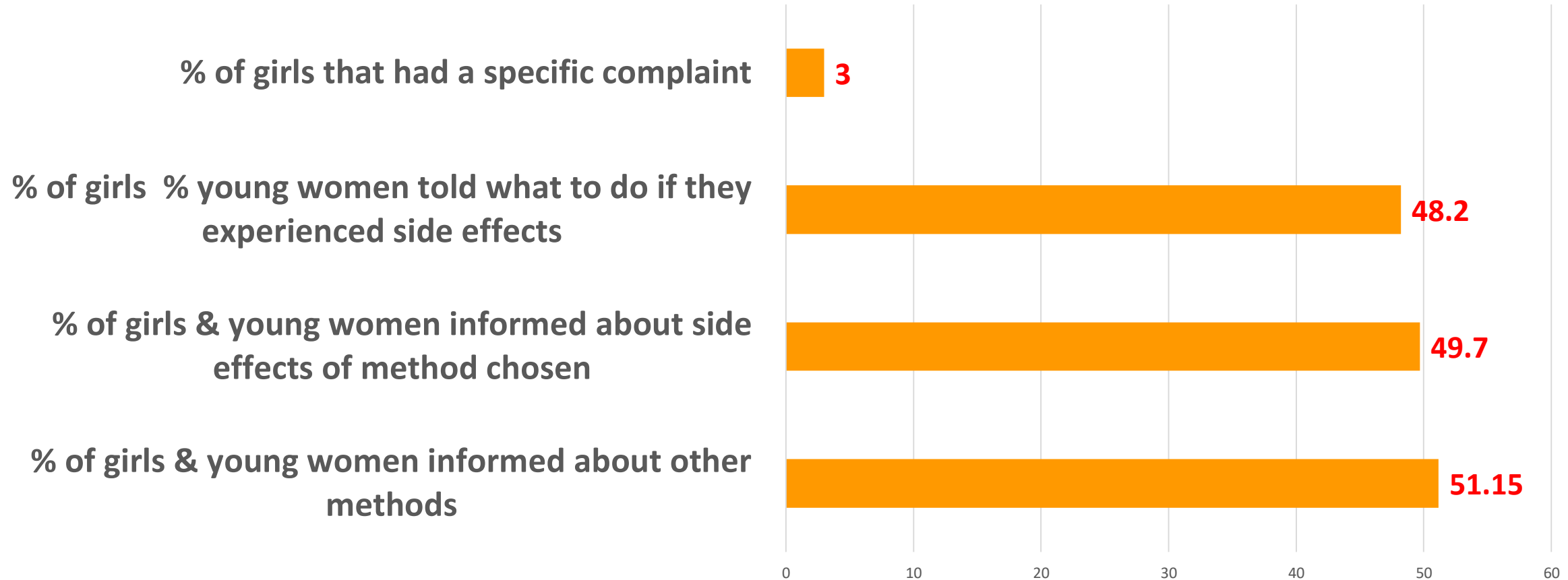
How ratings data is used to drive provider accountability and improvements in service provision

- Girls who are enrolled on the platform can send an SMS with the name clinic and they receive the rating results for each clinic in their area and they use this result to inform the choice of provider they will go to for services and products.

- The data is clear, the higher rated the provider, the more likely girls and young women choose that clinic to receive a service

- Providers have access to aggregated data on sent weekly on their ratings & they are required to respond and inform us on what measures they will make to improve their services based on the ratings

- The platform works with franchisees of large SRH providers such as MSI, PSI, IPPF and PPG and uses the rating data to inform the franchisors of which providers should be provided with additional support

- Consistently poorly rated providers are either removed from the platform or stop being active as girls themselves simply stop going there. Providers as a result have clear incentive to improve the quality of their service provision
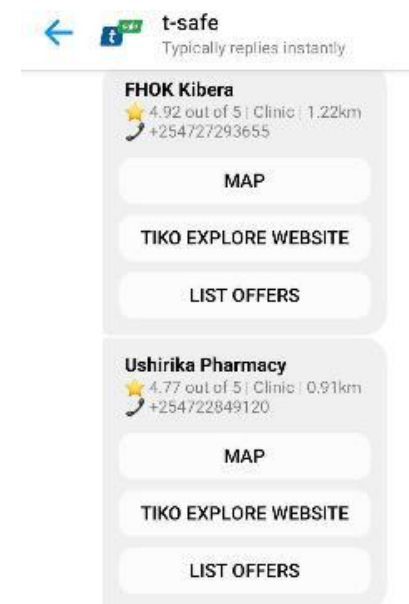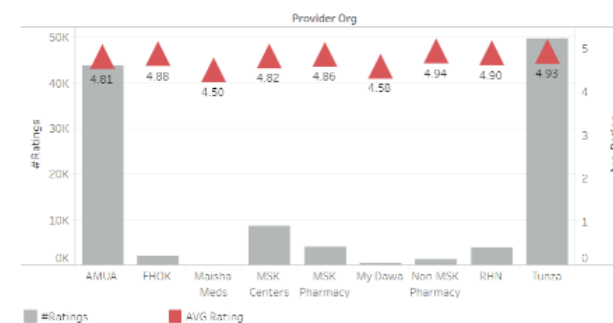
Mobile Technology, Gender Norms and Social Embeddedness

Click Here to Open Video

THANK YOU!