address critiques that they increase women's unpaid care responsibilities (see for example, OECD, 2019), *solutions rarely involve addressing the redistribution of responsibilities between men and women.* The programs that have – focusing mostly on increasing men's involvement in unpaid care work to promote women's economic participation – have shown modest, short-term success in settings as diverse as Egypt, Uganda, and Peru. These examples, together with evaluation studies such as Promundo's Program P in Rwanda[5] (and the 20 years of experience in Scandinavian countries) affirm that men's attitudes and practices related to unpaid care can change if social expectations and incentives change, and men gain the hands-on skills to do the care work.

The assumption that men will not contribute as much to the household if they are the beneficiaries of SSNs, including cash transfers, is not universally affirmed. Research suggests that men in some settings are as likely as women to contribute income to households when they receive cash transfers. Men and women may spend money differently, but that does not imply that men spend funds irresponsibly. In the evaluations examined, no study found that beneficiaries of any gender misused transfer funds. Men were more likely than women to spend funds on longer term investments, while women more likely to spend funds on immediate consumption needs. Both spending decisions benefit the household's economic wellbeing in the long run. There is a need for more research to examine this concept rigorously to understand if or how the outcomes of SSN programs are impacted by whether women or men are targeted as recipients.

There is a need to more critically examine and better understand men's roles, norms, and practices in relationship to women in specific contexts and test new approaches that deliberately include men as appropriate – whether as recipients or co-recipients, including in meeting program conditionalities, or as co-participants in complementary programming – *in ways that change gender and power dynamics and*

[5] Described more in debt on next page, under the title "Gender Transformative Best Practices in Engaging Men"

contribute to strengthening the social safety net, the ultimate aim of these programs.

In sum, in this report we build on previous feminist analyses by arguing that social safety net programming can better apply a gender-relational lens, and adopt a gender transformative agenda, specifically including an analysis of men, masculinities and power dynamics in households. Given their scale and scope, not adopting such an approach is a missed opportunity to promote equality and, as has been shown in other sectors (e.g. WHO 2007), to improve SSN's effectiveness in reaching their stated poverty alleviation goals as well as promoting gender equality.

Gender Transformative Best Practices in Engaging Men

While evidence on the best way to engage men in achieving gender transformative effects in social safety nets remains limited, there is a growing literature on gender transformative approaches in other fields – intimate partner violence prevention, public health, and at least some in the area of women's economic empowerment. This section describes some of these gender transformative "best practices", to highlight ways in which the impact of social safety net programs might be expanded, and outcomes improved if combined with gender-transformative approaches.

What type of programs are effective? An Overview

A Promundo-World Health Organization (WHO) review of interventions with men in the areas of sexual and reproductive health, maternal and child health, gender-based violence, involved fatherhood and HIV and AIDS documents that such programs have brought about important changes in men's attitudes and behaviors. Programs that were gender-transformative were more likely to be effective than programs that were merely 'gender-sensitive' or 'gender-neutral' (World Health Organization, 2007). The most consistently effective programmatic approaches with men were those that combined critical reflection on gender norms and learning and practicing new skills in a group education setting,

together with community campaigns or community or social services or health clinic-based changes that reinforced positive messaging and more equitable behaviors.

A few gender-transformative approaches have applied to women's economic empowerment, including via savings and loans programs, and have had similar findings (Slegh *et al.* 2012; Barker *et al.* 2011). A key benefit of these approaches is that by targeting inequitable power dynamics, they tend to produce positive results across multiple outcomes. For example, Program P in Rwanda[6], developed by Promundo and the Rwanda Men's Resource Center, showed less use of violence against women and against children, greater use of and male participation in antenatal care, higher contraceptive use, and nearly an hour more per day of male participation in household and caregiving tasks in the intervention compared to the control group (Doyle *et al.*, 2018).

Additional best practice elements of gender transformative programming, especially to prevent violence, include:

- Use positive and affirmative messages that men are part of the solution to achieving equality and ending violence;
- Encourage men to reflect on the costs of hegemonic masculinity to both men and women;
- Are evidence-based and theoretically informed – use formative research, begin with or develop a theory of change and carry out ongoing monitoring and evaluation;
- Recognize that men are not homogenous and develop interventions that reflect men's different life experiences and identities (including support boys and young men who have witnessed violence in their families of origin);
- Use an ecological approach that recognizes the range of factors shaping gender roles and relations;

[6] Program P ("P" for "padre" or "pai," meaning "father" in Spanish and Portuguese), is a direct and targeted response to the need for concrete strategies to engage men in active fatherhood from prenatal care through delivery, childbirth, and their children's early years. Program P consists of a series of interactive modules for gender transformative group education with men and their female partners to discuss and challenge traditional masculine and inequitable gender norms and to practice more positive social behaviors in their families and communities.

- Use a range of social change strategies – community education, community mobilization, media, policy development and advocacy for implementation;
- Combine these approaches with efforts to support and respond to women's rights, needs, and experiences, whether around violence, economic empowerment, or other outcomes.
- Finally, such individual and community approaches need to complemented by policy and institutional changes and public services that support a more equal and just society.

While these elements have proven effective in other programmatic areas, including sexual and reproductive health and gender-based violence, they have not been sufficiently included in SSN programming to evaluate their effectiveness, particularly on economic outcomes. There is a need to incorporate and test complementary program approaches in the context of diverse SSN programs.

It is important to acknowledge the tension between rolling out large scale "lean" SSN mechanisms and designing more resource intensive complementary gender transformative programming. Yet, given the potential for a wide range of positive development outcomes (see for example Doyle *et al.*, 2018), as well as evidence, on how gender inequality affects household outcomes, complementary approaches may prove to be a worthwhile approach.

Focusing on promoting men's participation in unpaid care work

Given that CCTs have often increased women's unpaid care responsibilities, and that unpaid care is perhaps the largest barrier to women's participation in paid economic activities, boosting male involvement in care work could not only help to reduce the burden on women, but would elevate the value and status of care work, breaking down gendered stigmas (Hassink and Baringer, 2015).

In addition to the conditionalities that are often targeted at women, a combination of social norms, men's higher pay, social institutions that reinforce caregiving as women's work and the early socialization of girls and boys into gendered roles that emphasize caregiving as a mostly female attribute continue to reinforce the idea that women are the primary providers of unpaid care.

The following approaches can help to change household and societal attitudes and practices related to men taking on a greater share of care work (Levtov, 2016; Heilman, *et al.* 2017b):

- Paid, non-transferable leave policies that incentivize men to take leave – which are themselves social protection programs;
- Policies in the public and private sector that support caregiving and caregivers as well as policies that allow women's equal participation in the labor force, including provision of low-cost, high-quality childcare and flexible work schedules, as well as guarantees of decent work, equal pay, and social welfare (some of which are again social protection programs)
- Gender transformative fatherhood, parenting and couple training, specifically encouraging or incentivizing joint male and female participation in parenting classes, prenatal visits, and nutrition campaigns to break down some of the gender stereotypes around care work.; and
- Early engagement of boys to encourage them to practice, learn and see care work as part of their identity as much as their sisters.

These components and approaches need to be more systematically evaluated as complementary programming in the context of social safety nets, and tested at scale.

Emerging Recommendations and Considerations

As noted throughout this review, there are scant examples of gender transformative SSN programs that included a focus on men and masculinities. As such, in addition to reaffirming recommendations

set forth in previous reviews in the social protection and women's rights fields – including removing conditionalities and logistical barriers to women receiving transfers – we propose emerging recommendations, or key considerations, for program design and implementation. These emerging recommendations or considerations are based on learnings from literature as well as insights gleaned from key stakeholder interviews, and should be carefully tested in different contexts to assess if they indeed improve program effectiveness and promote equality goals.

Importantly, our recommendations include both the incorporation of "add-on" gender transformative complementary programming, and a reassessment of core program design elements, such as conditionalities and incentives. The recommendations below specify some ideas that could be tested across multiple contexts and SSN programs.

Addressing inequality requires reexamining program logic, activities, targeting, and modality decisions to ensure they are consistent with expanded program goals. Social safety net programs have the potential to be powerful vehicles for gender justice and equality aims, as they attempt to redistribute resources to the vulnerable and disadvantaged in society. However, these gains are not inevitable. Gender transformation will not be achieved unless it is an explicit program goal embedded in theories of change and program design elements, and unless it also considers how men can help or hinder women's economic empowerment goals.

Social safety net programs should reconsider the way they have traditionally dealt with gender, moving beyond a utilitarian use of gender roles to a more intentional, relational, and transformative approach that does not reinforce gender stereotypes or leave men out of the picture:

1) *Apply a gender relational and gender transformative approach to early analysis, needs assessment, implementation and program evaluation,* including promoting changes in male norms: Program designers need to understand the gender and social dynamics in an intervention setting to determine the potential impact of gendered targeting. There is a need to consider how the program will affect household decision-making, intra-household dynamics, resource control, time poverty,

and unpaid care work burdens. And in addition, program designers could consider the impact of SSN on men's lives, including impacts on relationships with partners and children, migration patterns, perceived opportunities or lack thereof, and other areas.

At minimum, transfer programs should not create additional risks for women and girls in the household. Beyond this, programs should seek to elevate the status of women in the household by engaging men and boys in targeting decisions and messaging efforts. If programs are directed towards women, both men and women need to understand program requirements and objectives. Women are more likely to have a say in cash spending if their husbands know why funds are being given to women and who the funds are supposed to benefit.

2) *Make gender equality an explicit, specific objective of social safety net programs*: Social safety net programs should explicitly embrace gender equality aims and gender transformative approaches, engaging men and women to promote more equal intra-household power dynamics and gender equality, without overburdening programs. Social safety net programs can be a vehicle for gender transformation, but reaching these outcomes require specific targeting, design, and measurement choices.

Gender empowerment and equality can be included as specific program objectives, specifically equitable decision-making in the home, equitable share of household work, and women's agency to work outside the home. Making the engagement of men as supportive partners an explicit objective of programs is a key way to achieve these objectives.

3) *Reduce the gendered burden of care by removing program conditionalities on women, but consider and test out conditionalities on men that ensure flexibility and incentivize positive male involvement:* UCTs reduce the time care burden placed on women in meeting program conditionalities and should be utilized whenever possible. Research shows that UCTs achieve similar gains to CCTs, yet are more efficient and cost effective, and give recipients greater agency and dignity (Baird *et al.*, 2011; Benhasse *et al*, 2015; Ward *et al*, 2010). Where conditionality is required, it should not be the sole responsibility of one household member. Program designers should not only allow for flexibility in

who can complete program requirements, but consider suggesting the involvement of male caregivers – without stigmatizing or harming single parent households. Fathers, grandparents, neighbors, and aunts/uncles could all assist in meeting program conditions. This could also alleviate program demands on female-headed households, who are both the primary breadwinner and caregiver in the home. Conditional services should be located close to beneficiary homes to reduce travel time and costs. Where they are not, programs should provide transportation to beneficiaries to facilitate program conditions.

Program conditions could also be designed in a way that they deliberately and at all levels seek to increase male participation in care work. For example, health conditionalities could encourage husbands' presence at pre-natal visits (if the female partner wants him there); parenting classes using evidence-based gender transformative training materials; or child health checkups, either through program messaging or specific visit requirements. However, such requirements should be designed in a way as not to disadvantage or place additional burdens on single parent households. If designing a CCT rather than a UCT, consider testing these conditionalities on men to incentivize their involvement in unpaid care work and include the measurement of gender equality indicators in the program monitoring plan.

4) *Explore transfer modalities that do not add additional burdens on recipients:* While evidence is still accumulating, mobile transfers can reduce the time taken by beneficiaries to collect transfers, reducing some of the additional care burden that some SSN programs place on women, and can be combined with efforts to engage men as allies in taking on the burdens when they exist.

Public works programs can be an effective means of increasing women's access to economic opportunities if designed in an inclusive manner that takes into account women's time burden of care work, as well as pay discrepancies across professions. PWPs can specifically break down gendered divisions of labor by employing women and men in non-traditional sectors, guaranteeing equal pay for equal work, and providing parental leave benefits. Programs that offer work sites in close proximity to the home,

flexible working hours so parents can see their children off to school and pick them up in the afternoon, and on-site childcare facilities for young children help reduce women's barriers to paid work. But they should not stop there; they should also reinforce the message that such duties are also men's responsibility and that have men have an interest in childcare too. PWPs can move towards gender transformative programming by offering these benefits to male and female workers, de-gendering the definition of caregiver and encouraging greater male participation in the home. Additionally, PWPs should provide women and men with skills training which can enhance their employability after the program ends.

In order to sustain program impacts, PWPs should engage with local business owners to break down stereotypes about gender appropriate work, and demonstrate that PWP-trained women are capable of doing the same work as men, and vice versa.

5) *Support integrated social protection systems* that include not only SSN programs but also social insurance and labor policies, and can thus offer, for example, paid leave, unemployment insurance, and cash transfers incentivizing men's participation in carework. Social protection systems should also be closely linked to the provision of high-quality infrastructure and public services, since, as highlighted in an expert background paper for the 2019 Commission on the Status of Women, these linkages can strengthen program outcomes (Chopra, 2018).

6) *Address the masculinity-related attitudes and behaviors of program staff and policy makers in addition to program beneficiaries.* At minimum, this means creating and reinforcing social expectations that caregiving is also and equally men's work. Include trainings on gender and gender transformative approaches with key program staff and stakeholders with refresher trainings periodically throughout the program duration. Create accountability mechanisms, such as site visits and regular supervision of program staff, to ensure positive, gender transformative attitudes and behaviors are upheld throughout the program staff.

7) *Collect select data on men and masculinities* in order to better understand differential program impacts, particularly around intra-household dynamics: Interviews with key stakeholders revealed that many programs still struggle to collect appropriate data. While some programs already collect these data, much could be learned from more consistent and systematic quantitative and qualitative data collection efforts, including indicators on gender relations in the family, (including extended family as relevant) decision-making patterns in the home, family structure, time use, and use of and exposure to violence. Additional research is also needed to understand, across contexts, whether and how men are involved in SSN related gender dynamics in female headed households (e.g. as partners in less stable relationships, as non-resident fathers, etc.).

Social safety net programs should embed qualitative researchers in the program design, implementation, and evaluation processes to understand how household dynamics are changing in order to help identify and address unintended consequences early on. While time consuming, this type of data collection is invaluable in ensuring that SSN programs enhance, rather than inhibit, women's empowerment and equitable power sharing within the household.

Since transforming gender norms is a slow process and thus impacts are unlikely to show up in a short time frame. Donors should support longitudinal efforts to assess the long-term impacts of programs on household dynamics. Finally, especially for new initiatives or new contexts, researchers should carefully track any unintended negative consequences of efforts to engage men in SSN.

8) *Where possible, target SSN programming to critical life transition points,* for example adolescence and emerging adulthood (e.g. through the growing number of SSN targeting adolescents), or the birth of a child (e.g. through child grants). Instead of focusing on the gender of the transfer recipient, program designers should take a lifecycle approach when thinking about program targeting. Women and men face different barriers to SSN program uptake at different points in their lives. For example, girls face barriers to education due to care work responsibilities, cultural views about the value of girls' education, transportation costs and safety concerns both on the way to and while at school. Young women face increased poverty risks

due to limited workforce opportunities, constrained mobility, and early marriage and childbearing rates. Mothers may not access prenatal care due to cost constraints, a lack of transportation, poor service quality, time poverty, and limited spousal support. Elderly women are vulnerable because they often have limited access to old-age pensions, which were accrued through the formal sector work, and are dependent on younger relatives for care. Each of these obstacles requires specific targeting and program design considerations, and should include men. In addition, particular time periods may provide more openness or opportunities for changing gender norms and relationship patterns.

9) *Design and test the impact of including gender-transformative complementary programming for men and women, using a life-cycle approach.* There is a need to generate buy-in among SSN programs and generate program models that are feasible and cost-effective in the context of SSN.

Adding a gender and masculinities lens to SSN programming not only allows program designers to better understand and meet the needs of the populations they are serving, but also helps mitigate the risks and enhance the protective elements of these programs. Gender mainstreaming is not a box to check, but a mindset; it requires embedding an analysis of how gender roles shape interactions at a relational, household, and societal level. A poverty reduction effort which fails to account for program impacts on intra-household dynamics and gender relations risks leaving the most vulnerable in society behind. A gender transformative approach ensures that programs, while alleviating poverty risks and increasing consumption levels, are simultaneously breaking down and changing unequal power structures within the household and society in order to expand opportunity, access and equality for all.

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Annex – Interview Guide with Key Stakeholders

1. What is your role and experience with social protection programming implementation, research, and/or policy?
2. What do you consider the overall goal(s) for the social protection sector? What do you see as the priorities for the social protection sector, moving forward?
3. In your experience, how do program design features, such as the size, frequency and duration of transfers, affect their efficacy and impact on (family) poverty?
4. What types of gender considerations that should be taken into account when designing effective social protection programs?
5. **[For program designers]** Do you consider gender in program design? Why or why not? If yes, how so?
    a. What shift has to happen for gender (beyond targeting women as beneficiaries) to be considered as a critical part of program design?
6. Targeting within social protection is an important (and often political) decision, at different levels – communities, households and individuals. In your experience, what types of targeting criteria have proven most effective in ensuring social transfers go to the most vulnerable in society? (Probe: how do you define "most vulnerable"?) What are the important gender components of these decisions? How is gender taken into consideration and are transfers more or less effective when targeted to a male versus female recipient? Why, or what is the mechanism underpinning these differences in outcomes, and the gendered assumptions it relies on?

7. Are certain transfer delivery modalities (mobile, ATM cards, bank transfers, physical cash) more effective than others in reducing household poverty? Is a certain modality preferred by the social protection sector? By recipients?

8. Do conditionalities matter for gendered impacts of programming? Are CCTs more effective than UCTs at achieving certain outcomes? How so?

    a. Have you seen any unintended consequences of conditionalities?

9. What role, if any, do complementary activities play in enhancing the gendered impacts of transfer programming? What types of complementary programs are most effective to achieve gender equality objectives?

10. How do transfer programs impact gender dynamics, either at the household or societal level? (Probe specifics: household conflict, couple communication, household decision making, control over household resources, intimate partner violence, caregiving, men's/women's employment)

11. Are transfer programs an effective vehicle for advancing women's empowerment aims (such as household decision making, resource control, GBV risk mitigation, sharing the unpaid care work, improving health)? Why or why not?

12. What types of social protection programs are most effective in promoting women's economic empowerment? (unconditional/conditional cash, food/in-kind aid, public works programs)

13. Can you think of any examples where social protection programs have effectively engaged men and/or boys to bring about gender equality aims within their program design? What did the male engagement approach look like? What were the outcomes? How did the program outcomes differ from programs that targeted only women?

    a. How much funding is given to programs that engage men and boys? How much funding is given to social

assistance programs with a gender aim in general, relative to all social assistance programming?

14. **A. [For implementers]** If you could create it from scratch, what would an effective social protection program that incorporates men's engagement look like? OR Any recommendations for existing social protection programs to strengthen their approaches by engaging men more intentionally?

    B. [For researchers] If you could design a research study from scratch to unpack some of the unanswered questions around gender in social protection programs, what would it look like?

15. Do you think engaging men in social protection programs may take away critical resources from traditional social protection programs and those that specifically target women?

    a. If not, how would you respond to such criticism?

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Sociala trygghetsprogram, som exempelvis kontantbidrag, matransoner eller arbetmarknadsprogram, har blivit hörnstenar i både nationella strategier för fattigdomsminskning och i internationella utvecklingsprogram. Denna litteraturöversikt tittar på hur sådana program skulle kunna integrera ett könstransformerande perspektiv, inklusive en analys av maskuliniteter och maktförhållanden, med syftet att göra systemen mer effektiva och hållbara.

Social Safety Net programs (SSNs), like cash transfers, in-kind food aid or public work programs, are becoming cornerstones in many national poverty reduction strategies and international development programs. This literature review looks at how these programs better can integrate a gender-relational lens, including an analysis of masculinities and power dynamics, with the aim of making them more effective and sustainable.

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