



▶ Social Protection Spotlight

Date: November 2016

▶ Maternity cash benefits for workers in the informal economy

Key points

- ▶ Maternity protection prevents women and children from economic hardships and health risks during maternity.
- ▶ Only 28 per cent of those in employment are effectively protected by cash benefits in the event of maternity. Most of those uncovered are in the informal economy.
- ▶ Social insurance schemes and tax-funded cash transfer schemes have the potential to reach out to women working in the informal economy provided that they are carefully implemented and take into account their contributory capacities, characteristics, circumstances and needs.
- ▶ ILO standards, including the Maternity Protection Convention (No. 183) and its accompanying Recommendation (No. 191), the Social Protection Floors Recommendation (No. 202), and the Transition from the Informal to the Formal Economy Recommendation (No. 204), provide guidance for the extension of maternity protection for workers in the informal economy.

Low coverage of maternity protection

Because of economic pressures and the lack of income security, most women workers in the informal economy cannot afford to significantly reduce their workload, including unpaid household and care work, before and after childbirth. As a consequence, many continue engaging in work activities too far into pregnancy or start working too soon after childbirth, and expose themselves and their children to significant health risks (ILO, 2013; 2010; 2007).

Maternity benefit schemes providing income security are a core component of maternity protection. However, they still cover a minority of women: in fact, only 28 per cent of those in employment, often wage and salaried workers in the formal economy, are effectively protected by cash benefits in the event of maternity (ILO, 2014a). Thus, certain categories of workers are often excluded, including own-account and contributing family workers,

especially in rural areas, employees holding informal jobs, domestic workers, casual and home workers. Also women who perform unpaid household and care work as their primary activity need protection around childbirth.

Workers in the informal economy are particularly vulnerable to the risks of income insecurity and ill health because of unsafe and insecure working conditions, often low and volatile incomes, dispersed workplaces with limited access to public services and a lack of representation in collective bargaining processes (Lund, 2012).

Developmental benefits of maternity protection

Maternity protection is essential to promote the health, nutrition and well-being of mothers and their children, to achieve gender equality at work, prevent and reduce poverty and to advance decent work for both women and men. This makes maternity protection the first key

step of the comprehensive set of care policies that promote women’s economic empowerment, prevent informalization and enable individuals and societies to thrive, especially in the context of demographic transitions. It increases the chances of survival of the mother and the newborn and lays the conditions for optimal physical and cognitive development of the infant. Without maternity protection, women may shift into lower-paid and more insecure work in order to breastfeed and care for their infants. While they initially consider it a temporary coping strategy, women with children are likely to stay in the informal economy as they juggle childcare and earning an income (Alfers, 2016). Maternity protection therefore contributes to the achievement of multiple Sustainable Development Goals (namely goals 1, 3, 5, 8 and 10) and is a key component of the transformative policies called for in the 2030 Agenda for Sustainable Development.

Adequate maternity protection protects women from economic losses, gender discrimination and health risks related to maternity in a comprehensive way. Specific measures include paid maternity leave, maternal and child health care, employment protection and non-discrimination, health protection at the workplace for pregnant and nursing women and breastfeeding arrangements at work.

In particular, income security is essential to enable women to rest and recover before and after childbirth and establish breastfeeding, to prevent health risks for women and their children and to protect women from income losses during this critical period. Paid maternity leave is thus a core element of social protection systems alongside other adequate benefits in cash and in kind, including effective access to quality health care services for all (ILO, 2014a; 2014b). Yet, estimates suggest that

over 800 million women workers are lacking income security as a result of maternity (ILO, 2014a; see **Figure 1**). Many of these unprotected women are in the informal economy, and most of them live in developing countries.

Unless coverage of maternity cash benefit schemes is extended to women workers in the informal economy through adequate measures that take into account their characteristics, circumstances and needs, the large majority of women workers will continue lacking effective access to maternity care and income security during and after pregnancy.

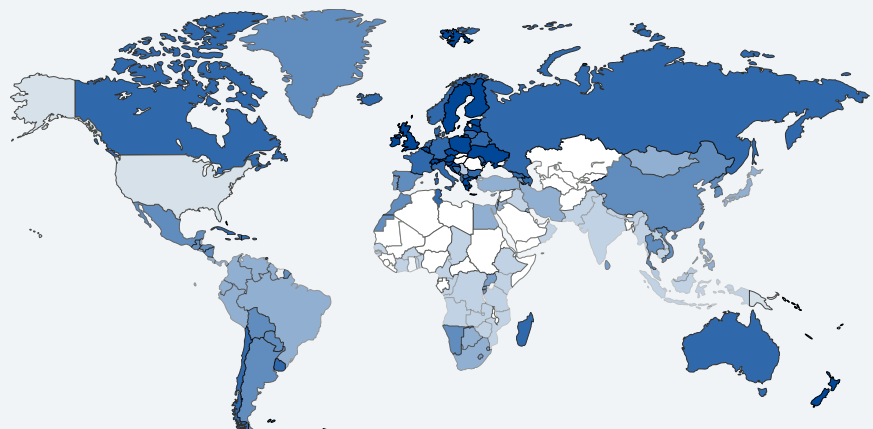
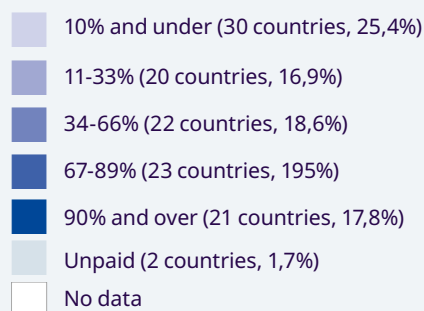
An increasing number of countries are developing strategies to extend maternity benefits coverage to women in the informal economy, although more efforts are necessary for universal protection. The outcome of such an investment will contribute tremendously to enhancing maternal and child health, ensuring adequate nutrition, eliminating poverty, as well as achieving gender equality and decent work in line with the Sustainable Development Goals.

A comprehensive framework for promoting maternity protection for all

The right to maternity protection is enshrined in various human rights treaties including the Universal Declaration of Human Rights (UDHR): “Motherhood and childhood are entitled to special care and assistance” (Art. 25), the International Covenant on Economic, Social and Cultural Rights: “Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits” (Art. 10.2) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),

Figure 1: Effective coverage for maternity cash benefits

Women in employment contributing to maternity cash benefits schemes or otherwise entitled to such benefits, latest year



Source: ILO (2014b)

which recognizes maternity protection, including non-discrimination and paid leave, and child-care as essential rights (Introduction and Art. 11.2).

The Maternity Protection Convention, 2000 (No. 183) sets out a comprehensive framework to guide member States in providing adequate maternity protection at national level, building on the standards of the Social Security (Minimum Standards) Convention, 1952 (No. 102). The Convention applies to all employed women, including those in atypical forms of dependent work, and does not limit the scope of maternity protection to women in the formal economy. Cash benefits should be provided through compulsory social insurance or public funds under national law or other modalities. These benefits should be sufficient to ensure that “the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living”. If earnings-related, the benefits should be not less than two-thirds of their previous earnings (or comparable) for a period of not less than 14 weeks.

Women who do not qualify for such benefits should be entitled to adequate benefits out of social assistance funds. In practice, this applies to millions of women in the informal economy, with limited or no capacity to regularly contribute to social insurance schemes.

An ILO report on the compliance with the Maternity Protection Convention, 2000 (No. 183) shows that all but two out of the 185 countries surveyed are providing cash benefits or pay during maternity leave and over 80 per cent of the 155 countries with available information are setting out explicit prohibitions against discrimination, with 43 countries listing “pregnancy” or “maternity” among the grounds of discrimination (ILO, 2014a). However, despite increasing numbers of countries applying key aspects of the Convention, the lack of legal coverage of certain categories of women workers and effective implementation remain a major challenge.

The ILO Social Protection Floors Recommendation, 2012 (No. 202) provides a framework for establishing nationally-defined social protection floors as part of comprehensive social protection systems. These basic social security guarantees should include at least, among others, access to essential health care including maternity care, as well as basic income security at a nationally defined minimum level for all resident women in case of maternity (para. 5). These guarantees should prevent hardship and increased poverty risks due to the financial consequences of accessing health care, and “allow life in dignity” (para. 8). They should be established by law and be regularly reviewed, to ensure adequate, sustainable and universal protection.

The ILO Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204) addresses the exclusion of workers in the informal economy from maternity protection by clearly recommending that

member States should “progressively extend, in law and in practice, to all workers in the informal economy, social security (and) maternity protection” (para. 18). They should also encourage the provision of and access to childcare and other care services to promote gender equality and enable the transition to the formal economy (para. 21).

The ILO international standards have established a comprehensive framework to protect women workers in both the formal and informal economy against risks and discrimination related to maternity. Yet, in practice, less than 15 per cent of women workers in Africa and Asia are effectively protected by maternity cash benefits (ILO, 2014a, 2014b). Legal exclusion and a lack of recognition of the specific needs, characteristics and contributory capacities of workers in the informal economy contribute to the lack of effective coverage in many countries.

Strategies to extend maternity cash benefits to women workers in the informal economy

Three mechanisms are used to provide paid maternity leave or maternity cash benefits to women workers:

- Employer liability, with employers directly or indirectly (by means of a private insurance) bearing the entire cost of paid maternity leave or its share together with social insurance.
- Social insurance, financed through contributions from employers and employees and occasionally also from the government.
- Tax-financed (non-contributory) cash transfer schemes for women not covered under social insurance.

Moving away from employer liability

In many countries, the only existing mechanism to provide income security for women workers is through employer-provided paid maternity leave (see **Figure 2**). Employer liability systems are common in Africa, Asia and the Middle East. In Africa, for instance, 38 per cent of the countries primarily rely on employer liability systems (ILO, 2014a). This mechanism is however not available for the large majority of women workers in the informal economy.

There are important concerns about employers bearing the entire or partial costs of maternity benefits. Relying on full or partial employer liability is problematic in countries where legislation is not enforced and where there is no effective monitoring on employers complying with their duties, even for workers in the formal economy. In addition, Convention No. 183 explicitly discourages reliance on employer liability as it may entail disincentives for employers to hire, retain and promote women workers.

Some countries are moving away from full employer liability. In **Rwanda**, a 2016 maternity protection law grants mothers a 12-week leave with full salary. The first six weeks are still paid by the employer, while the remainder is financed by a new insurance scheme managed by

the Rwanda Social Security Board as a progressive step towards toward the setup of comprehensive social insurance benefits. The total contribution rate amounts to 0.6 per cent of the salary and is equally split between employer and employee.

In **Jordan**, the employer liability scheme for maternity benefits was replaced by a social insurance scheme in 2011. The contribution rate is 0.75 per cent of the salary paid by the employer for all women and men employees.

Employer liability mechanisms do not provide a feasible avenue for protecting workers in the informal economy. Thus, social insurance and non-contributory schemes offer more promising mechanisms to extend maternity cash benefits to women in the informal economy.

Social insurance

Social insurance schemes are usually funded through employer and employee contributions, sometimes complemented by government funds. Providing maternity cash benefits through a social insurance system applies the principle of solidarity: all workers, including men, collectively bear the costs of maternity benefits by contributing, according to their capacity, to a common social insurance scheme. In this respect, mandatory coverage taking into account workers' contributory capacities is superior to voluntary coverage, as it ensures a larger risk pool and more equitable financing mechanisms. Including maternity cash benefits under the national social insurance scheme is an important step for improving social security coverage for working women (ILO, 2014c;

ILO standards on maternity benefits for workers in the informal economy

Maternity Protection Convention, 2000 (No. 183)

This Convention applies to *all employed women*, including those in atypical forms of dependent work.

► **Maternity leave:** Entitlement to a period of maternity leave of *not less than 14 weeks* (or *18 weeks* according to Recommendation No. 191).

► **Benefits:**

- Cash benefits for the duration of the maternity leave at an amount which ensures that the woman can maintain herself and her child in proper conditions of health and with a suitable standard of living.
- Cash benefits *not be less than two-thirds of the woman's previous earnings* (or comparable) (or *full amount* according to Recommendation No. 191).
- Provision of benefits through *compulsory social insurance or public funds without resorting to individual employer's liability*.
- Entitlement to adequate *social assistance* benefits for woman not qualifying for earnings-related cash benefits under national laws.
- Entitlement to *medical benefits* for the woman and her child, *including prenatal, childbirth and postnatal care, as well as hospitalization care when necessary*.

Social Protection Floors Recommendation, 2012 (No. 202)

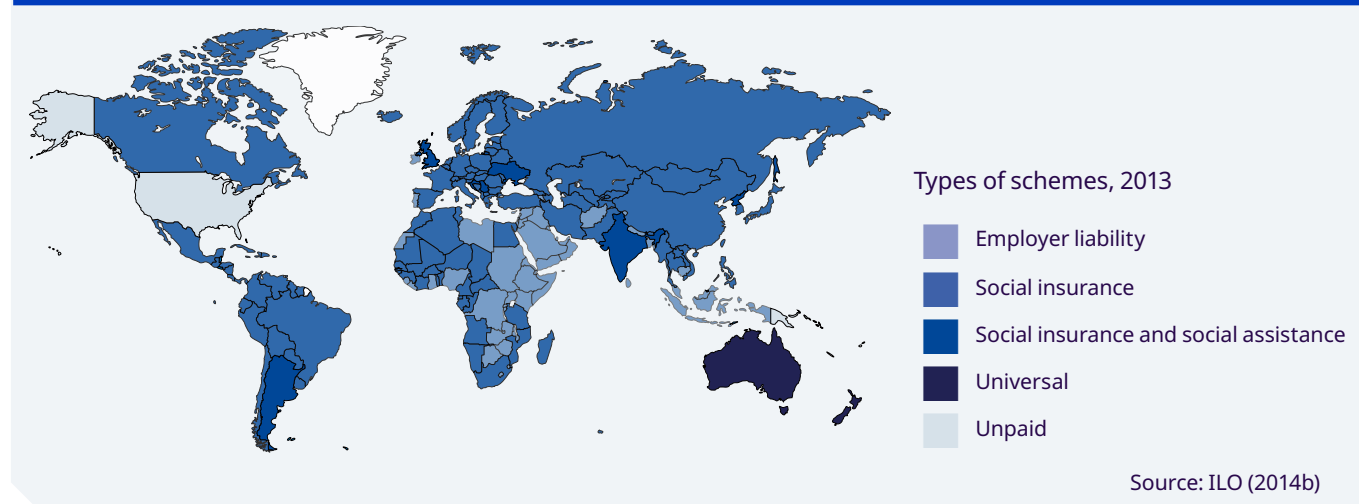
► **Basic social security guarantees** including:

- *access to essential health care* including *maternity care*, and;
- *basic income security*, at least at a nationally defined minimum, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability.

Transition from the Informal to the Formal Economy Recommendation, 2015 (No. 204)

- *Progressive extension*, in law and in practice, of *social security, maternity protection*, decent working conditions and a minimum wage *to all workers in the informal economy*.
- Consideration of the *needs and contributory capacities of those in the informal economy* and their families when building national social protection floors and extending the coverage of social insurance to the informal economy.
- Encouraging the provision of and access to *affordable quality childcare and other care services* to promote *gender equality* in entrepreneurship and employment opportunities and to enable the *transition to the formal economy*.

Figure 2: Maternity cash benefit schemes anchored in national legislation



2015a). This should be a priority in the countries in which benefits are still paid solely by the employers (ILO, 2014a).

While social insurance usually covers wage and salaried workers in formal work arrangements, such schemes can be adapted - in law and practice - to include also other categories of workers, including the self-employed. Such an extension strategy requires the adaptation of benefit design, legal frameworks, financing mechanisms and administrative procedures to the needs and circumstances of these groups of workers. This is also key for extending social insurance coverage to workers in the informal economy (ILO, 2014b; ILO, forthcoming).

Several countries have adjusted their legal frameworks to extend maternity protection coverage to certain categories of workers who are usually in the informal economy, and, in so doing, facilitate their transition to the formal economy. They have also taken measures to overcome the financial and administrative barriers that stood in the way of covering these categories of previously uncovered workers.

South Africa provides maternity benefits through the Unemployment Insurance Fund (UIF) under the Unemployment Insurance Act (No. 163). Since 2003, the UIF explicitly includes domestic and seasonal workers (yet farm workers are still excluded). Benefits are paid over a maximum period of 17 weeks up to 60 per cent of the workers' previous earnings. In the case of fluctuating earnings, the calculation is based on the average daily remuneration of the beneficiary over the previous 6 months. Employers and workers each contribute 1 per cent of the value of the worker's monthly salary.

In **Namibia**, affiliation to the Maternity Leave, Sick Leave and Death Benefits Fund (MSD) is compulsory for all employees, including domestic workers and employees of small enterprises. Self-employed persons are covered on a voluntary basis. Total contribution of 1.8 per cent

of the employee's basic wage is equally shared between employer and employee (each 0.9 per cent); self-employed workers have to bear the full contribution. The minimum monthly contribution is N\$2.70 regardless of the contributor's income. To become eligible for maternity benefits, members must have contributed during at least 6 months. Maternity benefits amount to 100 per cent of the basic wage, with a minimum of N\$300 and a maximum of N\$13,000 per month for up to 12 weeks (Social Security Commission of Namibia, 2016). Yet, 43 per cent of women workers, mostly in the informal economy, continue to be excluded from such protection due to a lack of awareness and enforcement (ILO and OPM, 2014).

In **Lao People's Democratic Republic**, informal sector workers can join the National Social Security Fund (NSSF) on a voluntary basis under the 2014 Social Security Law. Coverage includes access to a number of social security benefits, including health care and maternity benefits, based on a contribution rate of 9 per cent of their chosen reference wage. In order to be eligible for maternity cash benefits, insured persons need at least 6 months of contributions within the last 12 months. The maternity cash benefit of 80 per cent of the average reference wage (during the last 6 months) is paid for a maximum of 90 days. Coverage is however limited so far: in 2015, the number of voluntarily members was 1,599 persons out of roughly 2.48 million informal sector workers in the country.

In the **occupied Palestinian territory**, the social security law adopted in 2016 will introduce a comprehensive social insurance scheme including maternity benefits for all private sector workers. It was developed by the tripartite National Social Security Committee in consultation with workers' and employers' organizations, and other stakeholders. Workers and employers will make contributions of 7.7 per cent and 10.4 per cent respectively.

The total number of covered workers is projected to gradually increase from 82,646 in 2015 to 336,440 in 2025.

Social insurance mechanisms can play a significant role in extending maternity protection coverage to those categories of workers in the informal economy who have some contributory capacities. For those with limited contributory capacities, it is necessary to consider

Non-contributory (tax-funded) cash transfer schemes

A second possibility to extend maternity protection to workers in the informal economy is through non-contributory (tax-funded) schemes to supplement the other mechanisms discussed above (ILO 2014a, 2014b). This mechanism may indirectly contribute to formalization, by creating the necessary conditions for their transition to formality in the longer term.

Many programmes focus on improving health and nutrition outcomes from conception to the first stage of a child's life. These programmes typically target pregnant women and children until the age of 2 years (the "first 1,000 days") in food insecure households, and often combine cash benefits with antenatal and postnatal care visits, nutritional supplements and information sessions on breastfeeding and nutrition. While such nutrition-related programmes contribute to some extent to income security, in many cases the level and frequency of cash benefits is not sufficient to ensure adequate protection against economic and health-related hardships for women and their children over the entire critical period.

However, some programmes do provide a sufficient level of income to reduce extreme poverty and to ensure a basic level of income security. Many of these are targeted to low-income or food insecure families, and are funded from the government budget, in some cases with external support. Generally however, they are not anchored in national legislation and therefore do not ensure a stable legal and financial basis for the programme nor a clear definition of eligibility criteria and benefit packages.

For example, the Cash Transfer Programme for Vulnerable Children in Northern **Togo** provides unconditional cash benefits on a monthly basis to vulnerable households to prevent and manage child malnutrition. Eligible for benefits are pregnant women (at least 3 months), children during the first 24 months of life and severely undernourished children until nearly the age of 5 years. Beneficiaries are encouraged to attend nutritional training sessions and to ensure education and health care of their children (Cirillo and Tebaldi, 2016).

In the **United Republic of Tanzania**, the Social Action Fund (TASAF) started in 2000 with the aim to increase income and consumption and the ability to cope with shocks among extremely poor populations. Cash transfers to pregnant women equivalent to 6 US\$ are disbursed every two months under the condition that they attend at least four antenatal medical exams or health and nutrition sessions every two months depending on availability of services. Children are required to attend regular medical routine checks and school (ibid.).

Ethiopia introduced the Productive Safety Net Programme (PSNP) in 2005 with the objective to enhance livelihoods and resilience to shocks and to improve food security and nutrition of rural households. Beneficiaries are given 15kg of cereals and 4kg of pulses per month or the equivalent in cash. While beneficiaries generally have to participate in public work programmes (PWP) in order to receive benefits, some beneficiaries, such as sick or injured persons, are exempted from PWPs and receive direct unconditional support. Pregnant women in food insecure and poor households, regardless of their employment status, are eligible for cash benefits after 6 months' pregnancy and during the first 10 months after delivery, and are exempt from participating in public work. This is in practice a form of paid maternity leave. However, in several field sites, women reported that they continue working under the PWP throughout their pregnancy as they feared losing their entitlement to the benefits when interrupting their work (Cirillo and Tebaldi, 2016).

In **India**, the Indira Gandhi Matritva Sahyog Yojana (IGMSY) programme was launched in 2010 in 52 pilot districts with the aim to improve the health and nutritional status of women and their children. Pregnant and breastfeeding women age 19 and older, regardless of their employment status, receive maternity cash benefits related to their first two pregnancies. Women have to register for the programme on their own initiative and receive a cash transfer equal to US\$ 67.20 paid in three instalments upon compliance with specific conditions, including medical check-ups for mother and child, exclusive breastfeeding, vaccinations and attendance at health counselling sessions. The cash transfers partially compensate for approximately 40 days of lost work under minimum wage conditions (Ministry of Women and Child Development, 2010; Fultz and Francis, 2013; ILO, 2014b).

Social insurance schemes can:

- provide compulsory coverage under the general social security system; the extension of coverage to workers in the informal economy requires that administrative procedures, benefits and contributions are adapted to their needs and situation, and take into account their status in employment and contributory capacity.
- offer voluntary affiliation with social insurance schemes as a preliminary step; however, voluntary mechanisms usually do not achieve a substantial extension of coverage.

The conditional cash transfer programme JUNTOS was established in 2005 in with the objective to reduce poverty and to prevent the transmission of poverty from one generation to the next. Eligible for cash transfers are pregnant women, children and adolescents until the age of 19 years who are living in extreme poverty. They receive 200 nuevos soles every two months under certain conditions: pregnant women have to attend antenatal examinations, children have to attend medical examinations and school. In 2014, JUNTOS reached out to 753,638 households (Ministry for Development and Social Inclusion of Peru, 2014).

With the aim of helping countries to estimate the costs of a non-contributory cash benefits maternity scheme, the ILO developed the ILO Social Protection Floor Cost Calculator. This advocacy tool shows that it is possible to build sustainable social protection floors (basic levels of social protection) in low- or middle-income-countries including universal maternity benefits. The ILO has estimated the cost of a universal maternity cash benefit at less than 0.5 per cent of GDP for a majority of low- and lower-middle-income countries. While this represents a significant investment for such countries, there are many ways in which countries can mobilize fiscal space to provide maternity benefits for all. Options include: re-allocating public expenditures; increasing tax revenues, e.g. through broadening the tax base and more effective tax collection; extending social insurance coverage and contribution revenues; lobbying for aid and transfers; eliminating illicit financial flows; using fiscal and foreign exchange reserves; borrowing or restructuring existing debt and adopting a more accommodative macroeconomic framework (ILO, 2015c).

Ensuring universal coverage through a combination of different mechanisms

The combination of contributory and non-contributory schemes can help to ensure universal maternity protection, including for women in the informal economy, those living in rural areas and indigenous peoples or ethnic minorities.

Mongolia provides an interesting example, as it offers universal maternity protection coverage through a combination of different mechanisms. Formal employees are covered by social insurance on a mandatory basis and receive a replacement rate of 100 per cent of their covered wage for four months. Herders, self-employed and workers in the informal economy can join the scheme on a voluntary basis, and receive maternity cash benefits for four months at a replacement rate of 70 percent of their selected reference wage after 12 months of contributions. In addition, maternity cash benefits under the Social Welfare Scheme are provided to all pregnant women and mothers of infants regardless of their contribution to the social insurance scheme, status in employment or nationality. The benefit, equivalent to

approximately US\$ 20 per month (2015) is paid from the fifth month of pregnancy for 12 months. Maternity care is provided through the universal (tax-funded) health care system. Innovatively, since 2007 the benefits are delivered through the One Stop Shops (OSS), a unified service delivery system, including social welfare, social insurance, employment counselling and civil registration. In order to meet the needs of rural and nomad women, all Mongolia's provinces, and most of the districts, now have OSS services, and for those who live in really remote areas a mobile OSS van was launched, which brings officials and the services to the door of the ger, a traditional nomadic home (ILO, 2015b; 2016a).

Tax-funded cash transfer schemes can:

- provide cash benefits to women workers not eligible for social insurance;
- ensure at least a basic level of income security for women in the informal economy or low income women in general;
- facilitate access to maternal and child health care and other services.

Lessons learnt for extending maternity protection to women workers in the informal economy

Designing and implementing maternity benefit schemes that reach out to all women workers, including in countries with a large informal economy, remains a major challenge for many countries. Where they remain excluded, women are exposed to discriminatory employment practices and significant economic and health risks.

Some countries have developed strategies to overcome these challenges by moving away from employer liability systems, creating more inclusive social insurance schemes or by covering informal women workers under non-contributory social protection schemes. This represents tremendous progress towards maternity protection for all women workers.

Extension strategies should take into account the various barriers workers in the informal economy face with regard to limited contributory capacities, irregular and unpredictable income, low visibility and voice in policy making and collective bargaining processes and geographical and time constraints in registering and paying contributions. Consequently, where full or partial employer liability systems remain in place, workers lack the capacity to contribute, or if women continue working because they fear losing benefits under a public works programme, coverage will remain unsatisfactory.

One of way that facilitate access for these groups of workers. For example, mechanisms to subsidize and simplify the payment of contributions for both employers and workers have been successful in overcoming some of the practical barriers to access.

Some countries have put in place the possibility of voluntary social insurance coverage for workers in the informal economy, yet in many cases, the range of available benefits does not include maternity cash benefits. In addition, voluntary coverage without supporting policies to adapt the contributions, benefits and administrative procedures to the needs and circumstances of those in the informal economy, tends to reach only a minority of workers in the informal economy.

Non-contributory cash transfer programmes can play an important role in ensuring at least a basic level of income security, and contributing to the economic empowerment of women. Yet, eligibility criteria and the level of cash transfers is decisive in order to reduce and prevent poverty. Eligibility criteria should be defined in a way that includes poor working women, who are often excluded by cash transfer schemes for earning an income.

In order to ensure at least a minimum level of income security, various needs have to be taken into account, such as the need for food, housing, health care, transport, clothing, childcare and other unpaid care work. There is evidence that food security and nutrition objectives can only be achieved if cash transfers are high enough to not only cover food needs but also essential non-food needs (Devereux, 2015). In other words, if nutrition-oriented cash transfer programmes for poor and food insecure women are meant to also contribute to income security for themselves and their children during and after pregnancy, cash transfer levels have to be high enough to also cover essential non-food needs and to release women from the pressure to work too far into pregnancy or to return too soon after childbirth.

Comprehensive programmes combining more than one objective (e.g. nutrition, health and income security for women, skills, employability and entrepreneurship development, as well as childcare), therefore have to navigate trade-offs carefully in order to prevent sub-optimal results (Slater et al., 2014).

Moreover, cash transfer schemes should be sensitive towards gender patterns with regard to the division of paid work and unpaid household work and care responsibilities (ILO, 2016b). By assigning the main responsibility for complying with the requirements of conditional cash transfer programmes, women are continuously perceived as the sole caregivers being responsible for their children's health and education (Molyneux 2007; Fultz and Francis, 2013). Conditional cash transfers aimed at improving children's health and nutritional status beyond the immediate period after delivery (ideally the maternity leave period in accordance with Convention No. 183),

should therefore recognize that both mothers and fathers have responsibilities as breadwinners and caregivers and include implementation modalities as well as services and awareness-raising that challenge the traditional division of paid work and unpaid care work and encourage its overall recognition, reduction and redistribution between women and men (ILO, 2016b). Finally, conditionalities should not induce extra burdens and costs in accessing often very low benefits, which risk limiting women's entitlements. Women may simply not be able to afford transport costs or time spent in waiting wards if these are not offset by the transfer, and thus give up their benefits (Dasgupta et al., 2012).

In many cases, the extension of maternity cash benefits for women workers in the informal economy will rely on a combination of contributory and non-contributory mechanisms to achieve universal coverage. An effective coordination of these mechanisms within the social protection system is essential to guarantee at least a basic level of income security for women workers in case of maternity, and to facilitate their access to maternal and child health care. These elements are key to building a social protection floor for all as part of each country's national social security system and comprehensive continuum of care policies, and to contribute to the broader objectives of promoting the health and well-being of mothers and their children, to achieve gender equality at work and to advance decent work for both women and men.

Key lessons for extending maternity cash benefits to women workers in the informal economy

- ▶ Moving away from full or partial employer liability systems and including maternity cash benefits under national social insurance scheme should be a priority.
- ▶ The combination of contribution- and tax-financing can support the extension of maternity cash benefits to those with insufficient contributory capacities.
- ▶ Approaches should not just address the extension of legal coverage to previously uncovered categories of workers through inclusive eligibility criteria, but also address the practical barriers that prevent them from benefiting from maternity cash benefit schemes.
- ▶ Contributory schemes should be adapted to the contributory capacities of workers, taking into account that incomes in the informal economy are often low and volatile and have to cover various needs, including health care, nutrition, housing, transport, childcare and other unpaid care work. Both contribution levels and collection mechanisms, should be flexible and adapted to the needs and characteristics of workers and employers covered.
- ▶ To increase registration among women workers in the informal economy, enrolment procedures should be simplified, for example through decentralised and mobile registration units and paperless registration.
- ▶ Accessible and affordable new technologies can play a role in extension strategies.
- ▶ Cash transfer schemes requiring for medical checkups and school attendance among children should recognize that both parents have responsibilities as breadwinners and caregivers, and should not introduce additional burdens and costs.
- ▶ Workers in the informal economy should have a voice and representation in decision-making on policy design and implementation, to ensure that the programmes meet their needs.
- ▶ Nation-wide campaigns can increase awareness for the needs of workers in the informal economy and can also create demand for social security enrolment amongst workers in the informal economy.

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