



# FAMILY-FRIENDLY POLICIES FOR WORKERS IN THE INFORMAL ECONOMY

*Protecting and ensuring social protection  
and care systems for all children and families  
in the context of COVID-19 and beyond*

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The publication was jointly developed by Women in Informal Employment: Globalizing and Organizing (WIEGO), United Nations Children's Fund (UNICEF) and the International Labour Organization (ILO). The policy brief builds on UNICEF's call to action for governments and businesses to redesign the workplaces of the future and enable parents and caregivers to give their children the best start in life, while boosting productivity and women's economic empowerment. Find out more in "Redesigning the workplace to be family-friendly: What governments and businesses can do." In addition, this resource builds on the ILO's call to promote investment in the care economy as part of the transformative agenda for gender equality of the "ILO Centenary Declaration for the Future of Work." It also expands upon the ILO and WIEGO policy brief series: "Childcare for workers in the informal economy," which explores how universal, publicly funded and quality childcare services, with decent care jobs and as part of social protection systems, can improve the lives and economic security of women workers in the informal economy, support their transition to the formal economy and promote gender quality at work.

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Viboonsri Wongsangyim and her husband, Bang Aree, have made a living by producing Muslim garments at home in Lam Hin Tai community, a suburb of Bangkok. Their grandchild, Aunpat Prasertkarn, age 2, helps out. Like most home-based workers, the couple has suffered from irregular work and inconsistent income. However, working at home enables them to have the flexibility to spend as much time with their family as needed.

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**BOX 1: Key definitions**

**Care work:** Care activities are comprised of two broad categories. The first covers direct, face-to-face, personal care activities (sometimes referred to as “nurturing” or “relational” care), such as feeding a baby, nursing a sick partner, helping an older person to take a bath, carrying out health check-ups or teaching young children. The second covers those involving indirect care activities, which do not entail face-to-face personal care, such as cleaning, cooking, doing the laundry and other household maintenance tasks (sometimes referred to as “non-relational care” or “household work”), that provide the preconditions for personal caregiving. These two categories cannot be separated from each other, and they frequently overlap in practice, both in households and in institutions.<sup>1</sup>

**Early Childhood Development:** The early childhood age period encompasses from 0 to 8 years of age. While the definition also includes 6 to 8 years of age, the focus of this policy brief is on the earlier years up to school entry. Development is an outcome – it is the continuous process of acquiring skills and abilities during this age period – across the domains of cognition, language, motor, social and emotional development – which helps us to think, solve problems, communicate, express our emotions and form relationships. Development is the result of the interaction between the environment and the child. A stable environment is one that is sensitive to children’s health and nutritional needs, with protection from threats, opportunities for early learning, and interactions that are responsive, emotionally supportive, and developmentally stimulating.<sup>2</sup>

**Family-friendly policies:** Family-friendly policies are the measures and arrangements that have a positive impact on workers’ abilities to reconcile work and family responsibilities – and advance the development and well-being of children and caregivers. The potential advantages of family-friendly policies include reducing child mortality

and low birthweight, decreasing instances of child abuse, increasing rates of breastfeeding and immunization, enhancing children’s cognitive development and school performance, and increased economic empowerment and wellbeing for primary caregivers.<sup>3</sup>

**Social protection:** is a human right and is broadly understood to refer to “a set of policies and programmes aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their lives, with a particular emphasis on vulnerable groups”.<sup>4</sup> It is strongly associated with protecting people as they face specific life course changes or shocks to individuals/households, such as pregnancy, unemployment, or old age, and those affecting communities and/or societies at scale, such as flooding or, indeed, COVID-19. Social protection tends to refer to four key aspects of systems:

- social transfers (whether cash transfers or in-kind support, universal or targeted);
- social insurance (such as health insurance);
- labour-market policies and programmes (such as parental leave or employment guarantee schemes); and
- the provision of non-cash social welfare services.<sup>5</sup>

**Informal economy:** This refers to all economic activities by workers and economic units that are – in law or in practice – not covered or insufficiently covered by formal arrangements; this includes informal enterprises (informal sector) as well as informal employment in both the informal and the formal sector. Workers in the informal economy differ widely in terms of income level, age, education level, status in employment, sector, type and size of enterprise, location of workplace (rural or urban, private or public areas).<sup>6</sup>



# BACKGROUND

The COVID-19 pandemic has had an unprecedented, disastrous impact on the ability of people to balance work and care for their children and families. With the slowdown in economic activity and the extreme health risks, millions are continuing to face disrupted education and childcare, family illness, loss of employment and income reductions that many fear will be long-lasting. This is especially true for the 2 billion workers in the informal economy, representing 61 per cent of the global labour-force.<sup>7</sup> Their lack of access to many or all aspects of social protection systems and robust labour regulations has led to a dramatic loss of income, increased risk of food insecurity and hunger,<sup>8</sup> and increased vulnerability to future shocks. This includes lack of access to universal health coverage, child benefits, paid sick and care leave, paid maternity, paternity and parental leave, unemployment benefits, pensions, other cash benefits, as well as, more broadly, social protection and labour regulation mechanisms. Yet, family-friendly policies and social protection are a fundamental right for all workers, their children and their families, regardless of their employment status, geographic location, gender, race, ethnicity, disability, age or any other characteristic.<sup>9</sup>

"Family-friendly policies" is a term used to communicate a specific package of evidence-based policies that support child development, poverty reduction, economic empowerment, gender equality, child protection and improvements in health and education outcomes. They do not only benefit children but every member of a family, in full recognition that every human is a rights-holder – underscoring the idea that children's rights cannot be protected and extended if their caregivers are left behind. Under this banner, UNICEF, the ILO and UN Women are calling for the implementation of a package of four critical policies, as part of broader social protection system strengthening, including recent guidance for businesses during COVID-19,<sup>10</sup> focusing specifically on:

- the provision of paid parental and other care leave policies;
- breastfeeding support;
- access to affordable and good-quality childcare; and
- universal child benefits and adequate wages.

Evidence has shown the value of these policies in achieving a triple bottom line of financial profit, women's empowerment and young children's holistic development.<sup>11</sup>

Implementing these policies is critical for the progress towards several of the United Nations Sustainable Development Goals (SDGs) and for the improvement in living standards of the current and next generation of people.<sup>12</sup> However, although crucial to the early years' of a child's development, we recognize that more than just these four elements are required, including more broadly to develop and invest in strong social protection and care systems that respond to, protect, and empower all people throughout their life course.

For example, specific information, services, care provision and broader social protection and labour-market policies are essential to support transformative change for child development and well-being, gender equality and to respond to the range of needs of people with disabilities, and older people. Adequate wages and labour-market policies for all, including paid care-workers are also a critical part of this agenda, often side-lined despite the fact that many care workers are in the informal economy, live in poverty and have children and unpaid care work of their own.

The purpose of this paper is to analyse the specific needs of workers in the informal economy, as well as their children and highlight urgent gaps and the range of family-friendly policies that are needed to support this group, especially in the care of young children. It is necessary to understand the specific working conditions, vulnerabilities, and opportunities for workers in the informal economy – their impact on children's development and their gendered dimensions – in order to inform the design and implementation of social protection and family-friendly policies. While there is urgency because of the current COVID-19 crisis, there are also opportunities to invest in and implement deliberate policy responses and measures that ensure more sustainable, long-term benefits and a more equitable post-crisis recovery path for all.

This paper marks a development in our joint advocacy on promoting investment in the care economy and social protection, including family-friendly policies. This includes

an increased focus on well-being and working conditions of caregivers in the informal economy and children's development in low- and middle-income countries. The ILO estimates that workers in the informal economy are among the most severely affected by the COVID-19 pandemic, and yet often have weak or no coverage when it comes to family-friendly social protection and care policies.<sup>13</sup> This represents a critical gap which, if not addressed,

will make our goals to tackle child poverty, hunger and gender inequality – and fulfil the SDGs – impossible to achieve. This paper also highlights the need to consider sustainable policy and protection responses, foregoing quick, short-term measures for more gender-transformative and equitable solutions that lead to better outcomes for marginalized workers and enhanced developmental outcomes for children after the pandemic.

## SITUATION ANALYSIS OF WORKERS IN THE INFORMAL ECONOMY

Informal employment represents 90 per cent of total employment in low-income countries, 67 per cent in middle-income countries and 18 per cent in high-income countries.<sup>14</sup> Workers in the informal economy are present across various types of employment including, but not limited to, agriculture, care services, construction, manufacturing, retail and trade, waste management and the gig economy. They are characterized by low and irregular earnings, unregulated working hours and a lack of labour and social protection. Although there are more men than women in the informal economy overall, working women are more likely than men to be in informal employment across Africa, Asia and Latin America.<sup>15</sup> For example, in 2016, the global proportion of informal employment as a percentage of women's total employment worldwide was 58 per cent, compared with 63 per cent for men, although informal employment was more prevalent among women in 66 out of 119 countries (56 per cent) with available data.<sup>16</sup> There's also an important life-course dimension, with informal employment more prevalent among the young (15-24) and older people (65+).<sup>17</sup>

### BOX 2: Most workers in the informal economy are self-employed

- Employers (2.7 per cent).<sup>18</sup>
- Own-account workers (45 per cent).
- Contributing family workers (16.1 per cent).
- Employees (36.2 per cent).

Informal workers can be employees or self-employed. Their status of employment exposes them to specific risks and points to different ways in which they can be covered through the social protection system.<sup>19</sup> Among the self-employed, there are categories of workers – employers, own-account workers, members of producers' cooperatives and contributing family workers. The latter are among the most disempowered as they participate in businesses operated by family members living in the same household and often do not receive a cash income, which has implications for the decision-making power within the household.

In low- and middle-income countries, most women are employed as own-account or contributing family workers. In 2018, women were more than twice as likely to be contributing family workers compared to men.<sup>20</sup> Self-employment poses specific challenges in the extension of social protection that may require specific measures to accommodate their situation. Not only do self-employed workers not have an employer to contribute towards social insurance schemes, but their earnings are often too low and irregular, which poses a challenge for their contributions to such schemes.<sup>21</sup> At the same time, social protection coverage is essential for self-employed workers.<sup>22</sup> The ensuing economic downturn will make it even more necessary for them to be included in social insurance.

Workers in waged employment are more likely to be included in contributory social insurance schemes; mandatory contributions are usually shared between workers and their employers. However, many waged informal workers are inadequately covered by these

schemes if their employers do not register them or if their employers operate in the informal economy. For instance, although domestic workers are in waged employment, the ILO estimates that only 6 per cent of some domestic workers benefit from full social protection coverage, while the large majority is only insufficiently protected, or not covered at all.<sup>23</sup> However, some countries have taken measures to extend labour and social security legislation to domestic workers and facilitate their access to social protection.<sup>24</sup>

## WORKING CONDITIONS

Within the informal economy, working conditions, such as long working hours and low earnings characterize forms of employment and occupations where women tend to be highly concentrated. Low earnings mean that many workers in the informal economy struggle to pay high user fees for good-quality privatized childcare services. Varying work hours and workplace environments can also affect how workers are able to manage their work and domestic care responsibilities. For example, waste-pickers in Brazil collecting recyclables from offices work either early in the morning or late in the evening once offices are closed. They, therefore, need childcare support services during these hours ensuring that their children are in a safe environment while they are working in more precarious and hazardous settings.<sup>25</sup>

### *Implicit and explicit gender discrimination*

Within the informal economy, women are concentrated in low-paid work with a higher risk of poverty than men.<sup>26,27</sup> Though not all informal workers are poor, most face a higher risk of poverty and food insecurity. Sex differences in poverty are largest when care and domestic responsibilities usually assigned to women are at their peak, with women in the 24–34 age group 25 per cent more likely to be in poverty.<sup>28</sup> In many low- and middle-income countries there are few formal employment opportunities for both women and men. The transition to formal employment is therefore difficult. Moreover, women face additional social, legal, and economic barriers to accessing formal employment. Women may have less access to education and training and face discriminatory gender norms and laws that either do not allow women to work or reinforce their role as secondary earners. During the COVID-19 pandemic women workers in the informal economy face greater economic shocks as they are concentrated in sectors most affected by job losses and lower earnings.

### *Unpaid care work*

Globally, there are gross imbalances in the gender distribution of unpaid care work. This refers to the time, energy and resources that go towards cooking, cleaning, and taking care of children, the ill and elderly, both within households and the community. Pre-COVID-19, the latest global estimates from national time-use surveys show that, on average, women do three times more unpaid care work than men per day – 265 minutes for women and 83 minutes for men.<sup>29</sup> Moreover, the time women spend on unpaid care work substantially increases with a child under five in the household. In Ghana, for example, when there is a young child in the home, women spend 107 more minutes on unpaid care work per day, while men spend only an additional three minutes.<sup>30</sup>

Women's disproportionate responsibility for unpaid care work also forces them to choose more flexible and low paid informal employment to reconcile family responsibilities with the need to earn an income. This contributes to women's concentration in the lowest-earning and most vulnerable and unregulated forms of work within the formal and informal economies.<sup>31</sup> The ILO estimates that, in 2018, 606 million working-age women considered themselves to be unavailable for employment or not seeking a job because of unpaid care work, compared to only 41 million men.<sup>32</sup> A large share of this potential labour-force could be activated through universal access to social protection and care policies, services and infrastructure.

Data from 31 low- and middle-income countries shows that childcare is mainly provided by unpaid caregivers in the absence of available and affordable childcare. The most frequent unpaid caregivers for children under the age of six are employed women, who are therefore doing a "double shift" of paid and unpaid work.<sup>33</sup> Women workers may face the difficult decision of bringing their children with them to work or leaving them at home unsupervised with increased exposure to risks. According to World Bank analysis, more than 40 per cent of all children below primary-school age – nearly 350 million – lack access to childcare.<sup>34</sup> Additionally, an estimated 250 million children under 5 are at risk of not reaching their developmental potential.<sup>35</sup> All of this has brought the urgent need for gender-transformative family-friendly policies into sharp focus. They are key to reduce gender imbalances in the household, and to promote shared parenting and greater co-responsibility between female and male caregivers for their families' well-being.<sup>36</sup>

Analysis of care responsibilities should take into account diverse family arrangements. For example, in extended family households, older women and men may support childcare while themselves continuing to work in the informal economy. Older siblings may also take on care responsibilities. Girls aged 10 to 14 years old are more likely than boys of the same age to spend 50 per cent more time, or a total of 120 million more hours each day, on household chores.<sup>37</sup> Single parent households, most of which are headed by mothers,<sup>38</sup> and especially those single parents in the informal economy, are under tremendous pressure. It is important for policymakers to consider diverse family structures in developing care services and social protection policies aimed at reducing and redistributing unpaid care work. In all these cases, the importance of providing opportunities for caregivers to have the enabling conditions to provide nurturing care for their children, cannot be overemphasized.

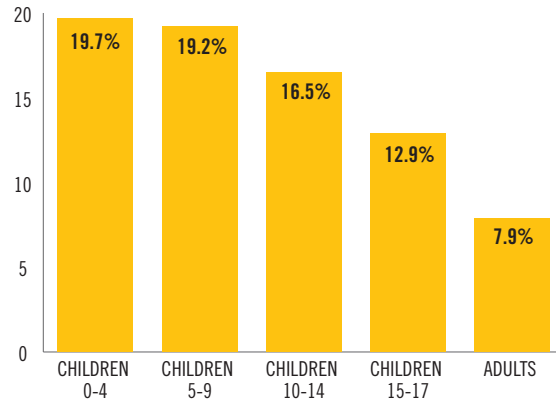
**BOX 3: Childcare workers<sup>39</sup>**

Within the childcare sector in most countries, there is a wide diversity in employment status and working conditions. While some childcare workers are formally employed in childcare centres, such as crèches and day care centres, others are informally employed and unprotected. For example, in many Indian states, *anganwadis* who run public childcare centres are not considered public sector workers and receive an honorarium without access to social insurance schemes.

There are also own-account workers, in either the formal or informal economy, running home-based childcare services. Unpaid volunteers and contributing family workers may provide childcare services from their own homes or in centres. Cooperatives are community-based care service providers (e.g. day care, childcare, foster care and mental/developmental health care, etc.) to distinct populations including elders, children and adolescent youth, and persons living with disabilities or illnesses (mental and/or physical). Domestic workers also provide childcare services in their employers' homes and may be either in the informal or formal economy. Migrant domestic workers who travel to cities or other countries to care for children are at a higher risk of working without access to labour and social protection.

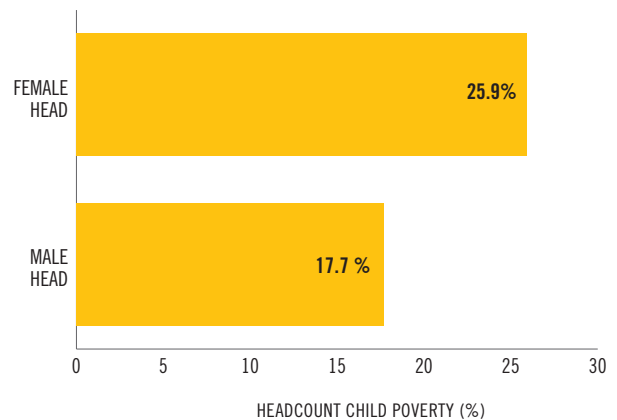
The sector is highly gendered and characterized by low wages and earnings with limited access to social protection. It reflects the undervaluation of care work and the "accepted view" of childcare as women's work rather than skilled work requiring training and decent working conditions. In this context, it is also very important to provide good quality childcare that provides families with the time, resources, and services that they need to nurture their children.

**POVERTY RISKS ARE HIGHEST AMONG THE YOUNGEST CHILDREN**



Nearly 20 per cent of all children below 5 live in extreme poor households in 2017 compared to 7.9 per cent of adults.

**CHILDREN LIVING IN FEMALE HEADED HOUSEHOLDS ARE MORE LIKELY TO LIVE IN EXTREME POVERTY**



25.9 per cent of children in female-headed households live in extreme poverty, compared to 17.7 per cent in male-headed households.

Sources: United Nations Children's Fund, "Impact of COVID-19 on Multidimensional Child Poverty," UNICEF, 2020. United Nations Children's Fund and The World Bank, *Global Estimate of Children in Monetary Poverty: an Update*, UNICEF, 2020.

**Lack of disability inclusivity**

For families whose income comes from the informal economy but who also have adults or children with disabilities in the household, there are specific and severe gaps in coverage that must also be considered. Existing data shows the vulnerabilities that make children with disabilities more likely to experience adverse outcomes during times of crisis. Compared to children without disabilities, children with disabilities are:



- 57 per cent less likely to have children's books in their households;
- 32 per cent less likely to read books or be read to at home; and
- 1.7 times more likely to have acute respiratory infection symptoms.<sup>40</sup>

As of 2018, only 27.8 per cent of people with severe disabilities worldwide receive a disability benefit<sup>41</sup> and only 9 per cent of social protection measures announced in response to COVID-19 specifically referred to people with disabilities.<sup>42</sup> Yet, in order to support adults and children with disabilities in various aspects of life, there are also specific direct costs (such as those for assistive devices, housing modifications, and extra expenditure on health care) and indirect costs that must be taken into account (including fewer employment opportunities and lower earnings, including in the informal economy).<sup>43</sup>

There is a lack of good quality data about people with disability, particularly in relation to their labour-market participation. Some evidence suggests that they disproportionately work in the informal economy<sup>44</sup> because they face barriers relating to infrastructure, education, discrimination and stigma in the formal economy – particularly in low and middle-income contexts where formal jobs are, in any case, scarce. The specific needs of this group illustrate the systemic and deep-rooted problems with tying social protection and care provision solely to

formal employment opportunities, and the urgent need to invest in social protection and care systems that reach all workers and their families including those in the informal economy, as well as those outside the labour market.

### **Lack of maternity protection and workplace support for breastfeeding**

Lack of maternity protection in the informal economy also affects mothers' ability to breastfeed exclusively for a six-month period and continue breastfeeding to supplement solid foods until children are two years old, as per the recommendations of the World Health Organization. Women domestic workers and informal traders in South Africa report working until childbirth and returning in less than three months as they need to earn an income.<sup>45</sup> Though some governments have enacted legislation and developed policies to support breastfeeding in workplaces, the regulations often refer to offices, factories or plantations.<sup>46</sup> They are rarely adapted to public workplaces such as city streets and markets or private employers' homes. If they existed, in most contexts social norms would make such policies impossible to realize for women in a way that would feel safe, accessible and dignified. In focus group discussions with women informal workers in India and South Africa, mothers were aware of the benefits of breastfeeding, but were unable to breastfeed for the recommended period.<sup>47</sup> Street vendors and market traders noted their discomfort with breastfeeding in public in front of customers and considered their workplaces either unsafe or unhygienic for breastfeeding.<sup>48</sup>



Kasha Solanki, a teacher at the BALSEWA Daycare Center, sits with her student, three-year-old Prince Gupta, who attends the Center while his mother works. BALSEWA is run by the Self Employed Women's Association (SEWA), a trade union for poor, self-employed women in the informal sector, to help informal workers access affordable daycare for their children. BALSEWA charges just 150 rupees a month and also hosts health check-ups, nutrition workshops, and educational programming.

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**BOX 4: Global maternity, paternity and parental protection and support and child benefit coverage rates**

The lack of maternity, paternity and parental protection and support for female and male informal workers leads to loss of income and reduced health and well-being when they give birth or care for infants. It also contributes to higher infant mortality rates as expectant mothers cannot afford to take time off work before or after the birth.<sup>49</sup> In India, for example, women street traders and domestic workers noted they were the main source of stable income in their households as their husbands were either unemployed, underemployed or had irregular employment. Therefore, they had to return to work soon after their children's birth. In contrast to gender norms reinforcing men's role as primary breadwinners, in many instances women are both primary breadwinners and primary caregivers, and do not have

adequate time to recover physically or psychologically from childbirth before returning to paid work and unpaid care work. This jeopardizes both women's health and children's well-being and development.

Without access to social protection measures such as paid maternity, paternity and parental leave, child and family benefits and free or significantly subsidized childcare, working parents and families in the informal economy take on the additional financial costs that come with raising a child while losing out on much needed income.<sup>50</sup>

According to recent ILO estimates, the regions with the highest rates of informal employment for women and men are also those with the lowest rates of coverage for maternity benefits and child benefits.

Region	Children in extreme poverty (in millions)	Women in informal employment/total employment (%)	Men in informal employment/total employment (%)	Child benefit coverage (%) **	Maternity benefit (%) *
<b>Sub-Saharan Africa</b>	234.1	89.7	82.7	11.4	14.5
<b>Americas</b>	11.9 million: (for this column the data refers only to Latin American and the Caribbean)	39.2	40.5	61.0	57.0
<b>Arab states</b>	10.8 (for this column, data includes the Middle East and North Africa)	61.8	70.2	15.6	11.5
<b>Asia and the Pacific</b>	24.2 (East Asia and the Pacific) 64.3 (South Asia)	64.1	70.5	18.0	44.9
<b>Europe and Central Asia</b>	10.2	23.6	26.4	79.8	81.9
<b>World</b>	<b>355.5</b>	<b>58.1</b>	<b>63.0</b>	<b>26.4</b>	<b>44.9</b>

Sources: International Labour Organization, *Women and Men in the Informal Economy: A Statistical Picture, 3rd ed.*, ILO, Geneva, 2018; International Labour Organization, *World Social Protection Database*, ILO, Geneva, 2021; International Labour Organization, ILOSTAT, *The leading source of labour statistics*, ILO, Geneva, 2020; United Nations, 'World Population Prospects 2019' Department of Economic and Social Affairs, UN; The World Bank, *Global Estimate of Children in Monetary Poverty: An Update*, The World Bank, Washington, DC., 2020. (This estimates that in 2017, 17.5 per cent of children in the world (or 356 million) younger than 18 years lived on less than PPP \$1.90 per day).

\* Percentage of women giving birth receiving maternity cash benefits of the total number of women giving birth (%), by region, 2015 or latest available year

\*\* Percentage of children and households receiving child and family benefits, by region, latest available year

Against this backdrop of systemic risk and poverty, the vast majority of workers in the informal economy, and their children, are not covered by social protection, including undocumented workers, migrants and their children.<sup>51</sup> Therefore they often do not have access to benefits such as paid maternity, paternity, parental leave and legal protections, child benefits and accessible, affordable,

quality childcare services, due to failings by both employers and the state to provide adequate provisions.<sup>52</sup> Indeed, informal workers often constitute the "missing middle," as they are excluded from social security schemes that cover those in the formal economy, as well as from social assistance schemes targeted at the extremely poor and other vulnerable groups.

# IMPACT OF THE COVID-19 PANDEMIC ON WORKERS IN THE INFORMAL ECONOMY: A CRISIS OF INCOME, CARE AND SOCIAL PROTECTION

**W**orkers in the informal economy are facing higher incidences of poverty and hunger in their households due to a reduction in income. The loss of working hours due to the economic downturn has led to a dramatic fall in global labour income since 2019. This translates into an estimated additional 108 million workers who are now extremely or moderately poor – living on less than \$3.25 per day.<sup>53</sup> The poverty impact is most severe in low-income countries and among women, with 42 per cent of women in the informal economy employed in sectors that have been identified as "high-risk" compared with 32 per cent of men in informal employment.<sup>54</sup> For example, the International Labour Organization estimates that 72 per cent of domestic workers are severely affected around the world, 76 per cent of whom are in informal employment.<sup>55</sup> Migrant workers are more likely to be excluded from any emergency relief measures and lack social protection coverage.<sup>56</sup>

The first round of the 12-city longitudinal survey by Women in Informal Employment: Globalizing and Organizing (WIEGO)<sup>57</sup> highlights how workers across four key sectors – home-based work, domestic work, street vending and waste-picking – initially lost their earnings. Close to 70 per cent of the over 2,000 workers surveyed reported zero earnings during the first lockdown periods in April 2020.<sup>58</sup> Only 40 per cent received any form of cash or in-kind transfers.<sup>59</sup> As a result, many returned to work in high-risk environments and once lockdown measures eased to provide for themselves and their families. In Accra, Ghana, a woman informal trader 'caring for her infant' notes, "I wished I could stay at home to care for him to such a time that I can leave him in some other's care, but I cannot because of the need to make income. At this time with this pandemic the best way was to stay at home to care for him to prevent the virus, but I cannot and have to bring him along to the market."<sup>60</sup>

COVID-19 has also worsened the vulnerabilities of workers in the informal economy and their families with regard to their health and safety, since the overwhelming majority already have higher exposure to occupational safety and health risks with no appropriate protection. Overcrowded and insanitary living conditions, lack of access to running water and personal protective equipment, limited or no access to medical care, paid leave, or other essential social protection and labour policies, and the inability to telework, among other factors, heighten virus transmission and endanger workers and their communities.<sup>61</sup> These factors also contribute to the growing stigmatization of these workers and their children.

As in past economic crises, the informal economy is expected to grow. The economic shock and disruption to global supply chains is likely to push more waged workers in the formal and informal economies into self-employment in the informal economy, and emerging evidence indicates that this may disproportionately affect women workers.<sup>62</sup> This will have negative impacts on workers and their families and may contribute to an increase in child labour and abusive situations.<sup>63</sup>

These social and economic determinants have an immense impact on the nutrition, health and well-being of workers in the informal economy and on their children as they grow and develop. According to a UNICEF and Save the Children analysis, approximately 1.2 billion children were living in multidimensional poverty in 2020 – without access to health, education, nutrition, water and sanitation and housing services. This is a 15 per cent increase in the number of children living in material deprivation in low and middle-income countries, or an additional 150 million children since the onset of the COVID-19 pandemic.<sup>64</sup>

### BOX 5: Key poverty, gender and child development estimates due to the COVID-19 pandemic

- In lower-middle and low-income countries poverty levels among informal workers are projected to increase from 18 per cent to 74 per cent in 2020 (ILO)
- Globally, 247 million women aged 15 or more will be living on less than \$1.90 a day, compared to 236 million men (UN Women)
- Gender poverty gaps are deepest during prime reproductive years (25–34) with 60 million women, compared to 54 million men, expected to live on less than PPP \$1.90 in 2021. (UN Women)
- An additional 137 million people could face acute food insecurity by the end of 2020, an 82 per cent increase compared to the pre-COVID estimate of acutely food insecure people in the world (WFP)
- 6.7 million additional children under 5 could suffer from wasting during the first year of the pandemic, leading to an estimated 10,000 additional child deaths per month (UNICEF and WHO)
- The number of children living in monetary poor households across low- and middle-income countries could increase by 15 per cent, to reach 672 million by year-end (UNICEF and Save the Children)
- In low- and middle-income countries, 150 million additional children are living in multidimensional poverty –without access to health, education, nutrition, water and sanitation and housing services – due to the pandemic (UNICEF and Save the Children)
- Over 40 per cent of all children (nearly 350 million) below primary-school-entry age worldwide need childcare but do not have access to it (World Bank)

School and childcare closures due to the pandemic have sharply raised domestic care responsibilities for working parents, especially women, and there was an increase in the disruption of support services, including for those caring for children with disabilities. In response, women are dropping out of the workforce or working fewer hours and earning less due to lack of childcare availability and the pressure of home-schooling – a situation which reinforces regressive norms about the distribution of unpaid care work and paid labour participation among men and women. Though not specific to the informal economy, it is relevant to note that emerging evidence from Brazil, Chile, Costa Rica and Mexico shows that partnered women with children have experienced sharper pandemic-related drops in labour-force participation than men – and these are most pronounced for women living with children under 6 years of age.

Research from UN Women and IPSOS in 16 countries revealed that, before the COVID-19 pandemic, the average time spent on childcare by women was approximately 26 hours per week but that, since the pandemic began, this increased to approximately 31 hours. Men, on the other hand, reported spending approximately 20 hours per week on childcare before the crisis, which has since increased to 24 hours.<sup>65</sup> For women informal workers, already struggling to feed their families, this increase in unpaid care work further constrains their ability to carry out paid work and to protect their own health and well-being.

### BOX 6: Considerations for migrant domestic workers

Migrant workers travelling from rural areas or other countries may be forced to leave their young children behind to be taken care of by their kinship network. For this reason, as well as the need to recognize that care work is not solely the mother's job, family-friendly policies must also include social protection benefits and access to public services (including good quality childcare) that are not solely tied to the mother of a child, but rather to the primary caregiver. For example, countries that have explicit economic policies to encourage migration among women informal workers, such as the Philippines, Nepal and Ethiopia, should also implement family-friendly policies to support the young children of these workers who are left behind.

Prior to the pandemic, migration rates among women workers were rising, implying that many low-income households were facing challenges of long-distance parenting and care. During the pandemic, border closures and lockdown measures are adding significant strains to childcare for migrant domestic workers and their children, and many have lost their jobs in their destination countries and so are unable to send remittances to support their children at home.<sup>66</sup> The fall in remittances drastically increases the risk of hardship and exposes more children to harmful outcomes such as child labour.<sup>67</sup>

In Argentina, women with children spent 4.15 hours on unpaid care work during the lockdown compared to 2.43 hours for men with or without children.<sup>68</sup> Some 57 per cent of women with children reported feeling more overburdened with care and domestic work since the beginning of the pandemic, and only 45 per cent reported that they were able to reconcile work and care demands properly.<sup>69</sup> Though both women and men note an increase in their unpaid care work during lockdown periods, the increase for women is on top of an already unequal distribution of care responsibilities and is an

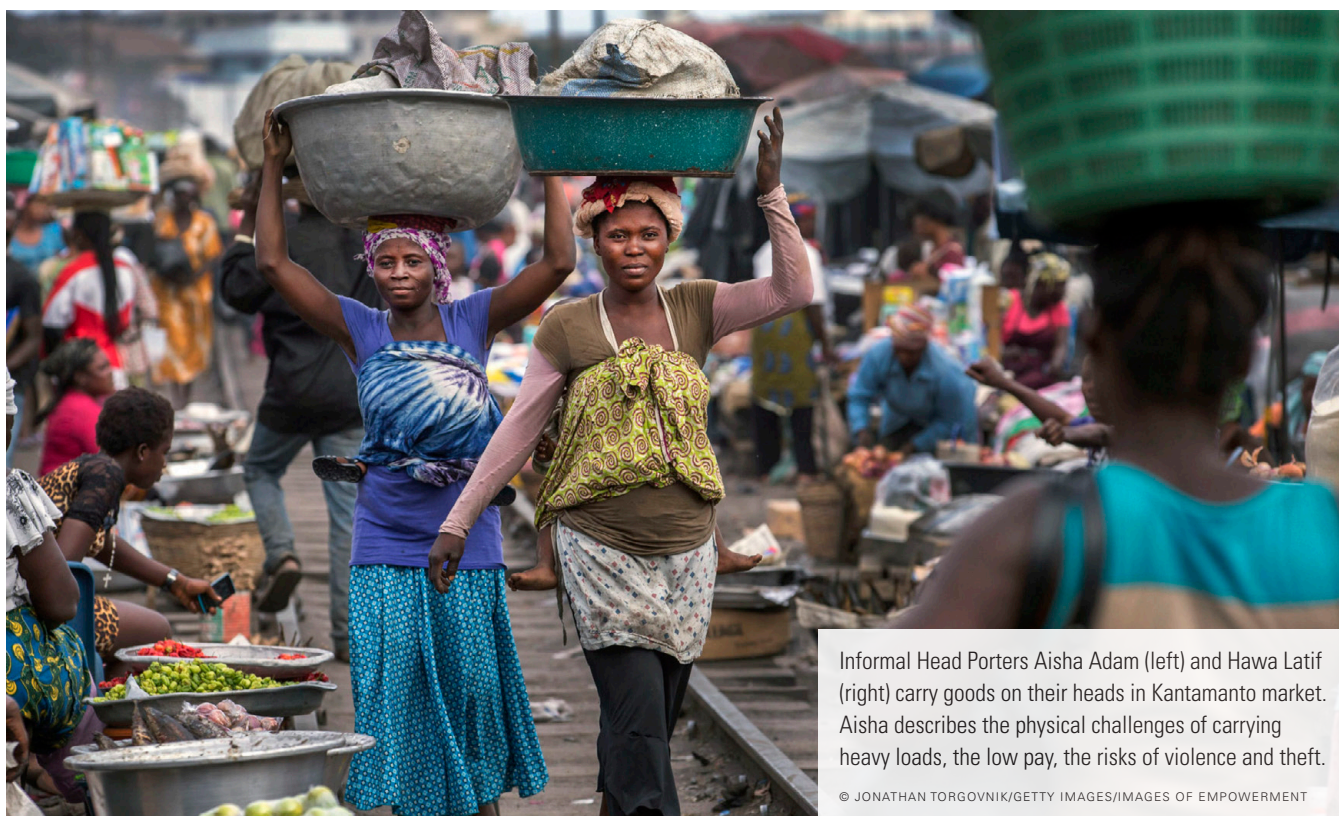


important constraint on protecting and promoting their well-being and participation in paid work. For example, in South Africa, 65 per cent of women in informal employment reported spending more time in April 2020 taking care of children (compared with 58 per cent of men).<sup>70</sup> As lockdown measures eased in July 2020 and childcare services reopened, twice as many women as men have reported that their childcare responsibilities are preventing them from returning to paid work or searching for work.<sup>71</sup> In addition, the childcare sector in South Africa has been hit hard and many low-cost childcare service providers were unable to reopen after the initial lockdown due to lost earnings and the cost of implementing new health and safety measures.<sup>72</sup> The most affected childcare service providers are themselves operating in the informal economy and providing services to low paid workers in informal settlements, rural areas and poor neighbourhoods.

In WIEGO's 12-city survey of informal workers across Africa, Asia, Latin America, Europe and North America, data show that women and men with higher unpaid care work responsibilities saw a greater reduction in hours and days worked than other workers.<sup>73</sup> Women informal workers who reported increased care responsibilities in July 2020 were earning only 40 per cent of their earnings

prior to the pandemic, compared to other women and men who were earning at least 60 per cent of their previous earnings. This highlights the importance of balancing the care burden between women and men and the need for investment in care infrastructure to support economic participation and empowerment. These issues also need to be balanced with the importance of nurturing care environments for children to develop to their fullest potential.

Analysis of the social protection response globally to the COVID-19 pandemic has indicated that only 13 per cent of these measures were aimed at supporting women's economic security – mostly by targeting them with cash or in-kind transfers; and only 11 per cent addressed rising unpaid care demands (such as through special family/care leave or childcare services).<sup>74,75</sup> In addition, even in high-income countries with greater resources to respond to the socioeconomic crisis, only 2 per cent of the fiscal response was earmarked for child-specific social protection policies, despite the significant care challenges and specific vulnerabilities facing caregivers and children through the pandemic.<sup>76</sup> This is evidence of a significant burden placed on women and children during the pandemic without support, as well as a missed opportunity and a critical gap in the future.



Informal Head Porters Aisha Adam (left) and Hawa Latif (right) carry goods on their heads in Kantamanto market. Aisha describes the physical challenges of carrying heavy loads, the low pay, the risks of violence and theft.

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# ENHANCING AND EXTENDING FAMILY-FRIENDLY POLICIES TO WORKERS IN THE INFORMAL ECONOMY: ESSENTIAL COMPONENTS AND COUNTRY EXAMPLES

Social protection coverage, including family-friendly policies, are enshrined in United Nations human rights conventions and international labour standards. The United Nations Convention on the Rights of the Child (CRC) highlights the family as the fundamental group of society and the natural environment for the growth and well-being of all its members. The Convention affords the family the necessary protection and assistance so that it can fully assume its responsibilities and rights within the community. In Article 18.3, on parental responsibilities, the Convention is explicit: “States parties shall take all appropriate measures to ensure that children of working parents have the right to benefit from childcare services and facilities for which they are eligible.” Article 6 refers to the child’s inherent right to life and states parties’ obligation to ensure, to the maximum extent possible, the survival and development of the child. The Convention’s General Comment No. 7 mentions the vulnerability of young children to poverty, discrimination, family breakdown and other adversities that violate their rights and undermine their well-being. Article 26 notes the right of every child “to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.” Article 4 notes that “State Parties shall undertake such measures to the maximum extent of their available resources, and where needed, within the framework of international co-operation.”

International labour standards such as the ILO’s Maternity Protection Convention, 2000 (no. 183), the Workers with Family Responsibilities Convention, 1981 (no. 156), the Social Security (Minimum Standards) Convention, 1952 (no. 102) and the Social Protection Floors Recommendation, 2012 (no. 202) also extend the right to family-friendly policies including social protection to all workers and those who are not economically active.<sup>77</sup> The ILO Transition from the Informal to the Formal Economy Recommendation, 2015

(No. 204) calls on Member states to, “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).<sup>78</sup>

The application of these standards by Government are a core part of delivering on their human rights obligations.<sup>79,80</sup> The right to social protection is also enshrined in global commitment to the Sustainable Development Goals, in particular SDG Goal 1, to end poverty in all its forms everywhere, which has the accompanying Target 1.3, to implement nationally appropriate social protection systems and measures for all, including base limits and, by 2030, achieve substantial coverage of the poor and the vulnerable, as well as on universal health coverage (SDG target 3.8) and other targets related to social protection (target 5.4, 8.5 and 10.4).

The International Labour Conference concluded in June 2021 that countries should “pursue gender-responsive social protection policies and address gender gaps in coverage and adequacy of social protection, to ensure that social protection systems address gender-related risk over the life course, and promote gender equality, including by care credits in social insurance and by fostering income security during maternity, paternity and parental leave, where applicable”; “invest in the care economy to facilitate access to affordable and quality childcare and long-term care services as an integral part of social protection systems, in a manner that is supportive of the workforce participation of workers with care-giving responsibilities and an equal sharing of care work between women and men”; and invest in social protection for children, in particular with a view to eliminating child labour”.<sup>81</sup>

The Nurturing Care Framework developed by the WHO, UNICEF and the World Bank also highlights a set of

necessary policies for children to thrive in their first 1,000 days.<sup>82</sup> The framework reinforces how critical this period is for children's lifelong health, learning and social development. In addition to gender-transformative family-friendly policies, the framework highlights health care, nutrition and income security as vital to security and safety. Faced with this global crisis, it is impossible to design effective family-friendly policies for workers in the informal economy without also considering their loss of income, health care risks, unpaid care work and the rising incidence of hunger. Therefore, when we think about core features of a "family-friendly" policy package for the post-COVID-19 era, it is critical for governments to invest in gender-transformative social protection, including childcare and the Nurturing Care Framework that also covers workers in the informal economy.<sup>83</sup>

In light of the challenges facing informal workers, this section reviews key policies relating to income security and life-course specific social protection benefits, health care coverage, affordable, accessible, quality childcare and early learning services, and nutrition and food security. It identifies good practices in bolstering the systems of support for informal workers and their children.<sup>84</sup>

## INCOME SECURITY

Income security is absolutely critical for providing caregivers, children and families the resources that they need to protect and promote their well-being. This includes adequate wages for workers including domestic workers and childcare workers; therefore, wage policies, including minimum wage policies, are crucial. Social protection policies are also essential in complementing income from work and to guarantee at least a basic level of income security – including both social assistance and through social insurance contributions by employers, workers and government, as well as general taxation, as set out by the ILO Convention on Social Security (no. 102) and Convention on Domestic Workers (no. 189).

For self-employed workers in the informal economy, income security comes in part through guaranteed access to their means of production, credit, inputs and workplaces. Street vendors and market traders seek protection against forced evictions and confiscation of their goods when trading in public spaces. Home-based workers and home-based childcare providers need legal tenure to their homes as their primary workplace and legal recognition as workers in the labour code. Waste-pickers' income security is dependent on their equal access to recyclables

and government procurement tenders. When access to their economic activity is threatened, then self-employed workers are likely to face immediate income insecurity as witnessed by the dramatic fall in earnings during lockdowns and the rise in food insecurity. As noted earlier, self-employed workers in the informal economy are less likely to contribute to social insurance schemes as they may not be allowed to register and are also unlikely to have adequate and regular income to contribute.

All workers in the informal economy should be covered by nationally defined social protection floors which guarantee a range of benefits (see below). ILO Recommendation on Social Protection Floors (no. 202) comprises at least the following four social security guarantees, as defined at national level:

1. access to essential health care, including maternity care;
2. basic income security for children, providing access to nutrition, education, care and any other necessary goods and services;
3. basic income security for people of active age who are unable to earn sufficient income, particularly in cases of sickness, unemployment, maternity and disability; and
4. basic income security for older people.

This ensures protection and resilience throughout the life-course, including in response to covariate and idiosyncratic shocks. Many countries have expanded the reach of existing social insurance schemes to channel support to affected workers. However, social assistance, including emergency cash transfers, was the cornerstone of the social protection response to the pandemic, primarily delivered through national government systems. A key objective was to reach informal workers who were likely not covered by other social protection measures and were hard hit by COVID-19 containment measures. From the start of the pandemic, 734 cash transfer measures were introduced across 186 countries.<sup>85</sup> However, few explicitly recognized and compensated for women's loss of income and the increase in their care responsibilities, as noted above.

## EXAMPLES

**Burundi:** The MERANKABANDI Social Nets Support Project provides regular "cash+" transfers to households with children (0-12 years old) living in extreme poverty.<sup>86</sup> The programme was set up by the Government in collaboration with the World Bank, with technical support from UNICEF. As a complement to the cash transfers, additional activities are delivered to support



financial literacy and income-generating activities, child and maternal health and nutrition and Early Childhood Development (ECD) (including support for parents in providing responsive care and early learning). The accompanying tools encourage co-parenting, with the active involvement of fathers, and support timely birth registration. In 2021, the programme will strive to make existing community spaces more child-friendly, including their play areas. UNICEF is also reviewing all components linked to the cash transfer programme to increase their gender responsiveness.

**Brazil:** Starting in April 2020, the Government introduced *Auxilio Emergencial* (AE), an emergency cash benefit to people outside formal wage employment but not eligible for social assistance. This covered workers in the informal economy and self-employed workers. Beneficiaries of the conditional cash transfer *Bolsa Familia* were automatically enrolled in the programme if the emergency benefit was higher. The beneficiaries were identified through the national social registry. There was also an online platform to register those who were eligible but not listed on the social registry. However, some informal workers organizations representing domestic workers, informal traders and waste-pickers reported challenges in accessing the online platform and experienced delays in receiving the grant.

The cash transfer scheme in Brazil is child-sensitive by linking the amount of the transfer to the household size – with larger households receiving more. A gender-sensitive feature is that the benefit value doubles for female-headed households with dependent children. AE ran for five months providing BRL 600 (\$106) and an additional four months of BRL 300 (\$53) to a maximum of two eligible adults per family.<sup>87</sup> The programme reached more than 68 million people and is credited with preventing a more dramatic rise in inequality and poverty in 2020.<sup>88</sup> Although the programme ended in December 2020, the Government implemented a new round in April 2021 of four months of BRL 250 (\$45); BRL 375 (\$67) for female-headed households with dependents and BRL 150 (\$27) for childless single males.<sup>89</sup>

**Thailand:** When lockdown measures were imposed at the start of the pandemic in 2020, the Government initiated a new cash transfer scheme providing 5,000 Thai baht (\$160) per month to informal workers between April and June. The amount provided represents 37 per cent of monthly GDP per capita and is close to the median monthly income for informal workers in most sectors.<sup>90</sup> More than 28

million people applied for the cash transfer.<sup>91</sup> The number of applicants was much higher than the Government expected, forcing it to revise its original target from 3 million to 16 million informal workers – representing 45 per cent of the labour-force.<sup>92</sup> An online form was created for informal workers to register and was linked to other Government databases to verify the information provided. In total, the Government spent 1.4 per cent of GDP on the cash transfer programme.<sup>93</sup> Though many informal workers benefited from this measure, migrant informal workers were excluded, and the short duration of the grant is likely to have limited its impact on protecting informal workers' households from poverty.

Beyond emergency cash transfer measures, women and men in the informal economy are calling for economic recovery plans to include business support, access to markets and active labour market strategies specifically targeted at their sectors of employment so they can regain their earnings or find new employment opportunities.

## UNIVERSAL CHILD BENEFITS

Cash transfers are a proven, practical intervention to address poverty for children and families. They improve children's well-being across a range of outcomes, including health, nutrition and education. Recent research, by UNICEF and the Overseas Development Institute (ODI), indicates that investment in universal cash transfers in middle-income countries would lead to a reduction in child poverty of 20 per cent or more.<sup>94</sup> This report outlines options to progressively work towards Universal Child Benefits (UCBs), beginning with targeting the 0–4 age group, noting that universal approaches are associated with reduced administrative costs, reduction in exclusion errors and reduced risk of shame and stigmatization as a result of receiving the benefit. UCBs have proved to be an effective and redistributive social protection measure in times of crisis and less turbulent times. Rigorous evidence has also proved that cash transfers<sup>95</sup> do not lead to a decrease in employment – on the contrary, social protection support such as child benefits helped parents balance the needs of their families with the demands and opportunities associated with paid employment.<sup>96</sup> Attaining UCBs is one step towards universal social protection systems that can be responsive to needs at different points throughout people's lives.<sup>97</sup> This is, therefore, a key policy to consider in recovery plans and for the well-being of children and families, given the dramatic rise in poverty levels during COVID-19.

## EXAMPLES

**Mongolia:** Following the 2016 reform of its universal child benefit, Mongolia now has an affluence-tested benefit that reaches about 96.6 per cent of children in the country owing to the COVID-19 response.<sup>98</sup> The extensive coverage rate of the child benefit made it an effective tool to provide income support rapidly to registered beneficiaries living in poorer households. The "Child Money Programme" monthly allowance (pre-COVID amount MNT 20,000 per month) was increased to MNT 100,000 (about \$35) as part of Government fiscal measures to respond to COVID-19 pandemic. The allowance is transferred to each child in Mongolia below the age of 18. The increased level of allowance was initially implemented from April until September 2020, then extended until 1 January 2021; and extended again until 1 July 2021.<sup>99</sup>

**United States:** As a pandemic response and to address long-standing child poverty and exclusion of marginalized children, the Government expanded its existing Child Tax Credit (CTC) for at least one year. Previously, CTC eligibility was tied to a combination of tax liability and earnings – and therefore only reached households with a formal labour-market affiliation. This meant that more than one third of all children remained in families who earn too little to get the full credit. This imbalance was striking. Owing to emergency legislation, the CTC has been converted into an affluence-tested universal child benefit which means that 88 per cent of children will now be covered as of 15 July 2021<sup>100</sup> for one year. However, some immigrant children have been excluded from the CTC due to the 2017 Tax Cut and Job Act which required children to have Social Security Numbers in order to qualify, thereby excluding immigrant children with Individual Tax Identification Numbers (ITINs) from the CTC.<sup>101</sup> Overall, the changes increase the CTC from an annual maximum of \$2,000, to \$3,600 for children under age 6, and to \$3,000 for children aged 6 to 17, an increase of 80 per cent and 50 per cent, respectively. Finally, the legislation allows the Government to pay monthly benefits, rather than an annual lump-sum credit. Regular payments mean predictable incomes, beneficial for setting consistent living standards for families and planning for the future. Estimates suggest that the CTC expansion would reduce child poverty by 45 per cent, while the existing CTC plus the expansion will reduce absolute child poverty by more than half compared to a baseline with no CTC. Legislation to make this reform permanent is being considered.<sup>102</sup>

## MATERNITY, PATERNITY AND PARENTAL PROTECTION AND SUPPORT

Maternity, paternity and parental protection and support can allow women to rest and recover from childbirth; breastfeed according to recommendations and for parents to take care of their infants in the first months when the proximity between caregivers and child is so critical to healthy attachment, nutrition and development. It also contributes to lowering maternal and infant mortality and morbidity rates. Paternity and parental leave is also a critical policy tool for protecting and promoting time for male caregivers to participate actively in direct and indirect care work, and bonding with children in the early months, and to ensure a fairer distribution of care work between women and men.

### EXAMPLES

**Argentina:** The Constitution provides for the protection of pregnant and lactating women workers. The Government has instituted a range of social protection measures including maternity protection in the workplace, contributory and non-contributory family allowances and pensions for mothers. Together these policies promote universal maternity protection.

Argentina introduced two non-contributory allowances in 2009 and 2011, respectively: the Universal Child Allowance (Asignación Universal por Hijo) and the Pregnancy Allowance (Asignación por Embarazo).<sup>103</sup> They are paid to microentrepreneurs registered for the Simplified Tax Regime for Small Taxpayers, unemployed people, workers in the informal economy with income below the minimum wage, and domestic workers. During COVID-19 the Government sought to increase the eligibility to claim Universal Child Allowance for around 1 million additional children through the:

- incorporation of the sixth child among the eligible population;
- reduction of the time of residence required (from 3 years to 2);
- suspension of conditionalities certification in 2020; and
- implementation of the pre-registration certificate.

The universal child allowance is available to children under 18 years old, and combined with contributory child benefits, reaches 85.5 per cent of children and adolescents.<sup>104,105,106</sup> The Pregnancy Allowance is available from the twelfth week of pregnancy through to childbirth or

interruption of the pregnancy, and protects women workers in the informal economy during their pregnancy and as they care for an infant. The cash transfers are complemented by access to basic health care to vulnerable families through the SUMAR programme aimed at:

- reducing child and maternal mortality;
- strengthening access to health care for school-age children and teenagers; and
- improving the overall care provided to women through regular health check-ups.

In response to the pandemic, the Government instituted an increase in the level of the cash transfers, equivalent to an additional payment of the Universal Child Allowance and the Universal Pregnancy Allowance for 3,100 Argentine pesos (\$47) for 4.3 million people.<sup>107</sup>

**South Africa:** Paid maternity leave and benefits are available to waged workers in sectors with high levels of informality, such as domestic workers and farm workers, through the Unemployment Insurance Fund (UIF). The UIF is innovative in that it allows for multiple employer contributions for a single employee, which has allowed part-time domestic workers with several employers to access the scheme. Employers are obliged under social security law to register domestic workers with the UIF. However, labour inspection is limited, and the pandemic brought into sharp relief how few employers have registered their domestic workers with the fund. The UIF received applications for wage support from just over 60,000 domestic workers by October 2020, yet the South Africa Labour Force Survey estimates there are almost one million domestic workers, the vast majority of whom are women.

The examples from Argentina and South Africa highlight the need for a combination of contributory and non-contributory parental benefit to reach informal workers effectively. In the case of South Africa, awareness-raising among employers and labour inspection can encourage more employers to register domestic workers so they can benefit from social insurance.

## UNIVERSAL HEALTH COVERAGE

The pandemic has highlighted the huge social and economic costs of underinvesting in health care systems and the devastating results of unequal health coverage. Those countries with universal health coverage were more likely to respond rapidly and effectively to informal workers' health

needs during the pandemic. Universal health coverage, with decent working conditions for health care workers, is essential for the well-being of women, children and families.

In countries where informal workers were not included in health protection schemes<sup>108,109</sup> including health insurance, national health services and mental health and psychosocial well-being support, efforts were quickly made to extend health coverage to these workers and their households in order to contain the virus.

## EXAMPLES

**Ghana:** The loss of earnings among informal workers is an important barrier to families being able to afford health care insurance. In Ghana, women informal workers report they are unable to pay the National Health Insurance annual premiums, and they and their children are not covered.<sup>110</sup> However, programme participants in the Ghana Livelihood Empowerment Against Poverty (LEAP) programme under the Ministry of Gender, Children and Social Protection, in collaboration with the National Health Insurance Authority, have commenced a nationwide mass exercise to register all LEAP beneficiaries on the National Health Insurance Scheme (NHIS), which is an example of how strong links between programmes can extend and remove barriers to essential services. Global and national funds should go towards strengthening public health coverage systems ensuring equitable access for all.

**South Korea:** During the pandemic, South Korea achieved a temporary, universal health coverage (UHC) model in terms of the extent of population and services covered by insurance.<sup>111</sup> South Korea adopted a mandatory universal health care in 1982, laying a solid foundation for their COVID-19 response. Some 97 per cent of South Koreans are NHIS beneficiaries and pay NHIS premiums according to their income levels or property values. The other 3 per cent are Medical Aid (MA) recipients who are unable to pay premiums, so their medical costs are covered by the Government through taxes.<sup>112</sup> The out-of-pocket money is normally 20 per cent for NHIS beneficiaries and 0–15 per cent for MA recipients; however, due to the pandemic, the Government eliminated all cost-sharing associated with health services for COVID-19.<sup>113</sup> As a result, the South Korean Government achieved real-world, free of charge, UHC, reducing barriers in access to care and improving its regional preparedness for future emergencies.

**Thailand:** The policy on UHC was enacted in 2002. Citizens are entitled to essential health services at all life stages and benefits include essential services in



preventive, curative and palliative care.<sup>114</sup> Coordinated district health systems and services have resulted in an increase in service utilization and contributed to a low prevalence of unmet needs for outpatient and inpatient services.<sup>115</sup> In response to the COVID-19 pandemic, Thailand extended financial protection against health expenses to both nationals and foreign residents with a valid work permit, by granting access by COVID-19 patients to its universal coverage system for emergency patients. This measure enables patients to seek treatment at their nearest public or private hospital free of charge, further expanding the scope of coverage and increased access to health care services.<sup>116</sup>

The pandemic has dramatically demonstrated the invaluable role of UHC in removing barriers to services, improving health coverage and preventing individuals and their families from suffering financial hardship.

## QUALITY PUBLIC CHILDCARE AND EARLY LEARNING SERVICES

Crucial to expanding childcare support to workers in the informal economy is the notion of universal coverage – good quality childcare services should be available to all who need it. Childcare policies and services should be universal and provide adequate and equitable benefits to children, women and men and care workers. Indeed, the state can play multiple and complementary roles in defining the quality of the service, effectively regulating private and non-profit childcare services, financing as well as being an employer of childcare workers in a public childcare facility and mandating adequate wages and decent working conditions. The state can also prevent poorly designed and implemented childcare policies that serve to exacerbate inequalities.<sup>117</sup>

Evidence has shown that good quality childcare services that are most affordable and accessible to informal workers are those that are provided through public subsidies and direct public provision. Evidence from high- and middle-income countries shows that free, universal services are more likely to reach disadvantaged groups such as women workers in the informal economy, and their children.<sup>118</sup>

### EXAMPLES

**Brazil:** The Asmare Waste Pickers Cooperative (Associação dos Catadores de Papel, Papelão e Material Reaproveitável) was founded in Belo Horizonte in 1990.<sup>119</sup> It includes approximately 100 members, all of whom are

former waste-pickers working in the streets, and 55 per cent of whom are women.<sup>120</sup> The cooperative collects materials from schools, businesses and residences. Between 1990 and 2000, there was an important political opportunity in Brazil as participatory budgeting processes were increasingly used by local governments. In Belo Horizonte, the demand for childcare services for waste-pickers from Asmare was presented at the participatory budgeting assemblies and a budget was allocated to this initiative after several years of negotiation with the local Government. Due to the open dialogues with city Government administrators as well as increasing municipal recognition of their responsibility for early childhood education and care, the municipality took over the management and financing of Asmare Cooperative community childcare centre. It became part of the municipality's educational system of ECD centres – Unidades Municipais de Educação Infantil (UMEIs).

Opening hours reflect the working hours of waste-pickers from 7 a.m. to 10 p.m. The 27 professional and trained staff members work across four shifts to guarantee a good quality childcare service and decent working conditions for childcare workers. UMEI provides services for approximately 80 children, who are divided into four age groups: nursery, 1–2 year olds, 3–4 year olds and 5 year olds. UMEI also has special needs assistants for children with Downs Syndrome, cerebral palsy, hearing impairment and autism at the centre. The collective action and strength of informal waste-pickers through Asmare Cooperative to voice their demands ensures that UMEI continues to provide good quality childcare services to their children.<sup>121</sup>

**Rwanda:** The establishment of a cross-border Early Childhood Development (ECD) programme was in response to the emerging problem of inadequate care for young children aged 0 to 6 years of age in the border town of Gisenyi in Rubavu District. Mothers were leaving their children in the care of other children at the border while crossing into the Democratic Republic of Congo to trade for an average of 8 to 10 hours per day. The children entrusted with this responsibility, for a token fee, were often of primary-school age who themselves were missing out on schooling.

In response, UNICEF Rwanda, with Action pour le Développement du Peuple (ADEPE), the national NGO implementing partner, is supporting the Government to provide ECD services to children of the cross-border traders in two centres. UNICEF Rwanda and ADEPE

used the experiences from the cross-border ECD centres and supported the Government to establish six other market-based ECD centres in five districts. These centres are established near the respective markets. Women caregivers who are trading in the markets leave their children in safe and stimulating childcare spaces. This allows mothers to breastfeed periodically, while their children benefit from ECD services facilitated by 66 trained caregivers. The market ECD centres have so far reached a total of 745 children (332 boys and 413 girls) with integrated ECD services.<sup>122</sup>

The examples illustrate how public childcare services that were made available to low-income families before the pandemic can be built on, ensuring sustained support for caregivers so they can continue earning while their children benefit from safer spaces and better-quality care.

## SOCIAL ASSISTANCE AND WORKPLACE SUPPORT FOR BREASTFEEDING

The COVID-19 pandemic threatens to undo years of progress in improving child nutrition, especially for the most vulnerable and marginalized populations. Children living in the informal settlements have specific vulnerabilities, where recent studies report that in 44 per cent of countries, children in the poorest urban quintile had a higher prevalence of stunting than children in rural areas, and in 14 per cent of countries this held even when comparing to children in the lowest wealth quintile in rural areas.<sup>123</sup> However there are several policies and measures governments can introduce to reduce their risks to increased malnutrition, such as through the provision of cash and in-kind transfers and workplace support for breastfeeding.

Beyond emergency food assistance immediately following the announcement of lockdown measures, many governments are also exploring policies to improve food and nutrition security over the long-term for the most vulnerable informal workers and their children in urban areas. An example is that in several low and middle-income countries, fresh and cooked food vendors were designated as essential workers to guarantee food access in low-income urban and rural areas.<sup>124,125</sup> Businesses which employ low-income and informal workers can also contribute by establishing workplace support for breastfeeding including the space, facilities and time for mothers to breastfeed or express breastmilk for their baby.

## EXAMPLES

**Burkina Faso:** The Government committed CFA 5 billion (\$10 million) to provide cash transfers for five million informal fruit and vegetable sellers, most of whom are women.<sup>126</sup> Traders who deal in fruit and vegetables have been particularly hard hit by the COVID lockdown because their stock is perishable. This was a two-pronged strategy to support food vendors and their households by encouraging them to replenish their stocks and sell in low-income areas. This, in turn, ensured greater food security for all other households in these areas. Though informal workers report challenges in receiving the cash transfer, the design of the programme remains innovative and can be adapted to other country contexts.<sup>127</sup>

**India:** The Government announced the closure of schools and childcare centres as part of lockdown measures. However, many children depend on a midday meal for their food security. In response, the state Government in Kerala instructed the Anganwadi centres (public childcare facilities) to ensure nutritious meals for children under the age of 6 by delivering free midday meals to the children registered under the Integrated Child Development Services.<sup>128</sup> Under the instructions from the Women and Child Development Department of the state, the Anganwadi workers also delivered raw materials on a weekly basis to the families in their communities. During this period, the Anganwadi workers were categorized as essential workers and continued to earn a salary.

**Tajikistan:** In Tajikistan, a partnership between UNICEF and the World Bank supported a model and standard operating procedure for an emergency social protection programme that facilitated the implementation of a supplemental COVID-19 cash transfer top-up to families with children under the age of 2 that face food insecurity. Families in the programme also received important messages about optimal nutrition and parenting practices.<sup>129</sup>

These examples highlight the importance of the different types of cash and in-kind transfers used during the pandemic response and recovery. Beyond cash transfers, these measures are proving to be effective and can allow governments to reduce the risks of food insecurity and malnutrition in vulnerable populations.

# RECOMMENDATIONS

The pandemic has highlighted the need to invest in children's development, protect women workers' incomes, and expand and strengthen and invest in the care economy and social protection systems, including the critical family-friendly policies identified to ensure that all are protected, including the most vulnerable. It has also shown the complex, challenging and fundamental role that different forms of care, including childcare, play in the lives of families everywhere and, indeed, in every society, whether related to the formal or informal economy, to paid or unpaid work, to promoting gender equality at work and to safeguarding the health, safety and well-being of children and caregivers. For workers in the informal economy, and for women as primary caregivers, the impact of the pandemic requires consideration for both the complementarity of social protection policies and quality public services, and the need for a holistic approach to family-friendly policies.<sup>130 131</sup> In this context, there are immediate measures that need to be considered to reduce the health and safety risks of vulnerable populations, while also mitigating the effects of the economic downturn. At the same time, longer-term measures are also important to protect children's futures and realize the once-in-a-generation window of opportunity that crises like this pandemic can offer, to fundamentally reassess and restructure societies and economies. The aim must be to support workers in the informal economy to regain their livelihoods, and to promote both universal social protection coverage for all, and affordable, accessible and quality childcare as part of any economic reconstruction. These components are critical for new care-centred economies that recognize, value and redistribute the unpaid care work, carried out mostly by women, that enables our societies to function and, indeed, in many cases, that shores up gaps in wider social protection and public service provision.

The following gender-transformative family-friendly recommendations seek to address the crisis of care and inadequate social protection for caregivers working in the informal economy, to secure their livelihoods, improve their ability to balance working with family responsibilities, and ensure their own and their children's well-being and development.

## THE INVESTMENT CASE: FINANCING FAMILY-FRIENDLY POLICIES, SOCIAL PROTECTION AND CARE SYSTEMS

While fully recognizing the severe fiscal constraints facing national governments making hard choices, this set of recommendations for social protection childcare, and wider care systems represents an investment in social development and economic sustainability. Countries are increasingly recognizing the multiplier effects offered by investment in social protection, with a recent study demonstrating how an investment of 1 per cent of GDP in the sector can support a 0.7–1.9 per cent their value in economic returns, alongside the long-term investment in the reduction in multidimensional aspects of poverty.<sup>132</sup> Public resources spent to reduce chronic poverty, increase access to childcare, improve health outcomes and other critical outcomes are also an investment in economic growth for the long-term. Similarly, investment in care infrastructure offers a potential triple dividend – creating new decent work opportunities, improving Early Childhood Development, health, nutrition and education, and allowing women to more fully engage in the labour market, including transitioning from informal to formal employment.<sup>133,134</sup>





### Ensure non-discrimination, voice, representation, and social dialogue

- Ensure that all social protection, employment, parenting support, care policies and family-friendly policies cover informal workers. Ensure that all policies prevent discrimination and take into account gender and equity dimensions of informal work and unpaid care work.
- Strengthen the oversight of social protection systems and their extension to informal workers through tripartite structures (involving worker, employer and Government representatives), social dialogue, and the inclusion of informal workers' organizations.
- Build and resource broad and representative national platforms with child and women's rights organizations, informal workers organizations, trade unions and food security advocates calling for the extension of social protection systems – including family-friendly policies – to effectively address rising poverty, gender inequality, accessibility and hunger among the working poor and their children.
- Support parents and caregivers by providing accessible and inclusive parenting and mental health programmes, information and services. Services should include resources for female and male caregivers to cope and care better for their children and themselves and facilitate the engagement of fathers in their children's development. Services must be appropriate for, and adapted to, specific cultural contexts.

### Build social protection systems, formalization and ensure income support for informal workers

- Extend contributory social insurance and non-contributory social assistance measures to build universal social protection systems that are inclusive of informal workers and the children in their care. Based on ILO standards, these

should be financed in a progressive way and include health protection, pensions, unemployment, disability, child and maternity benefit and paid maternity and parental leave, in order to support workers in the informal economy to balance their work and care responsibilities.

- As part of national social protection systems, build social protection floors that guarantee at least access to essential health care and basic income security for all in line with the ILO Social Protection Floors Recommendation, 2012 (No. 202) and SDG 1.3.
- Progressively move towards the implementation of universal coverage of child benefits to help defray the financial costs of raising children for low-income/disadvantaged families, to address inequalities in how children are supported and cared for, and risks to their health and well-being. Link these cash transfer programmes with gender-transformative and child-sensitive 'plus' components that support informal sector workers, parents/caregivers and families.
- Governments collaborate with informal workers and their organizations to include them in economic and social protection recovery packages through business support, access to markets and active labour market policies so they can take up new employment opportunities. For women informal workers, recovering their incomes coupled with adequate social protection coverage can give them greater control over household resources, reduce and redistribute care responsibilities and allow them to regain any savings lost due to the pandemic.
- Promote adequate measures to support workers in the informal economy to transition to the formal economy in line with the ILO Recommendation No. 204.

### Ensure access to childcare services

- Accessible, affordable and quality public childcare services are a basic right and an essential component of public services, along with health care and education – and they must be invested in as such. To reach informal workers, the design and implementation of childcare services must consider the needs of children, parents' specific working conditions and needs (for example workers who work late shifts and need childcare in the evening, or workers who need proximity to their infants to continue breastfeeding).
- The childcare sector has been badly hit by the lockdown and economic recession and urgently requires support to recover. Governments should increase investments and subsidies in public and private home-based and centre-based childcare facilities and ensure that affordable, quality childcare is a key pillar of economic recovery plans. Focus should be placed on those situated in low-income communities, informal settlements and informal workplaces – to ensure these can afford to stay open, follow health and safety guidelines, implement quality standards and conduct all necessary virus-prevention protocols to limit the exposure of staff, children and parents.
- Develop, formalize and expand the childcare sector promoting training, professionalization and the right to organize and collective bargaining of the childcare workforce. This entails investing in expanding formal childcare jobs and care infrastructure, improving their working conditions and increasing wages or earnings, and providing training to encourage the highest possible standards of care.
- Invest in and promote good quality Early Childhood Development and parenting support programmes for families of workers in the informal economy. Ensure allocation of resources and budgets for parenting support programmes for workers in the informal economy.
- Ensure access to counselling services, and information kits for parents in the informal economy.

### Ensure access to health care and safe and healthy work environments

- As part of national social protection systems, governments should guarantee UHC for all, including workers in the informal economy and their children. Investing now in quality public health care systems with good quality care jobs in adequate numbers will leave countries better prepared for future health, climate and economic shocks.
- Prevent and address the specific workplace risks affecting workers in the informal economy by strengthening and extending occupational safety and health protection measures to employers and workers in the informal economy.

### Ensure access to social assistance and workplace support for breastfeeding

- Ensuring food security among informal workers and their households will be critical in supporting caregivers and guaranteeing greater nutritional intake among women and children. Strategies to promote food security through cash or in-kind transfers should be designed with informal workers in mind to promote their livelihood recovery through climate-resilient food production and local food distribution networks in rural and urban areas.
- Governments and the private sector with support from partners can support breastfeeding in the workplace through the development of guidelines and policies for health professionals, municipal authorities and employers aimed at creating an enabling environment for women informal workers in their workplaces (including markets, city streets and private employers' households) to breastfeed or express breastmilk for their baby.
- Invest advocate for and promote safe, child-supportive spaces for integrated services close to the worksites of informal workers – for example safe and hygienic breastfeeding spaces in public markets and key transport hubs, and mobile crèches.

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