



# Rights-Based Social Protection in Africa

Developing gender-sensitive social protection in Africa:  
Insights from South Africa's Child Support Grant

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Developing gender-sensitive social protection in Africa:  
Insights from South Africa's Child Support Grant

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## Introduction

Across Africa, social protection systems are expanding rapidly. Cash transfer programmes (CTPs) have become particularly popular, especially CTPs designed with the aim of improving the wellbeing of children and breaking the intergenerational transmission of poverty<sup>1</sup>. As these child-focused CTPs<sup>2</sup> are institutionalised and expanded, and as evidence about their impacts accumulates, it is important to consider how different groups of people are differently impacted. Child-focused CTPs have often improved household and child wellbeing indicators. However, these successes typically depend on resource-intensive care work – that is, all the work that goes into looking after people – that is done predominately by women (Hassim, 2008; Razavi, 2007). Care responsibilities that are not equitably shared are a structural cause of inequality between men and women. The unequal division of care responsibilities, and indeed gender concerns more broadly, have rarely, if ever, been integrated into the design of CTPs in the global South, and the consequences for the promotion of gender equality are increasingly evident.

In this technical brief, South Africa's Child Support Grant (CSG) programme is used as a case study to illustrate the argument. Despite adopting a gender-neutral approach to transfer targeting that did not intentionally place burdens of care or compliance on women – an unusual approach in the late 1990s – the CSG has not demonstrably alleviated gender inequality since then. The brief draws on a study of men receiving the CSG (Khan, 2018). It shows that bringing men into the design and delivery of social protection carries some potential to change this, to the benefit of women, children *and men*. What this implies for the design of CTPs more broadly is then discussed.

## The pursuit of gender equality

The promotion of gender equality is now widely accepted, with substantial gender 'mainstreaming' evident in the discourse of development at both international and national levels. Many of the national constitutions adopted in Africa since the 1990s have explicit clauses which recognize the rights of women to equality with men. At the multilateral level, strategy documents of major donor agencies explicitly highlight gender issues, and/or attach a focus on gender as a condition of funding. Similar trends are evident in the policies and practices of the major international organisations, for example, in the International Labour Organisation's (ILO) Social Protection Floor Recommendation No. 202, and in the Sustainable Development Goals (SDGs) – where, specifically, SDG number 5 aims to 'achieve gender equality and empower all women and girls'. Another major commitment to gender equality and the rights of women is of course the African Union Agenda 2063, which states: 'We aspire that by 2063, Africa [has achieved] full gender equality in all spheres of life' (AU, 2013).

Despite these commitments, and real gains in some countries, **substantial inequalities remain**. The Global Gender Gap Index measures the extent to which women fare worse than men in (1) economic participation and opportunity; (2) educational attainments at primary, secondary and tertiary levels; (3)

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<sup>1</sup> In the last decade, 43 social assistance programmes were instituted across Sub-Saharan Africa (Dafuleya, 2019).

<sup>2</sup> The term 'child-focused' refers here to CTPs that are of two broad types. The first type is clearly designed and targeted with the primary objective of improvement in child wellbeing. Examples include Zambia's Child Grant, Lesotho's Child Grant, Kenya's Orphans and Vulnerable Children Programme, and South Africa's Child Support Grant. The second type of CTP is targeted more broadly at poor households, with additional targeting for vulnerable sub-populations, including children. Examples include Ghana's Livelihood Empowerment Against Poverty (LEAP) programme and Tanzania's Productive Social Safety Net programme.

health and survival; and (4) political empowerment (World Economic Forum, 2018). Eastern and Southern African countries tend to do relatively well on health and political empowerment. For example, Rwanda records the world's highest proportion of women members of parliament (ibid), with Mozambique, Namibia and South Africa also showing steady progress in efforts to increase the numbers of female members of legislatures as well as ministers in government departments<sup>3</sup>. Across the continent, the gap between men and women in the years of healthy life expectancy has also narrowed considerably.

However, women's economic participation and access to opportunity, as well as educational attainments, still lags that of men. Despite relatively high female labour force participation rates (61% of women versus 73% of men in sub-Saharan Africa (SSA) (World Bank, 2019), women remain more likely to be unemployed. When women are in paid employment, it is more likely that their work is precarious and informal (for example, work with low wages and without formal contracts, or in highly vulnerable forms of self-employment in the informal economy), for their labour market participation to be interrupted, or that they are paid less than men for doing the same work (UN Women, 2019; Alfery, 2016). In SSA, the average gender wage gap is approximately 30% (UN, 2016). Women also tend to be concentrated in sectors where pay is low and where labour is traditionally undervalued (see for example the 'for love or money' debate in Folbre & Nelson, 2000), such as nursing and other paid care work. For example, 68% of community health workers in SSA are women (UN Women, 2019). In addition, in SSA, the bulk of agricultural work is carried out by women and much of this work is unpaid (UN Women, 2011).

### **The double burden of care and financial support**

The dominance of women in paid care work is even more pronounced in **unpaid care work**. This is the direct work that goes into the care of children and others, such as bathing, feeding, taking children to the clinic, and the household work that supports this care, such as cooking, cleaning and shopping (Razavi, 2007). Care work is typically not supported by the state, often due to assumptions that care is a costless activity (ibid). Nor is it shared with men. This is sometimes justified from the perspective of the traditional, gendered division of labour within the household: men work in the market (or government) and earn an income, while women look after the household. This is however an ideal with diminishing applicability in many countries. Across the region, there is an increased incidence of female-headed households (Mokomane, 2013; Milazzo & Van de Walle, 2015) increasing rates of divorce, breakdown of extended families due to migration (Mokomane, 2013), and, as indicated, increasing labour force participation whether women are married or not. This last phenomenon is itself a result of the increased incidence of precarious work for both men and women and the often reduced ability to make ends meet on the wages of just one male earner (ibid). With these shifts, more and more women bear a double burden of care and financial provision, sustaining the next generation of adults with little support from the state or from men.

Why does this matter? Unshared care burdens lead to a reduced ability, relative to men, to pursue market work, education, leisure, political participation and self-care, and to make independent choices in life (Hassim, 2008). This directly contravenes the rights of women to equality with men which most African countries are formally committed to realising. There are also economic consequences for the

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<sup>3</sup> However, this measure of political empowerment only captures high-level political participation: the index does not track participation at the local or community levels due to difficulties in obtaining accurate data.

growing economies of the region. Reducing women's care burdens could allow for more women to enter the labour market. The Africa Human Development Report (UN, 2016) estimates that gender inequality –the failures to take full advantage of the human capital of women - costs SSA around \$100 billion per year. These are costs that could be converted into quick gains: Africa is currently experiencing a 'youth bulge' with an estimated 60% of the population being under the age of 25 (Brookings Institute, 2019). Getting more (especially young) women into work, could create a cohort of new taxpayers who contribute to public revenues; revenues that could be used to finance social expenditures and cement the longer-term sustainability of burgeoning social protection systems; systems which are often only just beginning the move from donor support towards full national ownership. At the same time, fertility rates are falling, which will result in demographic ageing in the medium term. By 2030, average life expectancy will increase to 64, from 57 in 2010 (Mokomane, 2013). This is another motivation for increasing the tax base and in turn the revenues available for CTPs, specifically pensions, as a large cohort of retirement-age people come to require support.

Nevertheless, the danger of increasing women's labour force participation is that women's double burden of care and financial support is expanded (Razavi, 2007). Labour force participation rates are already high for women in sub-Saharan Africa (ILO, 2018; World Bank, 2019), though the conditions of much of this work are unfavourable. Very often, women choose to enter low-paying, insecure, but also flexible employment because it allows them to accommodate childcare (unpaid work) with income-earning activities. This is achieved, for example, by women working from home or taking children with them to work (both of which reduce productivity), or modifying work schedules in such a way that when children need them they are available – a practice which frequently prevents women from accessing more profitable opportunities like early morning and evening trading (Alfers, 2016). Getting more men involved in childcare could therefore improve women's working conditions and expand choice while also reducing the total number of hours they spend working each day.

But across the world, expanding women's labour market participation has not been matched by a corresponding increase in the time spent by men in care work (Hochschild & Machung, 2015). This points to the stubbornness of gender norms regarding male and female preferences and aptitudes. Women are commonly expected to be naturally suited to caring and household tasks, and indeed to enjoy this type of work. At the same time, doing this work is frequently constructed as humiliating for men and as threatening to a masculinity that is predicated on superiority over women (Makusha & Richter, 2014). This is despite the clear economic benefits of more equitable sharing of responsibilities that were alluded to above. There is also substantial evidence indicating that equitable sharing of responsibilities leads to happier and more fulfilling romantic relationships as well as less-stressed mothers. The enactment of more gender-equitable, caring masculinity by men also leads to them being happier, healthier, and more appreciated by their families (ibid; van den Berg & Makusha, 2018; Marsiglio, 1995)<sup>4</sup>. And of course happier parents, and meaningfully engaged, caring fathers, usually leads to happier and healthier children too (ibid).

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<sup>4</sup> This 'non-traditional' masculinity, based on more egalitarian gender relations, may even approximate historical norms prior to the widespread social upheaval precipitated by colonialism in Africa. See for example Fofack, 2014, Roy, 2008 and Makusha and Richter, 2014.



## Social protection and gender

Social protection could play a role in challenging harmful gender norms and encouraging more men to engage in the care work that underlies gender inequality. But this role remains largely unrealised in the global South. Typically, men are not encouraged to either take up child-focused cash transfers or to engage in care work. This is despite attempts at gender neutrality in targeting in African CTPs: in SSA, only 20% of child-focused CTPs state an explicit preference for women as recipients of the transfers (Garcia & Moore, 2012). This is in direct contrast to Latin America, where most programmes explicitly target women as the preferred recipients. Nonetheless, in practice, as in Latin America, most transfers still go to women, which reflects how caregiving is typically arranged.

The acceptance of this status quo often reflects policymakers' beliefs that women are naturally better caregivers, and that cash in their hands would be more likely to be used to benefit their children and families. On the other hand, men are expected to be more self-oriented, and more prone to the 'perverse incentives' of cash transfers (like reducing work effort or increasing spending on alcohol and gambling – Evans & Popova, 2014) or to not have been socialised into caregiving competence in the same ways as women (Yoong et al, 2012). But there is very little evidence in relation to CTPs to confirm these assumptions (ibid; Hagen-Zanker et al, 2017).

When those who receive cash transfers are women, it is often expected that CTPs will alleviate gender inequality by contributing to women's financial empowerment. However, on balance, the evidence seems to suggest that financial empowerment is outweighed by disempowerment in other domains. More decision-making power with regard to money is frequently only in relation to child-related and domestic expenditure, and limited by the usually small amount of the transfers (Molyneux & Thomson, 2011; Bartholo, 2016; Patel et al, 2013; Wright et al, 2014). There is also evidence from Brazil, Mexico and South Africa showing that the provision of transfers to women emphasises female responsibility for childcare, leading in turn to a distancing of men from both financial and non-financial aspects of care (Bartholo, 2016; Haenn, 2018; Tebet, 2017; Patel et al, 2013). Many women also feel that they are empowered only in their roles as mothers, with transfers not contributing to advancing their own wellbeing or interests, such as greater employability or more support from their husbands/partners (Patel et al, 2013; Molyneux & Thomson, 2011). Finally, studies from Zambia and Malawi indicate that providing cash to women also challenges fragile masculinity, sometimes leading to increased domestic violence (de Barra & Molloy, 2018; Bonilla et al, 2017).

This evidence calls for **changes in gender relations**: in the ways in which men and women interact with each other. But these relational changes are typically not on the policy agenda. . Mainstream thinking on poverty reduction is still characterised by a very individualistic focus. In thinking on gender, this translates into solutions that are focused on women only: if women have lower incomes, the solution is to target them with cash transfers. What leads to lower incomes in the first place - unequal power relations and distribution of responsibilities between men and women – is ignored. This leads to social protection programming that is not gender-sensitive (Holmes & Jones, 2013), and which is ameliorative of existing poverty rather than transformative of the conditions that lead to it (Devereux & McGregor, 2014).

## What exactly does gender mean? Bringing men back into the equation

Gender is...

*'...a socially constructed concept, referring to women's and men's different roles and responsibilities determined by social, economic, political and cultural factors. These are interpreted differently in different societies and cultures, but in many contexts they translate into inequality in resources, responsibilities, opportunities, and constraints, especially for women (Holmes & Jones, 2013, p.16).*

This definition shows that gender is about relationships between men and women. Nonetheless, 'gender' is usually understood in international development as an equivalent term to 'women' (Cornwall & Rivas, 2015; Wanner & Wadham, 2015). There are increasing calls to investigate how **masculinity** influences social protection outcomes (ibid). Such an investigation is described next.

### South Africa's Child Support Grant

A mixed method study of men who receive South Africa's Child Support Grant (CSG) (Khan, 2018) was conducted to investigate some of these gender dynamics. The CSG is, in terms of the number of beneficiaries, the largest CTP in South Africa, reaching more than 12 million children. It has been consistently shown to be associated with improvements in school attendance and grade completion (DSD et al, 2011, 2012; Patel et al, 2017), as well as child nutrition (for example, CSG-receivers 1cm taller on average compared to children of the same age who don't receive it - Coetzee, 2013). However, the gender impacts are contested –as indicated above. Despite gender-neutral targeting, just 2% of caregivers receiving the CSG are men<sup>5</sup>. This reflects the fact that, like elsewhere in Africa, women do far more care work than men - 30 hours per week (hpw) versus 12hpw for men. This does not reflect 'specialisation': when market work is added, women still work more than men (48.9hpw versus 44.6hpw for men) (Oostuizen, 2016). It also reflects widespread father absence: in 2014, 60% of SA children lived apart from their biological fathers (Hall & Budlender, 2016). It is therefore not surprising that the proportion of male CSG recipients is so low. But the over-reliance on women for childcare underlies gender inequality in South Africa. A discouraging finding is that despite the massive roll-out of grants over the last 20 years to predominately female recipients, the risk of income poverty for women has worsened relative to men over this period (Rogan, 2016).

Given these shortcomings, how might the CSG be modified to become more gender-sensitive? One conceivable way is to expand the number of men who claim the grant. However, as discussed, men are sometimes considered to be less capable or more self-oriented than women in the family sphere, and if so, more adult males receiving the CSG on behalf of children could be damaging to these children. But there is not enough evidence to test this. For this reason, the research questions which guided the study on which this brief is based were as follows:

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<sup>5</sup> At the time of the inception of the CSG in the late 1990s, policymakers took the highly unusual decision to 'follow the child' when deciding eligibility rules for the CSG. This meant that grants should be disbursed to wherever the child is, regardless of who the caregiver is. This contrasted with the approach in Mexico and Brazil – countries where similar expansions in social assistance were happening at the same time – to link receipt of transfers to mothers or other female relatives.

- Can men be trusted with the CSG? Do they misspend money more than female CSG recipients, and do their children fare worse in terms of nutritional outcomes (an indicator for their physical development and broader wellbeing)? This was investigated via a statistical analysis of four waves (covering eight years) of the National Income Dynamics Study (NIDS), a nationally representative household survey dataset (SALDRU, 2016).
- What are the constructions of gender and caregiving among men receiving the CSG, and how do these constructions relate to their motivations for applying for the CSG and to their reported behaviour as caregivers? This was assessed via a qualitative analysis of interviews with CSG-receiving men in Soweto, Johannesburg.
- What do the findings imply for the development of more gender-sensitive CTPs?

## Study findings

### *Household spending and stunting*

The statistical analysis shows, firstly, that households are not more likely to spend on alcohol, tobacco and gambling when men receive the CSG, compared to when women receive the CSG, with these expenditures being very low on average for both male and female grant recipients. Significant predictors of this 'bad' expenditure include caregivers having poor emotional health, caregivers' educational attainments (with expenditure increasing up to the completion of a high school and declining thereafter), and residence in a farm area (reflecting the legacy of South Africa's 'dop' system, that is, the widespread historical practice of paying farmworkers in alcohol).

Secondly, children cared for by male recipients of the CSG are not significantly more likely to be stunted (that is, to have a low height for their age) than children cared for by female recipients. Nonetheless, the prevalence of stunting in children benefiting from the CSG – regardless of the sex of their caregiver – is still moderately high at roughly 20%. Significant predictors of stunting are child age (children under 4 are more likely to be stunted) and sex (girls are less likely to be stunted); caregiver education and employment status (less educated as well as unemployed caregivers are more likely to have stunted children in their care); per capita income (the odds of stunting fall as per capita income rises); the relationship of the carer to the child (parents and grandparents are far less likely to have stunted children in their care than non-relatives, uncles and aunts); and caregiver support (not having caregiving support from another adult leads to a significant increase in the odds of stunting). Ongoing analyses which incorporate a fifth wave of data from NIDS suggest that these patterns are much the same, except for children under four being more likely to be stunted when cared for by a male CSG-receiving caregiver (with possible reasons for this explored below).

### *Reasons for application*

The qualitative interviews shed light on the statistical findings and also provided new insights. Most of the interviewees were single fathers<sup>6</sup>, with a minority cohabiting with a wife or partner. All the fathers applied because of an event that led to the man being solely responsible for the care of a child. Almost

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<sup>6</sup> The term 'father' refers, throughout, not only to biological fathers. Many children's primary caregivers (in both quantitative and qualitative samples) are their uncles, brothers, grand- or great-grandparents, or other adult men.

all did not know that men could receive the CSG prior to the occurrence of this event, and visiting a social security office to find out what to do. The event was usually the death of the child's female caregiver who received the CSG on the child's behalf –the man's wife, partner or sister. In other cases the man felt that the female carer had become irresponsible and that the child needed to come and live with him, or female partners from neighbouring countries did not have South African residence documents (a requirement for CSG application).

#### *What it means to be a good man*

The men all conceive of their masculinity in very different ways to a norm that emphasises being unemotional, that associates childcare with femininity, and that associates fatherhood only with the role of financial provision. Taking responsibility for their children and persevering is central to their perceptions of what constitutes being a good man. This responsibility is often framed as rising to a challenge and persevering through difficult circumstances. Bheki<sup>7</sup>, whose daughter was 15 at the time of the interview, first applied for a CSG after his wife died. His daughter was an infant at the time, and he had very little experience of being a primary caregiver (his wife had been responsible for most of the direct childcare). He said the following:

*I feel I was strong, because I raised my child, until she was grown. Never mind the difficult things...I'm going on [despite those] difficult things... that's why I say I'm a father. I didn't run away to say, now I'll take my child and give her to other people, give that child and run. No. I stay, never mind that it's hard. I say everything is going to be alright, one day, one day. If I do the right thing, its going to end up right. But if you run...nothing will be alright because my child will be hurt. I'm going to hurt my child. Now I'm happy, my soul and everything is happy, because I do the right thing.*

Importantly, he states that he could have left his child with someone else, or relied on a woman to do it, as would often be the case in other similar situations. Many of the interviewees recognised that they have defied this norm, and this improves their self-esteem (general feelings of self-respect, for example due to feeling like a good father) and self-efficacy (beliefs about one's abilities to accomplish specific tasks, like changing nappies or cooking). A minority conceive of their masculinity primarily (though not exclusively) in terms of being responsible for financial provision (as per dominant, societal expectations), and the CSG helps them to do this in a context where unemployment is rife. The South African expanded unemployment rate is almost 40% (Statistics South Africa, 2019), and in this sample, only one man was employed full-time.

#### *Care work*

Importantly, all of the interviewees engaged in care work to varying degrees. While half of the men still believe care work is primarily women's responsibility (especially the married men), they do the work because it needs to be done. However, the other half do not hold on to this gendered view of care, believing that men's absence from care is damaging to gender relations and harmful to women. Importantly, all the men see that their children benefit from them doing this work, and this acts as a recurring motivation to keep doing it.

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<sup>7</sup> All names have been changed. Extracts of the interviews have also been edited for the purposes of easier understanding, but the meaning has not been changed. For the complete extracts see Khan (2018).

Knowing how to iron, cook healthy food, clean and anticipate their children's needs, and knowing how to do this well, makes the men feel like competent problem-solvers. It reinforces their view of themselves as responsible and *capable* parents. This is especially so given the fact that most did not have any prior care experience, and given the fact that social pressure is such that many believed either that men shouldn't be or aren't capable of being parents in ways traditionally associated with motherhood. Patrick, a single father of two boys (aged 7 and 12), assumed receipt of the CSG after separation from his wife when his sons were much younger. He now believes men and women should carry equal responsibility, after he proved to himself that he was just as capable:

*Interviewer: You said in the beginning that you felt hard as a man to take care of children...*

*Patrick: That was before I experienced that, you understand? Since I experienced raising kids is where I started to see that, most of the things, there's no difference [it's not easier for women] – that depends on you. Before, I found it difficult, I thought, sometimes as a man, this I can't do. But if you stand, stand up and do it, you see there's nothing difficult in doing those things. It's like holding a phone. Maybe I can think, it's difficult to use. But once I have the phone in my hands, start pressing the phone...maybe I'll find out it's not so difficult.*

In other words, all men need is a bit of practice. The lack of practice or experience that many men report may be a reason behind the finding from the statistical work indicating a greater likelihood of stunting among infants with male caregivers.

Although the men that were interviewed have worked past various gender norms prescribing what kind of men they can and cannot be, the stigma of receiving a CSG is still strong for some. This is due to the CSG's association, in the popular imagination, with women and with unemployment. Acting in 'feminine' ways, and also 'failing' in the provider role by not having a job, are commonly interpreted in society as evidence of having failed as a man. So, despite not necessarily feeling this way about themselves, these reactions from other adult men (and occasionally women too) nonetheless often lead to significant discomfort among CSG-receiving men, or to a reluctance to interact with or seek help from other adults.

Finally, the majority of men perceive a scarcity of childcare services that are accommodating to male caregivers, mistrust among bureaucrats in the grant administration towards male caregivers, and failing complementary public services like healthcare, public transport, schooling and community safety (policing).

## **Recommendations**

SDG Target 5.4 requires that countries 'recognise and value unpaid care and domestic work'. Child-centred CTPs can be a mechanism by which to do so. Changing the distribution of care is central to gender-sensitive social protection (Razavi, 2007; Hassim, 2008; Holmes & Jones, 2013), and this can be done explicitly in the design of CTPs.

One way of doing so is to **expand male uptake of cash transfers, while emphasising that the grants are tied to care work that men are equally capable of carrying out as women**. This requires a **change in communications** about CTPs. In South Africa, most men believe the CSG is for women only, or only for those without a job. This is a clear misunderstanding of the eligibility requirements and prevents at least some men from claiming social protection for their children that would help them to fulfil their caregiving responsibilities. So, ensuring people actually know and understand their rights and duties are

is critical. Changing public discourse around CTPs should also include the way politicians and the media talk about grants.

In South Africa, the dominant discourse around the CSG constructs grant recipients as lazy, dependent and/or irresponsible. Studies in Brazil have shown that treating beneficiaries of social protection with dignity and as rights claimants, rather than as a drain on public resources, can improve their self-esteem and self-efficacy as well as feelings of inclusion (Hunter & Sugiyama, 2014). The final component of changing communications should involve a massive effort to normalise **alternative discourses of masculinity relating to care** and to **challenge gender stereotypes** that dictate how men and women should be in the world. Such stereotypes ultimately prevent men, women and children from realising the full benefits of meaningful participation of fathers in caregiving. This is obviously not only a governmental responsibility, and there are roles to play for the media, in schools, and in the workplace (among others). Men who already enact alternative forms of masculinity should be placed at the centre of these efforts.

In addition to changing communications and expanding awareness, it is important to **empower men to claim social protection for their children and to enact caring masculinity**. This can be achieved via caregiving classes and other welfare services that account for the potentially different needs of men (without displacing women). Behavioural change programmes that are aimed at challenging toxic forms of masculinity could also be useful. Rwanda and Malawi are two countries where innovative state-led interventions of this nature are already being implemented, showing promising results in terms of reducing male violence and improving the contributions of men to care and household work (Timsit, 2019; Mkandawire & Hendriks, 2019).

Finally, many of the challenges faced by male cash transfer recipients are the same as those faced by their female counterparts and are determined by the simple fact of living in material poverty. To transform conditions of poverty for both male and female caregivers, it is crucial to **improve the 'caregiving infrastructure'** (Razavi, 2007) – that is, to try and ensure the environment within which care takes place is conducive. When beneficiaries have to pay for private healthcare and education due to poor-quality service in the public system, or when they spend large amounts of money on private transport due to failing public transport, very little of their monthly benefits remain. This requires coordination between social protection and high-quality public services and infrastructure (Transform, 2017; UN Women, 2019). These services could include livelihoods and employability-promoting interventions that enhance the 'graduation potential' of beneficiaries, as well as childcare services that share the burden of care between the state and both male and female caregivers.

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