

# MAKING NATIONAL SOCIAL PROTECTION FLOORS WORK FOR WOMEN

## SUMMARY

The idea of a social protection floor (SPF) is now firmly established on the global development agenda. Defined as a set of minimum guarantees, including basic income security for children, working-age adults, older people and people with disabilities, as well as essential health care for all, SPFs hold promise for women, who are over-represented among those excluded from existing social protection schemes. To date, however, the integration of gender concerns in social protection has been uneven and ambiguous, with women's specific risks and constraints not addressed. Drawing on cross-country evidence and experiences, this brief highlights promising ways to make SPFs work for women. Much can be done in terms of integrating gender into the design and implementation of programmes that promote income security across the life cycle, including cash transfers, public works programmes and pensions. To provide long-term solutions, however, these efforts must be part of a broader package, including policies that enable women to access decent work—which remains the main source of income for most working-age adults and their families.

## Global goals: Basic income security and access to essential health care for all

The social protection floor (SPF) is a global development goal that aims at providing basic income security to all, whatever their employment trajectories or capacity to contribute to social insurance schemes. International Labour Organization (ILO) Recommendation No. 202, in particular, urges countries to commit to four basic guarantees:

- Access to essential health care, including maternity care
- Basic income security for children (e.g., family allowances)
- Basic income security for persons of active age who are unable to earn sufficient income (e.g., due to sickness, unemployment, maternity and disability)
- Basic income security for older persons.

Women face particular barriers to income security and often see their well-being and autonomy limited as a result. They participate less in the labour market, earn lower wages and enjoy less access to credit and other assets than men. In addition, they make up the majority of informal workers and may interrupt paid employment to take care of dependents, which compromises their access to social protection. Women are over-represented among the 73 per cent of the world's population who have only partial or no access to social protection; and where they gain access, they tend to do so on highly unequal terms.

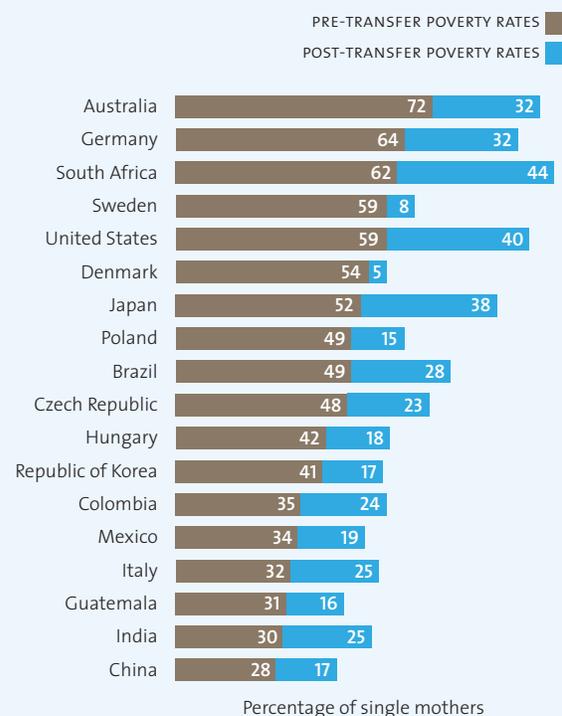
As an initiative aimed at closing gaps in social protection coverage, the SPF holds significant promise for women. Well-designed social protection schemes can narrow gender gaps in

poverty rates, enhance women's access to personal income and provide a life-line, especially for single mothers (see Figure 1).<sup>1</sup>

FIGURE 1

### Poverty rates among single mothers before and after transfers

Percentage of single mothers, selected countries, 2000-2010



## National strategies: Integrating gender into social protection floors

Context-specific assessments of gendered risks and vulnerabilities are an important precondition for designing gender-responsive SPFs. Women's and men's differential exposure to labour market and environmental risks, the costs associated with ill-health and the unequal distribution of time, responsibilities and power within households are key factors to consider in such assessments, which also provide a baseline against which the gendered impact of social protection schemes can be evaluated.<sup>2</sup> This section reviews three common instruments that have been used to build SPFs at the national level—cash transfers, public works programmes and universal health coverage reforms—and shows how they can be made more gender-responsive. Non-contributory pensions are another important instrument and are dealt with in detail in another brief in this series.<sup>3</sup>

### *(Conditional) cash transfers: Beyond targeting women as recipients*

Cash transfers schemes aimed at promoting basic income security for children and investing in their capabilities now operate in more than two dozen countries in Africa and Asia and virtually everywhere in Latin America. Most of them target mothers as recipients in the knowledge that they are more likely than men to prioritize investments in children's well-being.

Women's empowerment is frequently assumed to be an automatic by-product of these interventions, but this is not always the case. On the positive side, cash transfers—both conditional and unconditional—have been shown to improve school attendance, nutrition levels and immunization rates among children. In some cases, they have also reduced gender gaps in secondary school attendance through affirmative action.<sup>4</sup> Among adult women, access to transfers has been associated with modest improvements in labour force participation, greater investments in productive assets and better access to credit.<sup>5</sup>

Other programme features have been found to be less empowering. Benefit levels are often too low to provide women with greater say in household decisions, and women may not always retain control over the money they receive. Means-testing can lead to exclusion errors, stigma and stereotyping, especially for women from poor and marginalized groups.<sup>6</sup> In The Plurinational State of Bolivia, Ecuador and South Africa, for example, cash transfers have generated stereotypes about beneficiaries being lazy or bearing children in order to receive benefits. Fear of discriminatory attitudes may discourage women from claiming benefits even when they are entitled to them.<sup>7</sup> Embedding cash transfers within a universal approach—as is the case of Argentina's Universal

Child Allowance, introduced in 2009—can help avoid such problems.

Cash transfers are also often conditional on ensuring school attendance, taking children to regular health checks or participating in parenting workshops. To date, there is no conclusive evidence to show that conditionalities per se create positive outcomes in terms of child health and nutrition, as opposed to the simple injection of cash into the household.<sup>8</sup> Conditionalities do raise important concerns from a gender and human rights perspective, however.<sup>9</sup> The expectation that they are to be fulfilled by mothers reinforces gender stereotypes and increases the demands on women's time at the expense of other activities, including education, training or paid work. They are also based on paternalistic assumptions about the ability of poor people to make rational choices concerning the welfare of their children. Rather than reflecting negligence, failure to comply with requirements may be due to the lack of accessible services, their inadequate quality or—in the case of indigenous populations—language barriers.

Cash transfers therefore need to be backed by investments in health and education, as well as linkages to complementary programmes and services for women's empowerment, including literacy courses, vocational training, agricultural inputs, childcare, legal aid and support for victims of domestic violence. A programme in North-Eastern Brazil has spearheaded such a gender-transformative approach to social protection (see Box 1).

### *Public works schemes: Making sure that women benefit*

Some developing countries have introduced large-scale public works programmes to support income security among working-age adults in the face of natural disasters or economic

#### BOX 1

#### **Brazil: A transformative approach to conditional cash transfers**

The Chapéu de Palha Mulher programme in Pernambuco channels cash to poor rural households to combat hunger between sugar cane harvests.<sup>10</sup> Unlike conventional cash transfer programmes, however, it supports women's economic empowerment by training them to take up jobs in the growing construction industry in the region. Specific measures include:

- Classes in citizenship rights through feminist popular educators
- Links to services that provide information and assistance in cases of domestic violence
- Vocational training in non-traditional jobs
- Childcare services, transport and meals to enable participation

crises. Several of these—for example, India’s National Rural Employment Guarantee Scheme (NREGS), South Africa’s Extended Public Works Programme (EPWP) and Ethiopia’s Productive Safety Net Programme (PSNP)—have become long-term interventions in response to structural un- and underemployment or chronic food insecurity.

Women’s participation rates in public works schemes have been high, reflecting the extent of their poverty and, in the case of India’s NREGS and South Africa’s EPWP, aided by gender quotas. Some of these programmes offer better conditions for women than available employment alternatives. NREGS, for example, sets wages in accordance with states’ minimum wages, which are sometimes higher than those women receive as unskilled agricultural workers.<sup>11</sup>

Yet, many public works schemes exhibit gender biases that dilute benefits or conspire against women’s participation. Given rural power inequalities, for example, NREGS’ guarantee of 100 days of work per household risks excluding women. Expanding the overall availability of work opportunities and defining them as an individual entitlement would benefit both women and men. Public works programmes that only offer physically demanding work are also more likely to put women at a disadvantage where wages are linked to workload. In this regard, the introduction of a social service component into South Africa’s EPWP—including care of young children and people living with HIV—is an important innovation that supports gender equality.

Ensuring that women benefit not only requires gender-responsive design features but also effective monitoring mechanisms. Both the Indian NREGS and the Ethiopian PSNP, for example, foresee the provision of workplace-based childcare; and PSNP theoretically offers reduced working time and less physically demanding tasks for women. These provisions have been rarely implemented, however.<sup>12</sup> Participatory monitoring can improve programme performance and gender-responsiveness. In some Indian states, for example, social audits led by women’s organizations have been successful in raising women’s participation rates, wages and representation in supervisory roles.<sup>13</sup>

### *Access to essential health care: Addressing gender-specific risks and needs*

A growing number of countries, including Rwanda, Thailand and the United States, have spearheaded universal health coverage (UHC) reforms. Accessible and affordable health care is particularly important for women because they have less access to income, face costly health conditions, such as pregnancy and childbirth, and are often responsible for the health care of family members.

What is defined as ‘essential’ health services under these schemes matters hugely for gender equality, because such services are prioritized for public funding. To be truly universal,

the different health risks, needs and contingencies of women and men—as well as those of other social groups—have to be taken into account. The definition of essential services should involve the participation of women’s organizations and be based on a thorough analysis of gendered patterns of morbidity and mortality. As a minimum, it should comprise maternity care (including emergency obstetric care), family planning and comprehensive sexual and reproductive health services for adolescent girls. Essential health services for survivors of gender-based violence should also be considered.

Where UHC is taken forward by extending national or community-based insurance schemes to previously excluded groups such as informal workers, women’s enrolment can often only be secured by subsidizing their contributions and/or registering whole households. To ensure effective access to health care for women, non-financial barriers also need to be addressed in parallel. This requires greater attention to where, when and how health services are delivered. In rural areas, a large share of women report difficulties accessing health care because facilities are too far away or service quality is poor. A range of measures can be taken to address these issues, as the case of Rwanda shows (see Box 2).

#### **BOX 2**

### **Rwanda: Combining universal health coverage with gender-responsive investments in service delivery**

The rapid roll-out of community-based health insurance in Rwanda has significantly reduced financial barriers to health-care access for women and expanded their uptake of services.<sup>14</sup> Between 2005 and 2010, the share of women who reported lack of money as the main barrier to accessing health care declined, skilled birth attendance increased and maternal mortality rates fell faster than in the rest of the region. These achievements have been bolstered by significant investments in health infrastructure and delivery, including:

- The nationwide expansion of adequately equipped public health centres with decentralized management, which allows for performance-based financing
- Training of community health workers (CHWs), who provide antenatal care and delivery services in health centres as well as promoting hygiene, health insurance and family planning
- Concrete incentives for CHWs and other health-care professionals to meet maternal and child health targets and provide quality care
- Participatory processes at the local level to feed problems and lessons back into policy and enhance accountability in the health system as a whole

## Promoting lasting and transformative change for women

While integrating gender into key social protection programmes can go a long way, lasting and transformative change requires policies that comprehensively address women's income security and well-being. Indeed, SPFs are most effective when part of a broader policy package geared towards sustainable and gender-equal development. The importance of making SPFs more gender-responsive should not obscure the fact that paid employment remains the main source of

income for most working-age adults and their families. As women's disproportionate responsibility for unpaid care and domestic work constrains their employment options, reducing and redistributing this work through parallel investments in time-saving infrastructure and services—including childcare, transport and water and sanitation—is essential. Alongside efforts to create more and better jobs for women, such investments can lift one of the main barriers to women's income security and create general gains in well-being by reducing women's time poverty and exposure to drudgery.

## RECOMMENDATIONS

- Conduct context-specific assessments of gendered risks and analyse the factors that drive women's exclusion and disadvantage in existing social protection schemes
- Define access to public works as an individual entitlement to ensure that women benefit
- Build on targeted programmes to create universal schemes that are more likely to prevent exclusion errors and stigma, especially for women from poor and marginalized groups
- Avoid tying cash transfers to conditionalities that add to women's unpaid care burdens and integrate gender-responsive elements, such as crèches, in public works programmes
- Consider the use of affirmative action to promote the rights of women and girls through quotas in public works programmes and transfers that encourage girls' secondary school attendance
- Promote women's empowerment by linking cash transfer programmes with services such as vocational training, childcare and support for victims of domestic violence
- Ensure that gender-responsive measures are implemented through effective monitoring and complaints mechanisms, including participatory social audits that involve women's organizations
- Move beyond narrow approaches to social protection by embedding basic transfers in a broader social and economic policy package aimed at creating more and better jobs for women and reducing and redistributing unpaid care and domestic work

The policy brief series synthesizes research findings, analysis and policy recommendations on gender equality and women's rights in an accessible format. This brief was produced by Silke Staab, Research Specialist at the Research and Data section. To see the full bibliography visit: <http://goo.gl/VLPkZS>

### FURTHER READING

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### ENDNOTES

<sup>1</sup> UN Women 2015a.

<sup>2</sup> Holmes and Jones 2010.

<sup>3</sup> UN Women 2015b.

<sup>4</sup> UN Women 2015a. Bangladesh's Female Secondary School Stipend Programme, for example, has decreased gender disparities in enrolment and boosted girls' completion rates by providing tuition fees as well as a monthly stipend for girls. In Mexico's Oportunidades, recently rebranded as Prospera, transfers were 10 per cent higher for girls than for

boys at the onset of secondary school, which is when the risk of female drop out is highest.

<sup>5</sup> Fultz and Francis 2013; Kabeer, Assaad et al. 2013.

<sup>6</sup> Sepulveda et al. 2012.

<sup>7</sup> Ibid. In Ecuador's conditional cash transfer programme, Bono de Desarrollo Humano, for example, some indigenous women did not collect their benefits because the private guards of the financial institution mistreated them while they were queuing.

<sup>8</sup> Budlender 2014.

<sup>9</sup> Ibid.

<sup>10</sup> UN Women 2015a.

<sup>11</sup> Dasgupta and Sudarshan 2011.

<sup>12</sup> Sudarshan 2011; Berhane et al. 2013.

<sup>13</sup> Nandi and Tavares 2014.

<sup>14</sup> UN Women 2015a.