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**APPLYING A MASCULINITIES LENS TO
THE GENDERED IMPACTS OF SOCIAL SAFETY NETS**

Meagan Dooley, Abby Fried, Ruti Levtoy, Kate Doyle, Jeni Klugman and Gary Barker

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Foreword by the EBA

Social and cultural norms are difficult issues to deal with, when it comes to development cooperation. We know that norms are important in relation to for example gender roles, but at the same time, it is important not to fall into the trap of promoting an agenda that simply underscores a Global North perspective.

We also know, however, that social protection might be a key to unlock several of the sustainable development goals and that social protection has positive impacts on reducing poverty and inequality and contributing to development. National social safety nets are dependent on tax contributions and the number of low-income countries with social safety nets programs is steadily growing. Sida supports different forms of social protection systems like cash transfers via sectors like health and education. We know from evaluations that national social protection programs contain positive effects for women and girls.

This literature review by Promundo examines social safety net programs from a gender perspective including a focus on men and masculinities. By drawing on current knowledge, the authors seek to assess whether and how social safety net programs include a gender relational analysis. They have also assessed the impacts of the programs on intra-household dynamics. The review of a total of 118 program evaluations from 50 countries, reveals that very few of the programs include a gender transformative element where there is an attempt to engage men or seeking to transform both men's and women's ideas about gender roles. Promoting gender and women's empowerment is rarely, if ever an explicit goal of the programs. They fall short in bringing about a gender transformative impact upon intra-household gender dynamics of power, decisions and responsibilities.

Thus, a main conclusion from the analysis is that social protection programmes that redistribute resources to the poorest and most vulnerable people on a large scale do not make use of its

potential to be a be an efficient force for gender equality and justice and empowerment. There is, however, potential to do so.

From earlier this year, the peer review of Swedish development cooperation by OECD DAC established that Sweden is one of the strongest and most influential actors on the global development arena when it comes to promoting gender equality. Sida's work with a comprehensive gender mainstreaming approach is quite unique. However, this review highlights the fact that there is a need for more and systematic knowledge about long-term gendered impacts of interventions including a masculinity perspective.

It is my hope that the study will provide valuable insights and contribute to a widening discussion within the development cooperation community about interventions impact on gender-dynamics outcomes. The study has been conducted in dialogue with a reference group chaired by Julia Schalk, member of the Expert Group for Aid Studies. The analysis and conclusions expressed are solely those of the authors.

Gothenburg, October 2019

A handwritten signature in blue ink, appearing to read 'Helena Lindholm'.

Helena Lindholm, EBA Chair

Sammanfattning

Denna rapport syftar till att besvara frågan: Vad har dynamiken mellan könen att göra med sociala trygghetsprogram i låg-och medelinkomstländer? Studien syftar särskilt till att bedöma om och hur sådana program innefattar en jämställdhetsanalys, framförallt med avseende på män och maskuliniteter. Den undersöker vidare sociala trygghetsprogramms inverkan på viktiga dimensioner av jämställdhet och kvinnors självbestämmande, inklusive beslut i hushållen, kontroll av hushållens resurser, uppdelningen av hushållsarbete, samt konflikter och våld mellan partners. Rapporten argumenterar för tillämpningen av en könstransformerande strategi för sociala trygghetsprogram. Med en sådan ser man män som komplexa aktörer vilka kan förhindra eller förbättra effekterna av programmen. Man ser också män som allierade i arbetet med att förbättra kvinnors villkor. Studien bygger på intervjuer och en genomgång av litteraturen om sociala trygghetsprogram med fokus på kvinnors ekonomiska egenmakt.

Rapporten fokuserar på en grupp av sociala trygghetsprogram, nämligen villkorade och ovillkorade kontantbidrag, matransoner, kuponger och offentliga arbetsmarknadsprogram. Det huvudsakliga målet med sociala trygghetsprogram är att minska fattigdomen och förbättra utsatta individers och familjers förmåga att klara sig igenom chocker och kriser genom att förse dem med en inkomst, en möjlighet till konsumtion eller försörjningsstöd. Jämställdhet och kvinnors självbestämmande är sällan ett uttryckligt mål. Denna rapport hävdar dock att effektiviteten i dessa program – och särskilt deras effekter på jämställdhet – skulle kunna förstärkas genom att utmana traditionella könsnormer och genom att engagera män och försöka omvandla rådande idéer kring maskulinitet.

För att nå hållbara framsteg vad gäller kvinnors reproduktiva hälsa, minskning av våld i nära relationer och stärkt individuell självbestämmande, krävs att de underliggande sociala normerna och könsrollerna som vidmakthåller ojämlikheterna förändras. Utvecklings- och folkhälsoprogram finns på ett spektrum från könsblinda/könsförstärkande till könstillmötesgående, till könstransformerande (Lawless *et al.*, 2017). *Könsblinda angreppssätt* bortser ifrån hur programaktiviteter påverkar män och kvinnor på olika sätt, eftersom ett sådant förstärkande angreppssätt vidmakthåller könsrollerna genom sin utformning eller inriktning.

Könstillmötesgående angreppssätt försöker vidga kvinnors möjligheter inom deras traditionella domäner för inflytande. Det försöker inte undergräva de strukturer som hindrar kvinnor från att nå en mer vittomfattande typ av självbestämmande. *Ett könstransformerande angreppssätt* å andra sidan, strävar efter att kritiskt granska och förändra de underliggande köns-, makt, och relationella strukturer som vidmakthåller ojämlikhet.

Även om vi ser en ökning av tillämpningen av jämställdhetsintegreringsperspektiv inom sociala trygghetsprogram så har få försökt att undersöka programmets innehåll och utformning utifrån ett könstransformerande angreppssätt. Än färre har försökt inkludera ett mans- och maskulinitetsperspektiv i analysen av hur kvinnors ekonomiska makt kan stärkas. De flesta program är könsrollsförstärkande. Program riktar sig ofta till kvinnor som främsta stödmottagare, baserat på antagandet att kvinnor är mer benägna än män att använda det ekonomiska stödet för att gynna hela hushållet. Speciellt i Latinamerika är de flesta kontantbidragsprogrammen knutna till barns hälsa och utbildning - områden som kvinnor traditionellt ansvarat för. Således mottar kvinnor bidrag i första hand för att de är mödrar, inte för att i någon egentlig mening kunna stärka sin egenmakt, då det inte finns ett inbyggt ifrågasättande av könsnormer och könsroller i insatsen. Denna utilitaristiska förståelse av kön befäster inte bara kvinnors roll i samhället som i första hand mödrar och omsorgsgivare, utan markerar också statusen för kvinnor med barn (dvs. mödrar) framför ensamstående, barnlösa eller äldre kvinnor och definierar därmed vem som förtjänar hjälp. Villkorandet kan också innebära en orimlig börda på kvinnor, då de görs ansvariga för att uppfylla programmets krav för att förbli berättigade till stöd.

Inom vissa program har det gjorts ansträngningar för att lägga över kvinnors obetalda omsorgsarbete till staten, men man har inte tagit i beaktande fördelningen av obetalt arbete mellan kvinnor och män. Kontantbidragsprogram har subventionerat barnomsorg till arbetande mödrar. Offentliga arbetsmarknadsprogram har garanterat barnomsorg på arbetsplatser och flexibla arbetstider för att hjälpa kvinnor att upprätthålla sitt ansvar för barnen samtidigt som de arbetar. Sådana initiativ försöker flytta en del av ansvaret för barn och hushåll från kvinnan till staten. Däremot har inget program

uppmuntrat ett ökat manligt engagemang i ansvaret för barnen, alternativt försökt bryta ner bilden av kvinnan som ensam omsorgsgivare.

Inget av de studerade sociala trygghetsprogrammen har fullt ut genomfört en könstranformerande strategi, och få har uttryckligen inriktat sig på män som bundsförvanter i arbetet eller visat en förståelse för maskulinitetsperspektiv i sina program. Några har inkluderat transformerande element, såsom manliga och kvinnliga grupper som tar itu med större frågor som gemensamt beslutsfattande, hushållens finanser och fördelning av hushållsarbete. Endast ett fåtal har exempelvis uppmuntrat manlig närvaro vid obligatoriska hälsokontroller och kurser i näringslära. I detta avseende har den sociala trygghetssfären mycket att lära av andra sektorer, som till exempel arbetet med att öka kvinnors ekonomiska egenmakt och att minska våld i nära relationer, vilket i mycket större utsträckning syftar till att öka den generella medvetenheten kring underliggande maktstrukturer och könsroller som vidmakthåller normer om kontroll över resurser och utövande av våld.

Vår översyn visar att främjande av jämställdhet och kvinnors självbestämmande sällan, om någonsin, är ett uttryckligt mål i sociala trygghetsprogram. Dock börjar både givare och genomförare att utforska hur programmen kan användas som drivande faktorer för större förändringar. Sociala trygghetsprogram har potential att vara mäktiga krafter för ökad jämställdhet, då de syftar till att omfördela resurser till de mest utsatta och missgynnade i samhället. Dessa vinster är dock inte givna. Framgången för ökad jämställdhet och kvinnors oberoende beror på hur programmen möjliggör för kvinnor att delta, samt på hur idéer om kvinnor och män är inbäddade i själva programdesignen.

Aktörer med ansvar för sociala trygghetsprogram bör ha ett könstranformerande förhållningssätt – vilket inbegriper att inrikta sig på män när så är lämpligt – för att förstå och hantera hur den underliggande dynamiken i ett hushåll påverkar resultaten av programmet. Metoden för vem man riktar sig till bör gå bortom att betrakta kvinnor som enbart mödrar, och istället vidga perspektivet, för att se dels de hinder som både män och kvinnor står inför i olika

skeenden av livet, dels hur arbete med mansroller, attityder och beteenden kan vara en del av lösningen på den ojämställdhet som råder. Sociala trygghetsprogram bör också använda programvillkor som ett medel för att skapa bredare samtal kring ansvar för omsorgsarbete som uppmuntrar ett större manligt engagemang i barnens utbildning, i mödra-och barnhälsovården och i det obetalda hushållsarbetet.

Det är mycket som vi inte vet om sociala trygghetsprogramms inverkan på dynamiken inom hushållen och mäns roller i den. Detta pekar på behovet av en utökad agenda både vad gäller forskning och praktik, en agenda som söker nya sätt att integrera könstransformerande element inom sociala trygghetssystem.

Sammanfattningsvis: i den här rapporten vidgar vi tidigare feministiska analyser genom att hävda att sociala trygghetsprogram i högre grad kan anta en könstransformerande agenda, som inkluderar en analys av män, maskuliniteter och maktdynamik i hushållen. Att inte använda sig av en sådant angreppssätt är, givet programmets storlek och omfattning, en förlorad möjlighet i arbetet för att främja jämställdhet, och, vilket visats inom andra sektorer (tex. WHO 2007), går det att både förbättra sociala trygghetsprogramms effektivitet när det gäller att bekämpa fattigdom och att främja jämställdhet mellan könen.

Summary

This paper sets out to answer the question: What do gender dynamics have to do with social safety net programs in low- and middle-income countries? Specifically, it seeks to assess whether and how social safety nets include a gender analysis – particularly a consideration of men and masculinities – and to examine the impacts of social safety nets on key dimensions of gender equality and women’s empowerment, including household decision-making, control of household resources, division of household labor, and partner conflict and violence. This paper argues for applying a gender transformative approach to social safety net programs and for understanding men as complex actors who can hinder or improve the impact of social safety nets and for seeing them as allies for achieving women’s empowerment. The paper relied on key informant interviews and a review of the literature on social safety net programs focusing on women’s economic empowerment.

This paper focuses on a specific subset of social protection: social safety net programs, namely conditional and unconditional cash transfers, in-kind aid, vouchers, and public works programs. The main objective of social safety nets is to reduce poverty and improve the resiliency of vulnerable individuals and families to shocks and crises by providing them with income, consumption, and livelihood support. Gender equity and women’s empowerment are rarely an explicit objective of social safety net programs; however, this paper argues that the effectiveness of these programs – and particularly their impacts on gender equity – could be enhanced by challenging traditional gender norms and by engaging men or seeking to transform ideas around masculinity.

Achieving sustainable gains in women’s reproductive health, the decrease of intimate partner violence, and in female empowerment requires changing the underlying social norms and gender power dynamics that perpetuate these inequalities. Development and public health programs exist on a spectrum from gender blind/reinforcing to gender accommodating to gender transformative (Lawless *et al.*, 2017). *Gender blind approaches* ignore the ways in which program activities impact men and women differently, while reinforcing approaches perpetuate gender roles as a part of their design or targeting mechanisms. *Gender accommodative*

approaches seek to expand opportunities for women within their traditional zones of influence, but do not try to undermine the structures that prevent them from achieving wider empowerment gains. *Gender transformative approaches*, on the other hand, seek to critically examine and change the underlying gender, power, and relational structures that perpetuate inequality.

While there is increasing application of gender mainstreaming approaches in the social safety net sphere, few have sought to examine program design through a gender transformative lens and fewer still have included an understanding of men and masculinities to women's economic empowerment. Most social safety net programs are gender reinforcing. Programs often target women as their main beneficiaries based on the assumption that women are more likely to use transfers to benefit the entire household. In Latin America specifically, most cash programs involve conditions related to children's health and education outcomes, areas for which women are traditionally responsible. Thus, women are targeted because of their role as mothers, not for any real empowerment aims and not with an embedded questioning of gender norms and gendered power relations. This utilitarian use of gender not only essentializes women's role in society as mothers and caregivers, but elevates the status of women with children (i.e. mothers) over single, childless, or elderly women, defining who is deserving of assistance. Targeting can also place an undue burden on women, making them responsible for fulfilling program requirements in order to remain eligible for assistance.

Some social safety net programs have made efforts to redistribute women's care work burden to the state, but do not address the redistribution of unpaid care work to men. Cash transfer programs have provided childcare subsidies to working mothers and public works programs have guaranteed on-site childcare services and flexible work hours to help women accommodate their domestic responsibilities. These initiatives all attempt to shift some of the care work burden to the state, but none have encouraged greater male involvement in care work or sought to breakdown the female caregiver trope.

None of the social safety net programs examined in the literature have fully implemented a gender transformative approach, and few have included an explicit targeting of men as allies or an understanding of masculinities in their programming. A few have included transformative elements, such as men and women's savings groups that tackle larger issues of joint decision-making, household finances, and division of household labor. Only a few have encouraged male attendance at mandatory health checkups and nutrition courses, for example. In this regard, the social safety net sphere has much to learn from other sectors; interventions in the women's economic empowerment and intimate partner violence spaces have done a much better job of implementing wider community awareness raising efforts that seek to unpack and change underlying power and relational structures that perpetuate norms about resource control and violence.

Our review highlights that promoting gender equity and women's empowerment is rarely if ever an explicit objective of SSN programs. Yet donors and implementers alike are beginning to explore how these programs can be used as vehicles for larger change. Social safety net programs have the potential to be powerful drivers of gender justice and equality aims, for they attempt to redistribute resources to the most vulnerable and disadvantaged in society. However, these gains are not inevitable. The success of gender equality and empowerment outcomes depends on why programs are asking women to be involved and how ideas about women and men are embedded in program design.

Social safety net actors should embrace gender transformative approaches—including targeting men as appropriate—in order to understand and address the underlying intra-household dynamics that influence program outcomes. Program targeting methodologies should move beyond targeting women as mothers, and instead take a lifecycle approach to targeting, looking at the barriers both men and women face at various points in their lives, and the roles, attitudes and practices of men in being part of the solution to gender inequality. Social safety net programs should also utilize program conditions as a vehicle for larger conversations around care work responsibilities, encouraging greater male involvement in children's education, maternal and child health, and unpaid care work.

There is much that we do not know about the impact of social safety net programs on intra-household dynamics and men's roles in those. This points to the need for an expanded research and practice agenda which seeks to develop new ways to incorporate gender transformative elements into SSN.

In sum, in this report we extend 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.

Introduction

Gender inequality, and the norms, power dynamics, and structural arrangements that maintain it, are increasingly recognized both as violations of the rights of women and as barriers to the achievement of other development goals. Gender shapes our beliefs, behaviors, opportunities, and institutions; indeed, the Sustainable Development Goals, recognizing its centrality, include achieving gender equality as a goal. Goal 5 also specifically highlights social protection systems as a mechanism to achieve equality.

Social protection systems encompass a wide range of programs or strategies that seek to reduce poverty and improve the resiliency of vulnerable individuals and families to shocks and crises by providing them with income, consumption, and livelihood support. The United Nations Sustainable Development Goals highlight social protection systems as an important tool for poverty reduction and equity efforts. In addition to being mentioned in Goal 5.4, Goal 1.3 specifically calls for the creation of national social protection systems which help the poor and vulnerable meet a minimum level of consumption by 2030 (United Nations, 2015). Given the wide and varied nature of social protection schemes, this review focuses specifically social assistance programs or social safety net programs (SSNs), a common and rapidly growing form of social protection that have become the cornerstone of many national poverty reduction strategies in low income countries, including conditional and unconditional cash transfers, in-kind food aid or food vouchers, and public works programs.

Box 1. What are Social Safety Net Programs?

Given the wide and varied nature of social protection schemes, this review focuses specifically on the following, rapidly growing, types of social protection programs commonly known as social assistance programs or social safety nets, including:

Conditional cash transfers (CCTs) provide money to poor families, contingent on fulfillment of co-responsibilities, for example investment in human capital (i.e. keeping their children in school, taking children under five for annual check-ups, receiving pre/post-natal care).

Unconditional cash transfers (UCTs) provide cash assistance to beneficiaries that can be spent in any manner, without requiring them to perform specific actions. They are typically provided to the most vulnerable households, but may universally target specific geographic areas or specific groups such as families with children, and are increasingly used in humanitarian emergency settings.

In-kind aid, or food rations, are designed to meet emergency food needs, supplement consumption during lean seasons, or to improve household nutrition outcomes.

Vouchers are similar to cash, but can only be used at specified retailers for specific purchases – typically for food and household goods at approved vendors.

Public works programs (PWP), also known as cash-for-work programs or employment guarantee schemes, provide minimum wage, unskilled labor jobs for a guaranteed number of days each year to the poor. Unemployment is not always a precondition for qualification. PWPs are typically in the infrastructure and construction sectors.

Researchers and activists have long highlighted the importance of examining gender in the context of social protection, highlighting that “gender affects the types of risks that [social protection] programmes seek to cushion people against, the choice of programme approach adopted, awareness-raising strategies, public buy-in and, arguably most importantly, programme outcomes” (Holmes and Jones 2013). Still, in-depth gender-relational analysis has not typically been part of social protection system design, and, importantly, gender equity has not been an explicit goal of such systems.

Social safety net programs have often included women as their main beneficiaries in part based on the assumption (and sometimes contradictory empirical evidence) that women are more likely than men to invest resources in ways that benefit the entire household and thus promote human capital gains, and in part because female headed households are more likely to be poor and qualify for such programs (Yoong *et al.*, 2012). Program logic also often implicitly

assumes that giving women access to and control over additional resources will increase their bargaining power and status within the home. Yet research, described in this report and others, suggests that SSNs generally fail to mitigate – and sometimes even reinforce or exacerbate – existing gender inequalities, by increasing women’s time-burden and essentializing their roles as mothers and caregivers, elevating the status of women with children over single, childless, or elderly women (as well as men) in defining who is deserving of assistance, ignoring household dynamics that may compromise assumed female control over resources, and more broadly, overlooking the absence of women in decision-making at home, the community, and society (Chopra 2014; Berg *et al.* 2013; Newton 2015, Peterman *et al.* 2015, Hidrobo *et al.* 2016). *This paper argues that one significant reason for these limitations is the failure to include or recognize the roles of men in relation to women.*

A gender-relational approach, including a focus on masculinities acknowledges that all initiatives or programs, regardless of their intent, have gendered implications for both men and women, and as such, have the potential for being gender transformative or having a positive impact towards equality. Development and public health programs exist on a spectrum from gender blind/reinforcing to gender accommodating to gender transformative (Lawless *et al.*, 2017). *Gender blind approaches* ignore the ways in which program activities impact men and women differently, while reinforcing approaches perpetuate gender roles as a part of their design or targeting mechanisms. *Gender accommodative approaches* seek to expand opportunities for women within their traditional zones of influence, but do not try to undermine the structures that prevent them from achieving wider empowerment gains. *Gender transformative programs* seek to examine, question, and change inequitable gender norms and imbalances of power as a means of reaching program objectives. Such programs include a broader gender analysis in order to understand how gender and masculinities affect all aspects of the program, from its design, assumptions, implementation, and program outcomes. This paper’s conclusions and recommendations explore how norms and practices related to masculinities can be targeted for change as part of SSNs.

Many development programs now include some level of gender analysis, although in most cases this means an analysis of specific needs and barriers women face as well as program impacts on women and girls (OECD Development Assistance Committee, 2019). SSN programs that consider gender often paint men as the problem and women as the solution, stereotyping men as irresponsible program beneficiaries who will waste transfers on vice purchases. Few have considered the diversity of men, their behavior, and the complexity of men's and women's lives, or seen men as potential allies for achieving program outcomes.

In the context of social safety net programs, *a gender lens with a focus on masculinities* should include attention to:

- men's as well as women's experiences of poverty and insecurity; men as beneficiaries of these programs;
- men's reactions to partners'/family members' participation in the program including backlash;
- men's potential to support the aims of SSNs and to address the disempowering or unequal impacts of SSNs on women;
- gendered norms that differentially prescribe roles, authority, and freedom to men and women, and to the powerful men who design and make decisions about the program; and
- the role of men and boys compared to women and girls in carrying out unpaid care work, a continuing major obstacle to women's full economic and social participation.

Social safety net programs are primarily designed as tools to address poverty and vulnerability, and many SSN programs have been successful in achieving arguably narrow poverty alleviation goals. Yet this success has sometimes come at the expense of gender equality and women's well-being, as this review will highlight. Moreover, inequitable gender roles and norms certainly contribute to or may exacerbate individual and household vulnerability, or, importantly moderate the impact of SSNs. Indeed, by disregarding the way in which program activities impact members of the household differently, SSN programs may also risk lessening or

subverting the overall effectiveness of the program's goal of reducing poverty.

Key stakeholder interviews with donors and program implementers alike revealed that some social protection actors are beginning to think about how social safety net programs can be expanded to target outcomes outside of their traditional poverty reduction and food security domain. Furthermore, there is a growing push within development programs for stronger gender analysis at each stage of the program life cycle to ensure that programs accurately understand and address the differential barriers that men and women face which keep them trapped in poverty. As the sector moves towards this 'cash plus' or integrated model, in which other services or programming or bundled with a cash transfer, it is important to integrate a gender transformative lens to consider the ways in which programs interact with existing power structures and relational dynamics, including an understanding of men and masculinities in those. Without understanding and seeking to challenge these structures that perpetuate poverty and inequality, poverty reduction and empowerment gains will not be sustained.

This paper draws on an extensive literature review, as well as interviews with thirteen leading researchers, implementing agencies, and institutional funders, to examine social safety net programs from a gender and masculinities lens, learning from past evaluations to make recommendations for the future. The aim of the paper is to answer the question: What do gender dynamics have to do with social safety net programs in low- and middle-income countries? Specifically, it seeks to assess whether and how social safety nets include a gender analysis, particularly a consideration of men and masculinities, and to examine the impacts of social safety nets on key dimensions of gender equality and women's empowerment, including household decision-making, control of household resources, division of household labor, and partner conflict and violence.

The paper reviews a variety of social safety net program evaluations to assess where programs have had the largest impact for gender equality and women's empowerment outcomes and highlights how a more nuanced understanding of masculinities and underlying power dynamics could enhance program outcomes. After describing key definitions and concepts around gender and masculinities and presenting the review methodology, we focus

specifically on how interventions impact a range of outcomes related intra-household power and relational dynamics. We conclude with examples of best practices for gender transformation from other fields and outline emerging recommendations to keep in mind for social safety net programs moving forward.

Unpacking Gender and Masculinities: Key Definitions

Gender refers to the social attributes, expectations, behaviors, roles and norms associated with specific sexes (John *et al.* 2017). These attributes and opportunities are socially constructed and learned behaviors, are context and time specific, and are constructed in relations between and among people of all genders. Gender dictates what types of characteristics and behaviors are deemed appropriate and valued by specific sexes in society. Masculinity and femininity are relational concepts, and thus only have meaning in juxtaposition to one another. In all societies, gender underpins social roles, responsibilities, resource availability and decision-making power between men and women. While they generally disadvantage women, these assigned roles limit the freedom, agency and dignity of people of all genders. Research is increasingly finding, for example, how restrictive norms limit men’s health, mental health, and well-being, even as men on aggregate hold more power and income than women (Ragonese *et al.* 2018, Heilman *et al.* 2017a).

Masculinity encompasses socially constructed definitions of manhood, which dictates how men are expected to behave and what they should strive for in terms of roles, attitudes and identities in a given setting (Connell, 1995). Definitions of masculinity vary by society, by household and by individual, but a few common themes emerge in many locations. A “real man” and manhood in general is often defined by his role as a financial provider and protector for his family (Heilman and Barker, 2018). Men are often expected to be physically strong and emotionally distant, and social standing is often enhanced by sexual activity. These masculine norms can encourage violence in society, contributing to perceptions that physical and sexual violence are appropriate means of

demonstrating and maintaining one's manhood (Heilman and Barker, 2018). Gender norms that support some men's disproportionate power and elevated social status over other men and over women are often referred to as "hegemonic masculinity" (Connell and Messerschmidt, 2005).

Clearly, inequitable norms and power relations related to prevailing social harms cause direct limitations to the lives of women. But research has also confirmed how men's lives are often hindered by power relations with other more powerful men, and by adhering to restrictive masculine norms. It is also important to highlight the changing nature of ideas about manhood. With increasing education and urbanization, women's increased participation in paid work and educational attainment, many younger men in some settings hold more equitable, flexible views about manhood than older generations. What is important to emphasize is the fluid nature of attitudes and roles in households. While much research has emphasized how men uphold traditional ideas about manhood, there is also an emerging body of literature on how much men's practices, and perceived or real power, shift in reaction to life changes, life cycle, employment status, parenting/fatherhood status and to their female partners. *Far from static, unchanging actors, men and masculine norms are diverse and changing, including in how men see women's labor force participation and their own roles in unpaid care work.*

Femininity refers to the set of attributes often proscribed for women, generally emphasizing women's roles as mothers and caregivers first and foremost, although with tremendous changes in these in parts of the world in recent years (Safer, 1996). Women are often defined in contrast to salient norms around manhood, and characterized as emotional, passive, cooperative, and shy (Stoppard, 200). Women's domain of control is traditionally within the home, where they are responsible for childrearing, food preparation, and domestic tasks. Women are often thought to be more "naturally" focused on family well-being (and there is evidence to confirm this norm in practice), thus SSNs typically target women. Like masculinity, women's roles have changed and are changing rapidly in some settings, slowly in others, with increased participation in the paid workplace, increased urbanization and increased educational

attainment, which has equaled that of men and boys at the primary level and nearly equaled that at the secondary level. As with men, increasing research shows how women's roles are changing in some contexts, and change over the life-cycle, with paid employment, in response to policy and social norm changes. As with discussions of men, a static view of women as only or always subservient to men in households or outside does not capture the complexity of women's and girls' roles and their agency.

Gender equality refers to equal rights, responsibilities and opportunities for men, women, girls and boys. Equality does not imply sameness, but rather that access to resources and opportunities is not dictated by whether a person is born male or female (UN Women, 2018). A push for gender equality requires that the needs and priorities of men, women, and individuals who do not identify as either are taken into account when designing and implementing programs, recognizing the diversity of interests present within each group. A push for gender justice requires not just understanding those priorities, but actively seeking to dismantle inequitable power dynamics and remove obstacles to full equality. Gender equality is not a women's issue, but rather a social justice issue that affects societies, women, men, and children. Importantly, the fight for gender equality must recognize the historical and structural disadvantages that women across cultures have faced across political, economic, and social spheres. The engagement of men in SSNs must address the structural power imbalances that men overall have over women (and that some men have over other men) while at the same time recognizing the particular vulnerabilities that men face in attempting to live up to heteronormative masculine ideals. *The authors argue for a relational view of gender that understands roles, attitudes, social norms, practices and power dynamics changing over the life cycle, understanding the context – society, economy, history – and key life events.*

Methodology

Social safety net programs encompass a wide range of interventions with various designs, modalities, and objectives. Given the challenge of distilling clear lessons learned from such a broad range of

programs, we chose, as noted in the introduction, to narrow the scope of this literature review to the following types of programs: conditional cash transfers (CCTs), unconditional cash transfers (UCTs), voucher programs, in-kind/food aid transfers, and public works programs. We also included programs that utilized one or more of these modalities in combination, such as food aid with a UCT. We chose to focus on these specific programs because CCTs, UCTs, vouchers and in-kind transfers are often targeted specifically to women based on assumptions about gendered spending decisions, which we hoped to unpack. We also included public works programs as these have traditionally excluded women, but have more recently attempted to include gendered design elements to attract wider participation. We chose not to include pension schemes, another commonly studied element of social safety nets, since this type of intervention targets a smaller subset of the population, namely the elderly, and hence has less diffuse impacts on household dynamics at various points in a woman's lifecycle.

We focused our search on published programmatic evaluations that looked at a specific intervention in a single country. While the bulk of the papers we examined came from peer reviewed, academic literature, we also included NGO and donor program evaluations when they examined program outcomes, as opposed to simply outputs. We searched for evaluations on Google Scholar, ProQuest, JSTOR, and EBSCOhost research platforms using a combination of the following search terms: *social protection, social safety net, transfer, CCT, UCT, voucher, public works, or food aid*, in combination with *women, woman, gender or female* and various outcome descriptors, such as *employment, resource, money, control, IPV, GBV, caregiving, time use, family planning, and fertility*. In addition to online searches, we also found papers to include through snowball sampling, both backwards based on papers' references, and forwards based on citations of reviewed papers in other sources. During the interview process, discussed below, we also asked interviewees for recommendations of other papers to examine.

As we reviewed the literature, we narrowed our focus to a range of program outcomes that specifically address gender roles and intra-household dynamics. We chose to discard evaluations that did not report on one of the following outcomes: household

employment, poverty reduction, female resource control and decision making power, household conflict and communication, intimate partner violence, caregiving/time use, mobility, mental health and stress, social status, and contraceptive use/family planning. Program evaluations had to report on gender disaggregated outcomes in order to be included in the review. Since we were interested not only in program outcomes, but the design choices that inhibited or enabled these outcomes, we also looked for evaluations that reported on program design elements such as the size, frequency and duration of the transfer, targeting criteria, transfer recipient, transfer modality, program objectives, conditionality attached to the transfer, and any complementary program activities. While we focused our search on individual program evaluations, we also kept track of other social protection and social safety net literature reviews we came across.

Table 1: Summary of gendered impacts addressed by the reviewed studies

Outcome Area	Total No of Studies	No of Countries Represented	Select Programs	Summary of Impact ¹
Conditional Cash Transfer (CCT)	45	18	<ul style="list-style-type: none"> • Bolsa Familia (Brazil) • Bono Juana (Bolivia) • Solidario (Chile) • Familias en Accion (Colombia) • Bono de Desarrollo Humano (Ecuador) • Ain El-Sira (Egypt) • Livelihood Empowerment Against Poverty (LEAP) (Ghana) • Family Allowance Program (PRAF) (Honduras) • Bihar Child Support Programme (India); • Red de Proteccion Social (RPS) (Nicaragua) • Juntos (Peru) • Progresa/Oportunidades (Mexico) • Productive Social Safety 	<p>Employment: Mixed. Positive impact when combined with complementary activities.</p> <p>Unpaid Care Work: Overall, increased time burden on women. Exceptions include Mexico, Peru, Egypt and Uganda.</p> <p>Control over Finances: Women retain control over transfer, but because it is spent on their traditional domain.</p> <p>HH Decision Making: Mixed. Women report increase but generally in decisions traditionally within their domain.</p> <p>HH Conflict and IPV: Overall decrease but some evidence of correlation with husband's education level and/or size of transfer.</p> <p>Mental Health: Mixed but overall men were happier to</p>

			<ul style="list-style-type: none"> Net (PSSN) (Tanzania) • Women's Income Generating Support (WINGS) (Uganda) • Youth Opportunities Program (Uganda) 	relieve financial pressure, even if transfer went to women.
Unconditional Cash Transfers (UCT)	31	21	<ul style="list-style-type: none"> • Child Support Grant (South Africa) • Universal Family Allowance and Universal Pregnancy Allowance (Argentina) • Social Assistance Grants for Empowerment (SAGE) (Uganda) • Food Assistance for Vulnerable Households in South Central Somalia (FAVHSCS) (Somalia) • Benazir Income Support Program (Pakistan) • Emergency Social Safety Net (ESSN) (Turkey) • Child Grants Program (Zambia) 	<p>Employment: Some shifts in types/sectors, but structural barriers remain for women.</p> <p>Unpaid Care Work: Some compensation to women for care work, but no shifts to men. Exceptions include Pakistan and Somalia</p> <p>Control over Finances: Some evidence suggests an increase in women's control over finances but impact does not last after transfer ends.</p> <p>HH Decision Making: Mixed, even when testing different modalities.</p> <p>HH Conflict and IPV: Mixed but many programs show a decrease. However some evidence of lesser impact over time.</p>

			<ul style="list-style-type: none"> • Emergency Cash First Response (Zimbabwe) • Dowa Emergency Cash Transfers (DECT) (Malawi) • Pilot ash Transfer Scheme (Liberia) • Rental Support Cash Grant Program (Haiti) • Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) (Kenya) 	Mental Health: Mixed.
In-Kind Transfers	6	5	<ul style="list-style-type: none"> • Income Generating VGD (IVBGD) (Bangladesh) • Vulnerable Group Development Program (Bangladesh) • Gratuitous Relief (Ethiopia) • Public Distribution System (PDS) (India) • Urban Voucher Program (UVP) (Palestine) 	Employment: Some evidence that, when combined with livelihood training, leads to long-term employment for women

Public Works Program	14	7	<ul style="list-style-type: none"> • Jefes (Argentina) • Rural Maintenance Program (Bangladesh) • Rural Employment Opportunities for Public Assets (Bangladesh) • Mahatma Gandhi National Rural Employment Guarantee Scheme (NREGS) (India) • National Social Protection Scheme (Cambodia) • Expanded Public Works Programme (EPWP) (South Africa) • Employment Generation Schemes (Ethiopia) • Vision 2020 Umurenge Programme (Rwanda) 	<p>Employment: Mixed. Mostly short-term.</p> <p>Unpaid Care Work: Burden often shifted to the state or doubled burden on women</p> <p>Control over Finances: Mixed</p>
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¹ This column describes a summary of gendered impacts addressed by the reviewed studies and is not meant to be an exhaustive list. For more detail on each study/program, please see the relevant section of the paper and the readings listed in the bibliography.

After reviewing over 200 different papers, we included in our review 118 program evaluations that specifically looked at one or more of our outcomes of interest and reported gender disaggregated data. The 118 program evaluations covered 81 unique SSN interventions (multiple studies looked at the same program). 45 evaluations looked at CCT programs while 31 looked at UCTs. 6 programs evaluations included a CCT and UCT arm to test for differential

impact. 6 evaluations examined in-kind transfers or vouchers, and an additional 13 looked at combined in-kind and cash transfers. 14 papers looked at public works programs, and an additional 3 looked at public works schemes that also provided in-kind aid or vouchers. The evaluations spanned 50 different countries; 45 papers looked at Latin America, 45 at Sub-Saharan Africa, 18 at Asia, 8 at the Middle East/North Africa, and 2 at Eastern Europe. We also looked at an additional 33 literature reviews on gender and social safety nets. The majority of these papers were published in peer-reviewed journals.

In addition to a thorough literature review, we also conducted in-depth, guided interviews with 13 experts in the social protection sphere. We tried to sample a range of stakeholders in the space, including bilateral and multilateral donors, program implementers, and academics/researchers. We began by soliciting potential interviewee names from our expert advisory committee. We then conducted an online search for gender or social protection advisors at leading development and humanitarian organizations. During our initial round of interviews, we also asked interviewees for recommendations of other colleagues we should speak with, and asked them to connect us if possible. In the end, we conducted 10 phone and 1 email interview with a total of 13 individuals. We spoke with five experts from bilateral and multilateral agencies, five researchers, and three implementers.

Social Safety Nets and Intra-Household Power Dynamics

Social safety net programs are a powerful tool for reducing poverty at the national level given their size and scope (World Bank 2018). But who benefits from these sorts of wide scale schemes? Since poverty is traditionally measured and targeted at the household level, programs often measure household and individual outcomes without sex disaggregation. Sex disaggregated data collection is still relatively new in this space, and many evaluations do not yet report on differential gender outcomes. Yet whether by design or not, SSN programs likely impact the gendered allocation of resources,

decision-making, division of labor, and consumption within recipient households. These household level outcomes could have far reaching impacts on a range of outcomes including intimate partner violence, fertility decisions, social norms, and women's empowerment. The section that follows reviews existing evidence on the impact of SSN programs on intra-household dynamics, attempting to apply a gender transformative lens to highlight areas where a more complete understanding of masculinities and gender roles could have enhanced program effectiveness.

Poverty Reduction and Food Security

The primary aim of social safety net programs, and specifically cash transfer programs, is to act as a safety net for the poor in society. And to this end, SSN programs have been largely successful – transfer programs for example have been demonstrated to increase household income, consumption, food security and decrease poverty rates (Skoufias and diMaro, 2006; Ward *et al.*, 2010; Bonilla *et al.*, 2017; American Institutes for Research, 2015). Transfers can be used to smooth consumption during lean times and increase savings during times of plenty, which increases future resilience to shocks (Hagen-Zanker *et al.*, 2016; IEG, 2011; American Institutes for Research, 2015; Ahmed *et al.*, 2009; Amaral *et al.*, 2015; Pavanello *et al.*, 2017). Programs as diverse as Prospera/Oportunidades CCT in Mexico, the Cash Transfer for Orphans and Vulnerable Children UCT in Kenya, and the Vulnerable Group Development (VGD) in-kind transfer program in Bangladesh have resulted in significant reductions in poverty rates in intervention communities (Skoufias and diMaro, 2006; Ward *et al.*, 2010; World Bank, 2006).

Household resources are often assumed to be equally distributed within the home. Yet data reveal that this is rarely the case – women, children, the elderly and disabled typically have less access to household resources and are the first to cut back on consumption, schooling and health visits during lean times (Munoz Boudet *et al.*, 2018).

This has led to a discourse of the 'feminization of poverty,' as well as the differential impacts of poverty on women and girls

relative to men and boys. At the same time, this discourse often assumes that men, by controlling more household income or having more income, are not also affected by the experience of poverty. In addition, men's views of manhood and their role in the household affect how they perceive and respond to the effects of poverty. As a result, by disregarding the gendered effects of poverty on men, SSNs can unintentionally bring harm to women, to children and to men themselves.

Further, the discourse surrounding female-headed households and poverty often seems to assume that the men who are absent from these households are somehow well-off or better off than these women. However, research often finds that motives for couple separation or household formation are based on a complex array of factors, including whether men are employed or have income (Palermo and Braymen 2010; Yoskikawa 2015; Hidrobo and Fernald 2013).

In sum, much of the discussion of men, women and family poverty has an implicit assumption of harmful, derelict men and victimized women with little agency. Neither view captures the diversity of men and women or the complexity of household and couple relations.

Do Men and Women Really Use Cash Benefits Differently?

Many transfer programs specifically target women as beneficiaries, based on: 1) the real and enduring income gaps between men and women and the real effects of gender inequality; and 2) biases and stereotypes that women are more responsible than men and therefore more likely to use money or resources to benefit the whole family.

There is a body of research suggesting that transfers to women have a greater impact on household education, health, and food security because women are more likely to spend resources to benefit their children (Yoong *et al.*, 2012; Newton, 2015; World Bank, 2014; Armand *et al.*, 2016). Rubalcava *et al.* (2009) suggest that

female time preferences on average (and in some settings) are more future-oriented, thus they prioritize investments with longer time horizons, such as their children. It is unclear, however, if this is because women have different preferences than men, or because gender roles dictate that women as mothers should prioritize their children (Ogden, 2011). This literature also does not take into account men's attachments to their children, which even if not manifested in the same ways as women, are often significant and in some settings involve increased time as well as resource investment (Jones *et al.* 2011; Aker *et al.* 2016).

Despite prevailing logic that giving funds to women leads to better household outcomes, only a handful of studies have systematically tested this in a single experimental design. Those studies suggest little difference in impact between making transfers to mothers or to fathers (Akresh *et al.*, 2016; Benhasse *et al.*, 2015; Hagen-Zanker *et al.*, 2016; Undurraga *et al.*, 2014; McKenzie, 2012). Newton's (2015) meta-review of social protection evaluations found that as long as transfers were conditional, in some instances, the gender of the recipient made no difference on health outcomes. An RCT of a UCT program in Kenya saw similar consumption, asset and food security gains for male and female recipients (Haushofer and Shapiro, 2015). While it is often assumed that men and women prioritize different spending decisions when given access to resources, these differences may be smaller than previously thought. There is a need for more research on the effects of gendered targeting in order to more fully understand these impacts in different contexts.

McKenzie (2012) suggests that researchers may undervalue the types of purchases men make with transfer funds. Men tend to spend transfers on housing and physical assets, investments which increase household income and wellbeing in the long run (McKenzie, 2012). Researchers often focus on the consumption measures, which can neglect the impact that fathers' spending has on future or long-term household income. For example, the Nahouri Cash Transfer Pilot Project in Burkina Faso found that giving cash to the fathers led to better nutritional outcomes in low rainfall years (Akresh *et al.*, 2016). They found that fathers were more likely to invest in productive assets, such as livestock, higher yield cash crops, and farm equipment, which increased the family's long-term earning

potential. This investment also increased household savings, which helped smooth consumption during future shocks. Men and women thus may spend money differently, but both with the intention of supporting the family. These differences in spending may be based on stereotypes about how men and women should care for and provide for the family. They also suggest the need for models (and evaluation measures) that consider complementarity in household roles and decision-making rather than a simple comparison of men's and women's time use, or men's spending patterns versus women's spending patterns.

Many social safety net programs continue to target women. Even if there are logistical and program efficiency reasons for this design, *it should not be assumed that women are the only responsible spenders who will contribute to household well-being in social safety net programs.*

Employment

One criticism of SSN programs is that labor force participation is discouraged because households are no longer dependent on wage income alone to survive. While impacts vary by program and setting, overall, cash transfers seem to have no consistent impact on adult employment rates and have not led to any observable disincentive to work (Alzua *et al.*, 2012; Hagen-Zanker *et al.*, 2016; Palermo and Braymen, 2010; Todd, P., 2012). A recent review found that overall, cash transfers without an explicit employment focus tend to result in little change in adult labor force participation (with some exceptions), while transfers designed to support job searching or starting-up a business tend to increase adult labor supply and earnings (Baird *et al.*, 2018).

One increasingly frequent objective of social assistance programs is to link to livelihoods – e.g. Tanzania, Pakistan – by providing beneficiaries access to complementary programs and services. Doing so successfully requires taking into account the gendered constraints on economic opportunities – which for women may include domestic care responsibilities, limited mobility and norms that are adverse to women's paid work.

Public works programs, ostensibly designed to increase employment levels, have achieved this aim overall – at least temporarily (Bertrand *et al.*, 2017; Pavanello *et al.*, 2016; Amaral *et al.*, 2015). Some programs, such as those in Ethiopia and South Africa, include quotas to ensure that women can participate in the program (Gilligan and Hoddinott 2007; ILO 2016; Mohapi 2016).

However, these aggregate level impacts on employment hide differences in gendered employment outcomes, in both the short and long-term.

Box 2. Considering men, masculinities, poverty and livelihoods

Most livelihood and social safety net programs have examined or are influenced by the premise that women's limited or lesser income compared to men, and their limited economic decision-making power, is a key driver of their disempowerment compared to men—and with good reason. At the same time, however, poverty and limited access to livelihoods are also a problem for many men. Promundo's International Men and Gender Equality Survey (IMAGES), which surveys men and women across 20 countries to better understand men's attitudes and practices (and women's reactions to these practices), finds that economic stress can undermine men's sense of self, contributing to deteriorating mental wellbeing which can have far reaching negative impacts on other family members (Barker *et al.*, 2011). For example, 34 to 88 percent of men across countries studied reported feeling stressed or depressed over their lack of income or work opportunities.²

While women also certainly feel stress and anxiety over financial security, due to men's socially expected role as the financial provider in many settings, economic insecurity may challenge or threaten men's identity and sense of manhood. This can lead men to respond with aggressive, controlling and violent behaviors in an effort to re-establish dominance and control. Men who experienced work-related stress were more likely to be depressed, have suicidal thoughts, and use violence against their partners. Failure to consider men's mental and emotional wellbeing can thus have far reaching household consequences, and may lead to negative outcomes for women and girls – including increased risk of violence – as well as for men themselves. Applying a masculinities lens to program design involves examining how interventions address the specific vulnerabilities confronted by men and women as gendered beings, and how programs can include men as partners and allies in efforts to advance women's economic empowerment and gender equality, including reducing men's use of violence against female partners.

² Countries included in this study are: Brazil, Chile, Croatia, India, Mexico and Rwanda, with the lowest rates of work-related stress reported in Brazil and the highest reported in Mexico

Conditional Cash Transfers and Employment

Overall, CCTs have had mixed results on overall adult employment rates (Hagen-Zanker *et al.*, 2016; Alzua *et al.*, 2012; Grosh *et al.*, 2008); however, some programs in specific contexts have resulted in sectoral shifts and changes in the gender balance of employment, and programs that included complementary activities targeting employment did show impact. These shifts help illuminate the ways in which programs may reinforce, accommodate, or transform underlying gender dynamics at the household and community level.

In *Brazil*, *Bolsa Familia* increased female labor force participation in urban areas, but decreased participation rates among rural women (de Brauw *et al.*, 2015). This urban/rural divide in the impact of the program on labor force participation is not surprising. Not only are there more paid employment opportunities available in urban areas, but urban women have greater access to health services and schools, the conditions of the CCT. Women in rural areas may have to spend more time traveling to complete the health and schooling requirements of CCTs, cutting down on the time they have available to engage in paid employment.

Molyneux (2008) finds that depending on their design CCTs can reduce women's access to the job market due to the increased care work burden associated with CCT conditionality. Country examples cited include Mexico and Brazil. Tebet (2017), looking at *Bolsa Familia* in Brazil, finds that some men asked their wives to leave the labor force after program enrollment, claiming that the household no longer needed a second income (provided by the women) now that they were receiving the transfer. These mixed employment outcomes indicate that the program did not have a thorough understanding of the household dynamics that inhibit women's ability to engage in employment opportunities or how these might be impacted by their participation in the CCT. Unequal care work burdens, male breadwinner/female caregiver norms and practices, and structural public works barriers all contribute to women's lower labor force participation rates in many communities. As *Bolsa Familia* did not address any of these underlying obstacles, it is unsurprising that the program's impact on women's employment outcomes was limited.

Some CCT programs specifically target labor force participation in their design. *Chile's Solidario* program led to an increase in female labor force participation due to accompanying training and labor force placement programs (de la Guardia *et al.*, 2011). Similarly, the *Income Generation VGD program in Bangladesh*, which paired food aid with livelihood training, life skills coaching, and access to credit, improved the long-term sustainable employment of women in the community (Ahmed *et al.*, 2009). *The Ain El-Sira program in Egypt* provided livelihood training to women in non-traditional sectors, in addition to regular CCT activities around health and education. The program resulted in a 14 percent increase in female employment after one year of implementation, with half of these women in permanent jobs (Zaky, 2014). Each of these CCTs integrated female livelihood training alongside CCT payments and traditional child health and education conditionalities. Since these programs were implemented as a package, it is not possible to tease out whether the transfer itself, or the complementary programs, or the combination of the two, led to the increase in female employment rates.

However, it is likely that cash alone would not have had the same impact. Researchers in Bangladesh did attempt to tease out the impact of complementary programs by randomly assigning households to receive either cash alone or cash with behavior change courses (Roy *et al.*, 2017). While the transfer alone did not have an impact on women's employment, cash with behavior change classes increased the probability that women were employed. This suggests that the complementary livelihood activities in the programs cited above may have been the real driver of employment gains, rather than the cash alone. However, not all CCTs that integrated a livelihood component resulted in positive employment gains (Galasso, 2006; Schulte, 2007).

Unconditional Cash Transfers and Employment

Unlike CCT programs, UCT programs have no requirement for how the household spends the transfer. Given the lack of conditionalities, any employment impacts are likely a result of shifting household allocations of labor.

The Cash Transfers for Orphans and Vulnerable Children program in Kenya led to a seven percentage-point increase in non-farm enterprise participation for female-headed households, and a seven percentage-point fall in non-farm enterprise participation for male-headed households. Researchers posit that the transfer allowed female-headed households to expand to non-farm enterprises, whereas the transfers gave males greater flexibility to engage in paid wage labor, as opposed to non-farm self-employment, which typically yields higher incomes (FAO, 2013).

A UCT program, directed towards women in Liberia and Sierra Leone in the context of the Ebola epidemic helped women buy petty trade inputs, enabling diversification of incomes beyond agriculture (Guluma, 2018).

UCTs may also give women greater financial flexibility, allowing them to reallocate their time away from domestic responsibilities towards paid employment. Many women report using *South Africa's Child Support Grant* to cover day care and schooling costs, reducing their time poverty and allowing them to enter the labor force (DSD *et al.*, 2012). This suggests that resource control was a significant barrier to female labor force participation, thus additional household income helped women expand their income generating potential.

However, none of these programs led to shifts in structural barriers to female employment. Women in *Kenya (Cash Transfer for Vulnerable Children and Orphans)* moved into their husband's traditional sector as he moved up to more productive forms of labor, likely taking over small commerce and service enterprises. In *Liberia and Sierra Leone*, UCTs gave women the capital stock to restart their businesses that had flourished before the outbreak. While these employment gains are impressive, they do not necessarily indicate that larger structural barriers which restrict women's labor force participation have been changed.

To illustrate this point, during an evaluation of a *UCT program for Syrian refugees in Jordan*, researchers found that the transfer allowed women to spend less time on income generation activities and more time with their children, which was seen as a positive change by households as it reduced childcare expenditures (Women's Refugee

Commission, 2018). Syrian women are more likely to work outside of the home than Syrian men in Jordan, due to strict work restrictions on refugees (families assume that the police are less likely to arrest a woman working illegally than a man). This transition out of the labor force suggests that once there was no longer a financial need for women to work, more traditional gender roles took over.

This analysis suggests that if greater female participation in the labor force is a program goal, programmers need to have a greater understanding of intra-household dynamics and what enables gender transformation within the home, including a direct targeting of men and boys to promote norm and behavior change related to unpaid care work, household decision-making, and support for women's employment outside the home.

Public Works Programs and Employment

PWPs should ostensibly increase total employment rates, given that employment is the vehicle through which the program aims to tackle poverty. However, employment impacts vary greatly by gender and impact short-term employment rather than long-term.

Many traditional PWPs have been critiqued for their lack of a gender lens and are typically gender-blind. PWPs are typically concentrated in traditionally male sectors such as construction (built on the gendered assumptions about who is capable of doing work with physical demands), which heightens the gender imbalance in participation rates.

When women are specifically targeted, PWPs often reinforce gendered norms of appropriate work, relegating women to jobs in the social and service spheres and men to physical labor posts (Newton, 2015; Luttrell and Moser, 2004).

A review of *Ethiopia's Productive Safety Net Programme*, which included a public works component as well as cash or in-kind transfers, found that the program assumed a single worker profile and therefore was not always sensitive to the different work capacities or flexibilities of men and women at different points in

their lifecycle, including women's unpaid care work burden (Berhane *et al.*, 2014). Women in particular noted that the working hours (set locally) were often too long and interfered with their care work responsibilities.

Additionally, PWP payment schemes can impact female participation rates. For example, the *Mabatma Gandhi National Rural Employment Guarantee Scheme (NREGS) in India* found that female-headed households often preferred daily wage work over NREGS participation. The poorest households, households with a single income earner, and particularly female-headed households found they could not make ends meet if they had to wait until the end of the month for NREGS wages, so preferred less stable, daily wages (Sudarshan, 2011).

Due to this critique of PWPs being insensitive to different gendered needs of workers, some PWPs have implemented specific targeting and program design features to attract more female beneficiaries. Many have implemented a gender quota system, ranging from 33 percent in *India* to 50 percent in *Rwanda* (Amaral *et al.*, 2015; Pavanello *et al.*, 2016). *Programs in Lesotho and Zambia* pay a portion of wages in food, which is often attractive to female workers who have the responsibility of feeding their families (Grosh *et al.*, 2008). In addition to a quota system, *NREGS in India* theoretically guaranteed employment within five kilometers of one's home and provided on-site childcare facilities, although the extent to which these components were implemented is uncertain (Amaral *et al.*, 2015).

These design features represent an accommodative approach to gender. Quotas attempt to correct for a lack of female participation, but do not get at the root cause of why women are unable or choose not to participate in the first place. Similarly, an in-kind payment system and provision of on-site childcare appeal to women's roles as caregivers. It is not only program designers who assume female participants play this role in the home; women themselves are socialized to use their earnings to fulfill their role as caregivers. Programs that offer women opportunities to fulfill this obligation are thus more attractive to women but do not seek to transform household gender norms and practices related to caregiving.

PWPs are obviously not a panacea for unemployment. While most PWPs only aim to provide short-term employment opportunities, they do so with the long-term aim of alleviating poverty and, in some cases, empowering women. However, these short-term employment guarantees do not necessarily translate into long-term job security without sufficient investment in job training and placement services. This problem is especially acute for women, for PWPs often employ women in non-traditional sectors, where it is harder for women to compete for full time employment opportunities after program completion (World Bank, 2014). *Rwanda's Vision 2020 Umurenge Program*, which utilized a 50 percent female quota and specifically sought to empower women as a program objective, found that men used the skills gained through the program to seek further employment opportunities while women did not (Pavanello *et al.*, 2016). The program provided women with new technical skills, but did not address the underlying structural barriers that hinder women's participation in the workforce, such as competing care work burdens and societal views of gender appropriate work.

Time Use/Unpaid Care Work

Most social safety net programs do not attempt to change the gender dynamics of paid and unpaid work within households, which is a key limit on women's economic empowerment and equality. Indeed, only 23 out of 149 social protection programs reviewed by Chopra *et al.* (2013) attempted to address unpaid care work and none deliberately sought to promote men's greater responsibility in carrying out a greater share of unpaid care work.

Care work concerns have become one of the leading critiques against CCT programs by feminist scholars. Women are typically targeted for CCTs because they are the ones traditionally responsible for the conditional outcomes, namely household nutrition, health, and education (based on key stakeholder interviews). When transfers are directed at women, they become responsible for fulfilling the associated conditions, increasing their burden of unpaid care work.

PWPs have begun to try and accommodate women's care work burden in program design, but the implementation has been mixed in practice.

Some recent programs – including in Somalia, Peru, and Mexico – have reported increased male care work participation, pointing to the need for more research to truly understand the impact (and potential impact) of social safety net programs on household care work dynamics.

CCTs – Conditionality Increases Care Work Burden

Social safety net programs often use traditional gender roles as an instrument for achieving desired outcomes (based on key stakeholder interviews). By targeting women for their caregiving role, programs reinforce traditional gender norms, by implicitly assuming that women should be the ones responsible for these types of tasks. As a result, women's care burden often increases as a result of CCTs; women spend a significant amount of time engaging in program requirements, such as taking their kids to school, visiting health clinics for pre-natal check-ups, and attending nutrition classes (Parker and Skoufias, 2000; Todd, P., 2012). This burden is often exacerbated by that fact that their daughters, who may have assisted them in these tasks previously, are now at school and no longer able to help with care work (Molyneux, 2008; Todd, P., 2012). While girls' school attendance is a positive program outcome, programs rarely consider the unintended consequences of increased enrollment, such as an increased care work burden for mothers or other women in the household, or attempt to mitigate them through program design elements.

In addition to the added conditions, it takes time to collect transfer payments, cutting into women's care work, income generation, and/or leisure time (Berg *et al.*, 2013; Parker and Skoufias 2000; Todd, P. 2012; Newton 2015). Women report having to travel to neighboring towns and wait in long queues to receive physical cash payments (de la O Campos, 2015; key stakeholder interviews). Mobile money may address some of these mobility concerns, reducing the time it takes women to get the transfer (de la O Campos, 2015; Doocy and Tappis, 2017).

Even when conditions are not tied solely to mothers, men rarely take part in any conditional activities, and programs make no effort to encourage or incentivize greater male involvement in care work. According to qualitative interviews with *Bolsa Familia* beneficiaries in Brazil, many husbands believe they do not need to be involved in the conditionalities of the program (Tebet, 2017). The program was intended for children's health and education outcomes, areas husbands felt were their wives' responsibility. Husbands therefore approved of the transfer being directed to women, saying they knew best what to buy with the money. Interestingly, the wives shared their husbands' view that men should not be responsible for program conditions, which demonstrates the need for social norm change among men and women alike (Tebet, 2017).

PWPs – Shifting Care Work from Women to the State

While PWPs have largely targeted male beneficiaries, there have been more recent efforts to make employment schemes more gender accommodating, helping women meet their traditional caregiving responsibilities while participating in the program. The *Jefes Program in Argentina* provided 'mother-friendly' jobs in community kitchens to attract more female participants. Kitchen employment positions had flexible working hours and were located closer to home than traditional construction job sites, allowing women to better meet domestic care burdens while working. Additionally, these were seen as 'appropriate' employment opportunities for women (Todd, P., 2012). The *NREGS program in India* provided employment opportunities close to home and free on-site day care for workers. However, the implementation of the child care component was spotty, which often meant children were left alone, or daughters were pulled out of school to watch the younger children while women worked (Sudarshan, 2011). Similarly, *Chile's Solidario CCT* program provided work force training opportunities for women with accompanying childcare during these sessions (Chopra *et al.*, 2013). However, despite flexible day care hours to accommodate working mothers, only four to six percent of women used these services due to cultural norms around leaving children with strangers.

PWP programs have sought to help reduce women's care work burden by shifting some of the care work burden to the state. Without adequate quality controls and absent efforts to change norms around caregiving, these efforts have not had much success. *In sum, these programs have generally assumed that the status quo about the unequal care burden is unchangeable rather than attempting to change the norms and the practices that keep men from doing a more equitable share of unpaid care work—however long-term and challenging that prospect may be. Promoting men's engagement in care work, alongside the provision of subsidized child care by the state, can go a long way in redistributing the burden of care.*

UCTs – Compensating Women for Unpaid Care Work

Other programs seek to compensate women for the unpaid care work they perform. For example, *Argentina's Universal Family Allowance and Universal Pregnancy Allowance* provides a monthly stipend targeting households with unemployed parents or parents who work in the informal sector (Chopra, 2014; World Bank, 2016; Interactions for Gender Justice, 2011). The bulk of the benefits (80 per cent) are paid as a monthly UCT to support the costs of child rearing and pregnancy. The remaining 20 percent is awarded as a lump sum upon verification that children are enrolled in school and have had health checkups.

The *Social Assistance Grants for Empowerment (SAGE) program in Uganda* gives families a grant for each child or elderly person being cared for, acknowledging that caregivers provide care outside of their roles as parents (Chopra *et al.*, 2013).

The *Child Support Grant in South Africa and the Cash Transfer for Orphans and Vulnerable Children in Kenya* likewise recognize that care work of orphans and vulnerable children takes extra resources and needs to be supported by the state (Chopra, 2014). In both countries, the grant goes to the household caregiver, which is not defined as a woman or even a biological parent, leaving room for an expanded definition of who performs care work.

While stipends may not be targeted specifically at men or women, they usually go to women given their predominance in caregiving

roles as a result of deeply embedded gender norms. Even the South Africa and Kenya grants, which define “caregiver” more broadly, tend to go to mothers or grandmothers (DSD, SASSA and UNICEF 2012). While the above UCTs make strides in monetizing and compensating women for the care work they provide – and in a few instances, recognize that caregivers are not always female – they do not systematically break down the stereotype of women as caregivers. There has not been a concerted effort to understand how to engage men in childrearing when they are absent, or better support men who already do contribute more equitably to household care work.

Men’s Engagement in Care Work

None of the 149 social protection policies examined by Chopra et al. (2013) aimed to redistribute care work from women to men. Despite this, a few social safety net programs have been associated with increased male participation in care work.

- Evaluations of the *Progresa/Oportunidades CCT in Mexico* show that men spent more time collecting firewood, typically a female task (Palermo and Braymen, 2010), despite the fact that the program did not aim to increase male participation in care work or include program elements to encourage this behavior. While both women and men reported a decrease in time spent caring for children (because children were now in school), women reported a larger decrease, which suggests a convergence of male and female caregiving time shares. However, these impacts seem to fade over time, and there were no qualitative follow ups to assess why men devoted more time to firewood collection after receiving the transfer.
- In *Somalia*, a UCT to food insecure households decreased male migration for work, which increased the amount of time fathers spent with their children, as reported by the fathers in qualitative interviews (Wasilkowska, 2012).

- The *Benazir Income Support Program in Pakistan* sought to empower women but included no specific program activities to achieve this aim, other than directing transfers to women and mandating that all beneficiaries had ID cards. However, men in beneficiary households were more likely to agree they should be expected to help with household chores after the intervention (Ambler and de Brauw, 2017).

Some SSNs have more explicitly sought to address women's burden of unpaid care work by encouraging men's engagement, although not all of these programs sought to reach men to affect such change.

- The *Juntos CCT in Peru* encouraged men's participation in unpaid care work, although it did not work directly with men, through program conditions and awareness-raising initiatives for women. The program provided women with capacity building sessions on hygiene and childcare, with embedded sessions about gender equality and division of household labor. After program participation, some women reported greater involvement of men in domestic activities (such as cooking, cleaning and washing), particularly when women were occupied with program demands (Jones *et al.*, 2011). While this warrants further study to see what program messaging led to such a shift, it appears that some men were only helping out because women were busy fulfilling program conditions. However, some men reported that this led them to place greater value on unpaid care work. A longitudinal follow up study is required to see if this translated into long-term care work burden sharing.
- The *Women's Income Generation Support CCT program in Uganda*, which targeted female entrepreneurs and their husbands, found that male engagement efforts did not produce greater female empowerment or economic outcomes for women, but they did improve male partner support for women's program participation, which made men more likely to help with household chores and running the business (Blattman *et al.*, 2013). Women and men attended the same business training courses, along with additional modules about

communication, joint program solving, and gender relations (Berg and Serefis, 2015).

While greater male engagement in unpaid care work is a positive outcome in these programs, the framework of these reported gains suggests a reinforcement of existing inequitable gender norms. Women and men were sometimes asked if men should “help” with household chores, framing men’s involvement as “helping” women in their traditional responsibilities, as opposed to taking on an equal share of the housework.

The *Ain El-Sira CCT program in Egypt* stands out as the only program that tried to encourage greater male engagement in care work by engaging men directly in the actual program design. Both male and female household heads were encouraged to visit health clinics with their children and attend nutrition talks, spreading out the responsibility for program conditionality (Chopra, 2014). Program evaluations are still ongoing, so evidence on long term changes in the gender division of care work is not yet available.

Program staff, policymakers, researchers and most countries in general continue to hold a belief that men are secondary caregivers. *CCT programs need to go beyond the expectation that men can only “help” when it comes to unpaid care work, to reflect the wider need to promote men’s full equality in caregiving. Program conditionalities and embedded awareness raising sessions can also target men as caregivers and engage them, alongside women, in challenging norms – including deeply entrenched ideas about masculinity - about who is responsible for performing care work.*

More Equitable Control Over Financial Resources

Women generally have access to fewer financial resources than men, so giving transfers to women serves a redistributive purpose (based on key stakeholder interviews). As such, transfer programs are often viewed as inherently empowering because they put resources directly in the hands of women, enhancing their agency and decision-making power within the household. But giving transfers to women does not guarantee that they are able to retain control over and make decisions about the use of said funds, considering

the widespread norm of male domination of household resources and decision-making. Furthermore, it does nothing to counter the norms that drive men's and women's spending decisions, nor the stereotypes that reinforce them. In sum, providing resources to women can in some settings address the symptom of gender inequality and unequal power dynamics but not address the root inequalities.

Some programs find that giving money to women does improve their control over said resources, while others find that men continue to control household spending regardless of who receives the transfer.

- During qualitative interviews, female beneficiaries of *Bolsa Familia in Brazil* reported that they did not have to ask their husband for money as often and thus experienced improved independence and autonomy as a result of the transfer (Tebet, 2017). Women were typically able to retain control of the money card and reported that their husbands did not know when the benefits came or how much the household received, indicating they did not have to ask their husband for permission to spend funds.
- Only 38 percent of female participants in the *NREGS PWP program in India* said that they were able to independently decide how to spend their earnings (Sudarshan, 2011).
- Under the *Food and Cash Transfer project (FACT) in Malawi*, most female beneficiaries reported handing the transfer over to their husbands, though a sizeable minority did set aside a portion of the funds for themselves (Devereux *et al.*, 2006).
- While female beneficiaries of a UCT program for *Syrian refugees in Jordan* reported increased financial control and decision-making during the six-month transfer period, these gains dissipated after the transfer ended (Yoskikawa, 2015).

These programs gave resources directly to women but did not address the underlying household dynamics that perpetuate ideas of male provider/headship. Without changing these gender roles to create more shared decision-making dynamics within the household, simply giving women resources does not imply they will be able to retain control over them.

Some researchers posit that program transfers may crowd out intra-household transfers that otherwise occur between husbands and wives. Some husbands contribute less to household expenses after the transfer period, since wives now have their own source of income (World Bank, 2014; Molyneux, 2008). A more nuanced understanding of household dynamics might have led to different messaging or targeting decisions to mitigate this risk.

Household Decision-Making

In addition to resource control, most transfer programs assume that giving money directly to women will increase their decision-making power in the home. Program logic assumes that when women are given transfers, they have a say in how they are spent. However, giving women transfers does not inherently lead to greater resource control or decision-making power in patriarchal societies in which a key component of men's identity is to make the important decisions in the home. These underlying gender and power dynamics continue to dictate most decision-making at the household level, regardless of the transfer recipient. Again, this suggests the need to engage men to shift household norms and dynamics and, in the process, to increase women's agency.

Promoting Greater Female Control and Joint Decision-Making

When program implementers attempt to generate buy-in for female targeting by talking with community leaders and men about the purpose of the transfer and why it is being given to women, women are less likely to be forced to hand the transfer over to their husbands (based on key stakeholder interviews). While it may not lead to long-term or broader behavior and attitudinal changes, men are more likely to allow women to retain control when they are shown that transfers are not a zero-sum game – transfers given to women benefit the whole household. In a *Somalia UCT*, both women and men agreed that women should control the transfer because of their role as household manager (Wasilkowska, 2012).

This came after an extensive community engagement effort prior to cash distribution. While widespread acceptance for female targeting was a positive outcome of the campaign, the messaging also reinforced existing gender norms; women retained control of the transfer because it was designed to benefit areas within their traditional domain of control.

Similarly, research by both Buller *et al.* (2017) and Pavenello *et al.* (2016) show that women are more likely to maintain control of smaller transfers because they are seen as less threatening to household power dynamics, specifically the male provider paradigm. Similarly, women are more likely to retain control over in-kind transfers and vouchers (tied to food) as compared to cash, since women are traditionally responsible for food purchases (Rogers and Coates, 2002). The *Emergency Drought Response project in Swaziland* gave beneficiaries half in-kind, half cash transfers. In this instance, women usually retained control over the cash as well as the in-kind aid, even in male-headed households (Devereux and Jere, 2008). Men agreed to give the cash to women because said they knew what to buy in the market. Researchers posit that women retained control because the cash was implemented as a package with in-kind food aid, which is within women's traditional domain of control. In contrast, under the *Food and Cash Transfers project in Malawi*, which also combined in-kind and cash aid, women typically controlled the food aid while men controlled the cash (Devereux *et al.*, 2006).

However, opting for these design choices (smaller cash transfers, in-kind/vouchers) to facilitate greater female transfer control is only a short-term solution to a larger gendered structural problem. These design approaches do not address the underlying household gender dynamics – based on masculine norms that give men greater access to and control over financial and household resources – which restrict women's joint or exclusive resource control and agency. Giving women in-kind aid or vouchers often reinforces their role as caregiver, assuming they are and should be the one responsible for household food purchases and preparation. Reducing the size of transfer payments perpetuates the idea that women should be responsible for smaller, daily household purchases, but men, as the household head, should be responsible for larger purchases. This gender bias in program design undermines the very outcomes the

program is trying to promote – greater female control or shared control over resources and greater male involvement in caregiving activities. If truly seeking to increase women’s control over resources and create more equitable decision-making dynamics in the home, these programs need to include efforts to challenge these deeply entrenched gender norms, rather than accommodate them by fitting the program within current patriarchal structures.

Increased Decision-Making in Areas of Female Control

Newton’s (2015) review of cash programming finds that cash enhances women’s decision-making power in domains of expenditure associated with program conditionality (children, health care, food). Men in *Progresal/Oportunidades in Mexico* households reported that they were less likely to be the sole decision-maker on decisions regarding health care, schooling and household purchases after program participation (Palermo and Braymen, 2010). In the *Ain El-Sira CCT program in Egypt*, women’s decision-making score increased significantly at the one year follow up (Zaky, 2014). Women reported being responsible for decisions about schooling, clothes, and their own medical treatment. Evaluators found that giving vouchers to women in Gaza gave them more decision-making power in the home, as they now had a say on which items were purchased at the store (Creti, 2011).

Some women report that CCT conditions have boosted their bargaining power in the home (based on key stakeholder interviews). They are able to push back when their husbands want to spend funds on something they disagree with, pointing out that if funds are not spent on program requirements, the family will lose the transfer. During the *Juntos CCT in Peru*, mothers attended program sessions on nutrition, family planning, child health, nutrition, and safe drinking water (Molyneux and Thomson, 2011). These were usually offered in the health care centers on days when women had to pick up the transfer. They did not discuss gender issues or increased male participation in the home, and men rarely attended meetings. Yet after the program, women reported increased decision-making power, which women defined as being able to make their own, independent decisions. They also felt they

had a stronger negotiating position with their husbands in day-to-day matters. *Bono Juana CCT in Bolivia* achieved similar results (Molyneux and Thomson, 2011). The program included some education sessions on child and maternal health and family planning for women, but did not address women's rights or IPV issues. Post-program, women reported increased decision-making power and stronger negotiation positions within the home.

While these gains are important, they are primarily within areas of traditional female control and influence. *Zambia's Child Grant Program* illustrates this point well. Women reported significant increases in joint decision-making across five domains (children's schooling, own income, partner's income, children's clothes, and family visits) after the program, but only increased their "sole decision-making power" in decisions about their own health (Bonilla *et al.*, 2017).³ Entrenched gender norms limited progress, as men were still seen as the head of household and primary decision-maker. While not all programs seek to encourage female decision-making, those that do often only enhance women's power within their traditional domains of influence, rather than expanding their power to new areas. Additional programmatic elements that deliberately engage men in changing their attitudes and practices related to household decision-making could contribute to expanding women's decision-making power in additional domains.

It is also important to consider the difficulties in measuring decision-making, as it is dependent on individuals' feelings of autonomy, which may vary depending on the social and cultural context. For instance, Seymour and Peterman (2018) found a significant difference in reporting of sole vs. joint decision-making in Bangladesh and Ghana, depending greatly on the decision domain under scrutiny. Several factors may influence these differences, such as social norms around certain domains such as agricultural roles and women's mobility. Additionally, they found that whether couples agree or disagree impacts the extent of

³ Important to note that health is an important domain to gain sole decision-making control in, especially in light of subsequent discussions of sexual and reproductive health. However, the study did not unpack what "sole decisions about own health" meant to women – an area for further exploration.

individuals' association of autonomy in decision-making. Programs that consider decision-making power must therefore have a contextualized, nuanced understanding of measurement.

Limited Progress on Overall Decision-Making Power of Women

While the above examples show a slightly positive, albeit sector limited, impact on women's decision-making power, many programs report no overall impact. The *Women's Income Generating Support CCT and livelihood program in Uganda* had large impacts on women's labor force participation (Blattman *et al.*, 2013). However, the program had no impact on women's decision-making power, control over household resources, independence from male partners, or intra-household dynamics. An RCT in Ecuador looking at the impacts of cash, vouchers, and in-kind aid on women's empowerment outcomes found no measurable impact on women's decision-making indicators regardless of transfer modality (Hidrobo *et al.*, 2012). Even the flagship *Bolsa Familia program in Brazil* had little impact on women's decision-making power, since husbands were still considered household heads (Tebet, 2017). In a review of emergency cash transfer programming, Browne (2014) found that overall, cash transfers do not transform gender relations. Decision-making in the home is shaped by ideas about male headship and division of labor at the household level. Without addressing such underlying power dynamics, women are unlikely to experience greater decision-making power in the home, beyond specific domains, as a result of transfers.

Modality Impacts on Female Decision-Making

Program modalities and design features, and the specific context in which they are implemented, may shape differing outcomes. For example, a *UCT in Lesotho* found that cash had a bigger impact on household conflict and women's decision-making than in-kind food aid (Slater and Mphale, 2008). In contrast, a *UCT in Ecuador* found no measurable impact on decision-making, regardless of modality

(Peterman *et al.*, 2015). Thus, context matters, as does access to markets and supplementary resources.

More recent studies have looked at the impact of mobile transfers on women's decision-making outcomes. Mobile transfers, which are less observable than other forms of transfers, allow women to conceal the transfer from their husbands if necessary, increasing their control and decision-making power over the resource (Aker *et al.*, 2016). Perhaps as a result of this, mobile transfers in Niger led to increased bargaining power for women. However, mobile money does not address the existing power structures that underpin women's need to hide income from their husbands, but rather helps women accommodate within existing norms. Such approaches also assume, implicitly or explicitly, that men will not change.

Importantly, while mobile transfers may also foster women's financial inclusion and as a result their economic opportunities, they also relies on women's access to phones and digital and financial literacy. These factors may be constraints that make mobile transfers impossible in certain settings.

Household Conflict

Social safety net programs have been shown to reduce intra-household conflict. At minimum, they provide additional cash to resource-strapped households, reducing stress over household finances, which can be a major driver of conflict. However, positive impacts are not universal. In some instances, when household power dynamics are not taken into account, cash can actually increase household conflict.

Transfers Can Reduce Household Stress

Transfers can help reduce stress by increasing the household's ability to meet its basic survival needs, which may reduce conflict. 44 percent of female beneficiaries in the *ARCC II UCT program in the Democratic Republic of the Congo (DRC)* reported improved family

relations, which they attributed to less stress over household finances (American Institutes for Research, 2017). Beneficiaries of a cash transfer program in *Liberia and Sierra Leone*, targeting Ebola affected households, found that the program contributed to greater peace at home. Women reported that the transfer reduced the number of fights they had with their husbands over money for daily food purchases and children's school fees (Guluma, 2018).

Male Reactions to Female Targeting

Male reactions to female targeting vary. While transfers have overall positive impacts on household conflict, some research has found an increase in tensions among certain households. *Transfers that are directed towards women may increase conflict when men feel their role as financial provider or primary income earner is threatened. Men may also react negatively because they feel that they are left out of SSN programming or that their needs are not considered.*

In a *UCT for Syrian refugees in Jordan*, some men reported that they were uncomfortable with women receiving cash, particularly if men were not bringing in any income (Yoskikawa, 2015). Under the Ebola cash transfer program in *Liberia and Sierra Leone*, there were some instances where men reported feeling emasculated by female targeting. Because of this tension, some women felt it was easier to hand transfers over to their husbands than to fight about resource control (Guluma, 2018). These negative reactions suggest that the program did not have a thorough understanding of intra-household power dynamics, or engage men in the process of to understand the purpose of female targeting, or take steps to address the loss of male provider identity in the program design.

While it is important to take note of and mitigate men's potential negative reactions in future program design, it is also important to note that not all males reacted this way. Some were apathetic about women's beneficiary status, while others were glad to have an additional income source, regardless of who the money went to (Yoskikwa 2015; Guluma 2018).

Intimate Partner Violence (IPV)

The impact of social safety net programs – and especially cash transfers – on intimate partner violence has been an important area of research. *While there are some instances of increased abuse, the literature suggests that overall social safety net programs are associated with reduced IPV rates in some cases (Hidrobo et al., 2015; Browne, 2014; Roy et al., 2018; Buller et al., 2017) and negligible or no impacts in others (Berg and Serefis, 2015).* These changes refer primarily to physical violence; in a review of cash-based interventions, Hagen-Zanker et al. (2016) found reduced physical abuse, but there was no reduction in emotional abuse or controlling behaviors.

Social safety net programs may impact violence by reducing stressors and mitigating risk factors for IPV. Hall (2015) finds that household violence is often associated with food insecurity, poverty, unemployment, and drug addiction. Sungupta (2014) further finds that a loss of power, place, and livelihood – all linked to a loss of masculine identity – in addition to alcoholism, can enhance the risk of IPV.

Transfers may help to reduce rates of IPV. Buller et al. (2018) set out a framework for linking cash and IPV that identifies three primary pathways through which cash transfers may affect IPV. These pathways include a) economic security and emotional well-being, b) intra-household conflict, and c) women's empowerment.

By providing an additional source of income, transfers may alleviate economic stress and improve emotional well-being (Buller et al., 2018). Mental health and stress contribute to violence, thus positive impacts on mental health are likely to have impacts on vulnerabilities to violence within the household. There is a correlation between economic stress and household rates of violence, though violence affects households of every socio-economic class (Barker et al., 2011). Economic stress can undermine men's provider role in the household, contributing to increased stress and potentially levels of violence. It may not matter if transfers are directed to men or women; any transfer is likely to contribute to decreased stress and increased household wellbeing, which may contribute to decreased risks of violence. For example, a *UCT program in Mali* which provided the transfer to men was

associated with a 20 percent reduction in IPV rates among beneficiary households (Heath *et al.*, 2018).

Transfers may lessen marital conflict by reducing arguments over household finances or limited budgets, particularly for very poor households (Buller *et al.*, 2018). For example, women report that they have to ask their husbands for money less frequently after receiving transfers, conversations which had led to violence in the past (American Institutes for Research, 2017; Guluma, 2018). However, if the cash is used in ways that do not benefit the whole household, it could create new sources of conflict (Buller *et al.*, 2018).

Transfers may also contribute to reduced rates of violence through empowerment channels (based on key stakeholder interviews and Buller *et al.* 2018). When women are able to retain control over and make decisions regarding transfer income, they gain confidence and may improve their bargaining power within the home. Roy *et al.* (2018) found a decrease in physical violence among female beneficiaries of a UCT in *Bangladesh* which included intensive behavior change classes for women (see Case Study 1). However, empowerment outcomes depend to a large extent on program design features – not only if the transfer goes to the women, but also if there is subsequent engagement with key stakeholders and male partners to enhance the likelihood that she is able to retain control over the transfer (based on key stakeholder interviews).

Some research finds that the impact of cash transfers on IPV depends on men’s educational levels (Angelucci, 2008; Todd, P., 2012), while others have found that women’s educational attainment matters more, showing stronger IPV reduction from UCTs when women have more education (Hidrobo and Fernald, 2013).

The *Transfer Modality Research Initiative RCT in Bangladesh* found that transfers alone were not associated with lasting impacts on IPV rates; rates returned to pre-program levels after the transfers ended (Roy *et al.*, 2018). However, when combined with behavior change classes on nutrition, transfers were associated with sustained reductions in IPV. Researchers posit that sustained impacts were a result of increased social capital. Women developed close relationships with the women in their classes, and banded together

to pressure men to change their behavior (Roy *et al.*, 2018). Thus, enhancing women's social interactions could be a powerful mitigating force for IPV, a finding that extends beyond social safety net interventions.

Box 3. Case Study 1: Transfer Modality Research Initiative RCT in Bangladesh

The Transfer Modality Research Initiative sought to tease out the impact of cash versus complementary activities in rural Bangladesh. The RCT randomized beneficiary households, identified as those living below the poverty line with a child age 0 to 2 in target districts, across four treatment groups: a UCT alone; a UCT with behavior change classes; an in-kind transfer alone; and an in-kind transfer with behavior change classes (Roy *et al.*, 2018). Transfers were given to women and cash was delivered via mobile money. Behavior change classes focused on nutrition outcomes and were quite intensive, involving weekly group trainings (some sessions included men), bi-monthly home visits for individual counseling sessions, and monthly group meetings with community leaders. Trainings were held within two kilometers of beneficiary homes to ensure accessibility.

Researchers found that transfer modality did not seem to matter, but the behavior change courses had a large impact on program outcomes. Transfers alone did not have any real impact on women's control of economic resources. However, transfers plus classes improved women's control over household resources, increased household consumption and asset accumulation, and increased women's employment outcomes. Women reported that they felt more confident and empowered and had more control over their lives after attending classes. They felt that their status within the community had increased as well; other women would come to them for advice on nutrition and health issues.

Women who received only transfers reported no significant differences across any dimension of IPV approximately 6-10 months after the program ended. However, women receiving a transfer and behavior change classes reported a 26 percent decrease in physical violence (yet no drop on emotional violence indicators). Researchers posit that women developed close relationships with the women in their groups and continued to meet after the program. One hypothesis is that this social capital contributed to the sustained reductions in IPV rates through social control, wherein signs of women's abuse became more visible to the community and led to greater community disapproval of husbands' abusive behavior. The power of social connections fostered through the program were especially powerful for women with limited social networks prior to program. The hypothesized impact on men's behaviors deserves further research.

Mental Health

As discussed above, there is a correlation between mental health and household stress. Greater household stress can exacerbate risks of negative coping strategies, including men's use of violence against women and parental violence against children, particularly as men's mental health is often tied to their success or failure to fulfill their socially expected provider role in the family. Thus, program impacts on household mental health and wellbeing can have wider implications for intra-household dynamics and gender relations.

Most studies of social safety net programs report on women's wellbeing or overall household happiness levels, a reflection of their targeting as beneficiaries. Female cash beneficiaries report greater self-esteem, well-being and self-confidence (Moyneux 2008; Yoskikawa 2015; Sudarshan 2011; de la O Campos and Garner, 2012).

The impact on men's mental health is an understudied area of cash transfer programming. One study looking at the *Jordan UCT for Syrian refugees*, which provided transfers to women, found that some men experienced increased feelings of depression and shame as a result of the transfer program, due to strict gender roles that dictate that the man should be the primary breadwinner. However, not all men in the study felt this way – some were relieved to have the cash support and did not care that their wives were the ones receiving the money (Yoskikawa, 2015). On the other hand, men in *Brazil's Bolsa Familia* households reported that the transfer to their partners relieved some of the pressure on men to be the sole provider for the family (Tebet, 2017). Men said it alleviated some of their frustration over not being able to provide for their families and meet their children's needs.

Men's mental health matters not only for themselves, but also for other family members. As discussed, mental health and stress may exacerbate risks of violence; thus, programs which reduce male

stress have the capacity to improve outcomes for women and children in the home as well. This is an area for further research.⁴

Transfer Programs Foster Women's Social Interactions outside the Home

Mandatory classes, trainings and awareness raising sessions may offer women additional mobility opportunities, which can increase their feelings of independence. In some countries, women's opportunities for independent travel outside of the home are limited by cultural or safety concerns (based on key stakeholder interviews). Without the presence of a male family member, women may be largely confined to the home or village. The home is traditionally a space of female influence, whereas the public space is often male-dominated. Program conditionalities that require female attendance at health clinics or trainings outside of the home may increase their mobility potential, as their husbands are less likely to forbid participation when transfer receipt is at risk (based on key stakeholder interviews; Creti, 2011). Thus, conditionality can provide a subtle means of shifting gendered social spaces in the community. Beneficiaries of the voucher program in *Gaza* reported that vouchers gave women a reason to get out of the house and meet people, helping them feel less isolated and alone (Creti, 2011). However, further longitudinal study is necessary to assess if these mobility gains continued after the transfer period ended, indicating if the program contributed to larger transformational change.

⁴ Public works programs have achieved similar mental health and wellbeing gains. Female participants in Rwanda's Vision 2020 PWP reported increased self-esteem and the felt they were able to make independent choices after program participation (Pavanello *et al.*, 2016). Argentina's Proempleo program gave participants wage subsidy vouchers to give to private employers, rather than employing them on public works projects. Workers who received vouchers felt more comfortable approaching employers to ask for work (Todd, P., 2012). Employment is not only a means of providing for one's family, but can confer dignity, agency, and purpose to workers. Thus, PWP's may enhance mental health outcomes through two avenues: by reducing household economic stress and by giving participants a sense of purpose and identity. This can be especially impactful for male participants, as manhood is often tied up with one's role as a provider and breadwinner.

Social connections may also create pressure to spend the transfers in a certain way. A *UCT in Nepal* combined with monthly meetings of women's groups for participatory learning and action found that social pressure from facilitators and other group members led to 'soft conditions' in which the women spent the transfers according to the criteria developed by the group – in this case, items to increase nutrition for themselves during their pregnancies (Gram *et al.*, 2018). However, this creation of soft conditions may be paternalistic, taking away women's agency to control how the transfer is spent, and more research is needed on these implications.

Furthermore, participation in conditional or complementary group courses can foster social connections between program beneficiaries and expand their social networks. Beneficiaries in Ghana, Jordan, Kenya, Bangladesh, and Lesotho reported that transfers gave them additional resources to participate in social and religious gatherings which typically require one to bring gifts or to share food. Women specifically reported that the ability to participate in these social functions improved their mental health, feelings of connection, and optimism about the future (Holmes and Jones, 2013; Yoskikawa, 2015; FAO, 2013; Roy *et al.*, 2018; Slater and Mphale, 2008; Browne, 2014).

This is an interesting avenue of potential impact that remains largely unexplored in the literature. While many studies have looked at the emotional and psychological benefits of increased social connections fostered by complementary program activities, few have looked at how the transfer itself may reduce feelings of isolation by increasing mobility and allowing greater integration into community life. This is an area for future research, and again, should ask: how did men react to these changes in women's wider social connections, and how can men be engaged to support women's greater autonomy and connections outside of the household? Most of these studies assume that men's behaviors are always or mostly controlling of women or harmful toward women, without looking at the range of men's behaviors and attitudes and ways that men may already be or could be supportive of women's agency, social connections and social mobility.

Conclusions and Recommendations: Toward A Gender Transformative Approach and a Masculinities Lens

This paper set out to ask: What do masculinities and gender relations have to do with social safety net programs in low- and middle- income countries? We sought to examine whether and how SSN included a gender relational lens – including a focus on men and masculinities– and to review the impacts of SSN programs on key dimensions of gender equality and women’s empowerment. The following are some of the key conclusions:

Our review highlights that promoting gender equity and women’s empowerment is rarely if ever an explicit objective of SSN programs. At the same time, there is increased recognition that *SSN programs may be limited in their effectiveness – in their stated goals of poverty reduction – by traditional gendered norms and dynamics* and by not engaging men or seeking to transform both men’s and women’s ideas about manhood. We reiterate findings and critiques by feminist activists and researchers that while SSN programs can have important positive outcomes for recipients, they fall short in bringing about *gender transformative impact, and often create additional burdens and barriers for women’s empowerment*. Public works programs have largely been gender reinforcing, providing traditionally male manual labor jobs at remote work site locations, limiting women’s participation. Similarly, most CCT programs are gender accommodating or reinforcing, often targeting women as recipients because of their assumed caregiving role. These programs do not seek to radically change women’s status in the home, but give them increased resources to make decisions within their traditional areas of influence. *Importantly, the handful of programs that have sought to incorporate gender transformative elements have typically done so through complementary program activities (e.g. participation in trainings or workshops), as opposed to core design elements.*

If there are few truly gender transformative SSNs, there are even fewer SSNs that have included a deliberate focus on changing men’s attitudes and practices. Even in the few cases SSN programs have proactively tried to

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 Rwanda⁵ (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 detail 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 Rwanda⁶, 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 be 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; Benhassse *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. PWP 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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2014:04 *The African Development Bank: ready to face the challenges of a changing Africa?* Christopher Humphrey

2014:03 *International party assistance – what do we know about the effects?* Lars Svåsand

2014:02 *Sweden's development assistance for health – policy options to support the global health 2035 goals*, Gavin Yamey, Helen Saxenian, Robert Hecht, Jesper Sundewall and Dean Jamison

2014:01 *Randomized controlled trials: strengths, weaknesses and policy relevance*, Anders Olofsgård

Sociala trygghetsprogram, som exempelvis kontantbidrag, matransoner eller arbetsmarknadsprogram, har blivit hörnstenar i både nationella strategier för fattigdomsminskning och i internationella utvecklingsprogram. Denna litteraturoversikt 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.