

# Informality, women and social protection: identifying barriers to provide effective coverage

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## Abstract

Designing more flexible social protection schemes that adjust to the particular needs of women in informal work requires a careful assessment of the obstacles they face in accessing social protection. This paper provides an overview of the barriers women face in accessing social protection, which in some cases are rooted in the nature of informality and in other cases are gender-specific. Both need to be taken into account when designing social protection schemes for informal female workers. The paper draws out policy recommendations based on a broad range of examples from formal schemes and programmes covering contributory social insurance and non-contributory social assistance, as well as labour market interventions, which aimed to increase coverage of informal female workers

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# Preface

This paper is part a series of literature review reports which assess the barriers to participation in social protection schemes of female informal workers and internal migrants. The first review focuses on the participation of female informal workers in social protection programmes. The second review examines the extension of social insurance to female informal workers. The third review discusses internal migrants' participation in social protection programmes. Each paper in the series assesses to what extent these population groups participate in social protection schemes, and discusses the policy implications for extending social protection programmes to these groups.

- Ulrichs, M. (2016) 'Informality, women and social protection: Identifying barriers to provide effective coverage', ODI Working Paper April 2016. London: ODI.
- Holmes, R. and Scott, L. (2016) 'Extending social insurance to informal workers – A gender analysis', ODI Working Paper April 2016. London: ODI.
- Hopkins, E., Bastagli, F., and Hagen-Zanker, J. (2016) 'Internal migrants and social protection: A review of eligibility and take-up', ODI Working Paper April 2016. London: ODI.

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# Abbreviations

BISP	Benazir Bhutto Income Support Programme (Pakistan)
CBHI	Community-Based Health Insurance
CHI	Community Health Insurance (Uganda)
FAO	Food and Agricultural Organization
Fonasa	National Public Health Fund (Chile)
HIV	Human Immunodeficiency Virus
ICLS	International Conference of Labour Statisticians
IDS	Institute of Development Studies
ILO	International Labour Organization
IMSS	Mexican Social Security Institute
INSTRAW	International Research and Training Institute for the Advancement of Women
IUF	International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Association
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme (India)
NGO	Non-Governmental Organisation
NHIS	National Health Insurance Scheme (Ghana)
OFSP	Other Food Security Programme (Ethiopia)
PSNP	Productive Safety Net Programme (Ethiopia)
SDG	Sustainable Development Goal
SEWA	Self Employed Women's Association
UCS	Universal Coverage Scheme (Thailand)
UN	United Nations
UNRISD	UN Research Institute for Social Development
WIEGO	Women in Informal Employment: Globalizing and Organizing

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# 1 Introduction

Women, particularly those in developing countries, are concentrated in informal employment, which by definition is work with no access to social protection<sup>1</sup>. A total of 74.2% of women in wage employment in Sub-Saharan Africa and 63.2% in Southern Asia are currently not contributing to social protection, which is linked to high levels of informality in those regions (ILO, 2016).

Traditional development economics assumed informality would eventually vanish and informal workers would be absorbed into formal employment with access to social security. Contrary to these predictions, informality has not decreased but persisted, with the disproportionate amount of women in informal employment in low- and middle-income countries left without access to social protection.

Lack of access to social protection is caused partly by lack of eligibility owing to the nature of the work. This is not specific to women but it is aggravated for them, as structural and gender inequalities lead to a concentration of female informal work in low-skill and low-pay jobs. The unequal gendered distribution of domestic and reproductive tasks means women carry a double burden of paid work and care responsibilities at home. This situation puts them at a disadvantage when participating in the labour market, where lack of social protection and of adequate child care support services limits their choice of opportunities. This translates into disproportionate numbers of women engaged in the most vulnerable and insecure types of employment, which are linked to high levels of poverty and social marginalisation. These women are left without protection from economic and lifecycle-related shocks.

The persistence of informality across labour markets in low-, medium- and high-income countries means innovative approaches are required that move away from conventional social security models intended for formal, long-term employment. Understanding the obstacles working women face when accessing social protection – whether because of ineligibility or because of inappropriate design and implementation of social protection programmes – is crucial to improve the coverage and delivery of social protection and to achieve the Sustainable Development Goals (SDGs).

National social protection systems are considered a key policy tool to end poverty (SDG 1). This includes providing universal health coverage and protecting people from the risk of impoverishment through catastrophic health spending owing to lack of insurance (SDG 3). Provision of public services, infrastructure and social protection plays a key role in achieving gender equality by recognising the value of unpaid care and domestic work that falls predominantly on the shoulders of women and girls (SDG 5). It is an essential component of the decent work agenda and part of an effort to reduce wage inequalities between women and men (SDG 8). Extending

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<sup>1</sup> According to the guidelines endorsed by the 17th International Conference of Labour Statisticians, which sets the International Labour Organization's (ILO's) statistical standards, people in informal employment are those whose employment relationship, in law or in practice, is not subject to national labour legislation, income taxation, social protection or entitlement to certain employment benefits (e.g. annual leave, sick leave) (Hussmans, 2004).

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social protection to all groups of the population will thus help reduce inequality (SDG 10) and achieve pro-poor and sustainable growth that leaves no one behind.

Designing more flexible social protection schemes that adjust to the particular needs of women in informal work requires a careful assessment of the obstacles they face in accessing social protection. This paper provides an overview of the barriers women face in accessing social protection, which in some cases are rooted in the nature of informality and in other cases are gender-specific. Both need to be taken into account when designing social protection schemes for informal female workers. In this paper, this refers to a broad range of formal schemes and programmes covering contributory social insurance and non-contributory social assistance as well as labour market interventions (see Box 1 in Section 2).

Section 2 starts with an overview of the main trends in informality and female informal work. Section 3 then focuses on constraints on the provision side of social protection for female informal workers. Section 4 analyses the barriers women face in accessing existing social protection, based on evidence from programmes in low- and middle-income countries. Several countries have tried to address these barriers through changes in existing legislation and programmes, or by putting in place new schemes that address poor women's economic and lifecycle risks through more redistributive funding mechanisms and more specialised type of support. Section 5 highlights these efforts before Section 6 concludes with some implications for policy and programming.

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# 2 Informality: Definition and trends

## 2.1 The informal economy

Before we highlight in more detail the gendered dimension of low levels of social protection coverage, it is important for us to understand some of the key characteristics of informal work and its development over time. This will help us place current trends in their historic context. It will also help explain the misfit between existing formal social security systems and a large proportion of the current workforce.

Understandings of informality have changed over time. The view in the 1950s and 1960s was that, with the right mix of policies and resources, the traditional informal sector, comprising petty trade, small-scale production and a range of casual jobs, would be absorbed into the modern, formal economy. This predicted decline in informality has not taken place and trends indicate its persistence, despite changing patterns as a result of increasing casualisation of work brought on by deregulation, globalisation and competitive pressure to reduce labour and production costs (Chant and Pedwell, 2008; FAO et al., 2007). Informality has even expanded during times of economic crises, such as the Asian crisis in the 1990s and the global financial crisis in 2008/09. During times of recession, enterprises need to downsize and governments reduce public sector employment, leading to a rise of employment in the informal economy (Chen, 2012; Lund, 2009).

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## Box 1: Definitions

In recognition of the growth of employment in informal conditions, the International Labour Conference in 2002 broadened the concept of informality from an enterprise-based one to one that included not just the production unit but also the characteristics of the job or worker (ILO, 2013a). This expanded definition extends the focus from informal *enterprises* to include *employment relationships* that are not legally regulated or socially protected (Chen, 2012). While the *informal sector* refers to the production and employment that take place in unincorporated small or unregistered enterprises (1993 International Conference of Labour Statisticians (ICLS)), *informal employment* refers to employment without legal and social protection – both inside and outside the informal sector (2003 ICLS) and the *informal economy* refers to all units, activities and workers so defined and the output from them. Within the informal economy, there are two broad kinds of informal employment (Chen 2012):

- **self-employment in informal enterprises** (i.e. unincorporated enterprises which may also be unregistered or small), including employers in informal enterprises, own account operators and unpaid contributing family workers
- **informal wage employment:** employees hired without social protection contributions by formal or informal enterprises (employees of informal enterprises, paid domestic workers, contract workers, unregistered or undeclared workers, industrial outworkers, homeworkers)

Levels of informality are particularly high in developing countries. In 2002 – using statistics for 25 countries – International Labour Organization (ILO) estimates placed the informal economy at around 72% of non-agricultural employment in Sub-Saharan Africa, 71% in Asia, 51% in Latin America and 47% in the Middle East and North Africa (ILO, 2002a). While regional averages are useful, they need to be considered with caution, given high variability in levels of informality across countries. In Mali, for example, 81.8% of total non-agricultural employment is informal; the figure is only 32.7% in South Africa. In Latin America and the Caribbean also there are significant cross-country differences, with 75.1% in Bolivia and 39.8% in Uruguay (ILO, 2013a). In South and East Asia, excluding China and Thailand, informal employment accounts for more than 60% of total employment and reaches 83.6% in India (*ibid.*).

Data from 13 middle-income countries<sup>2</sup> where there are comparable statistics on the extent of the informal economy over time suggests total informal employment declined over the period of roughly 2000–2010 (reporting dates vary). However, there is no consistent trend across countries: total informal employment increased in India and Zambia whereas in five of the six reporting countries in Latin America informal sector employment and informal employment outside the informal sector as a share of total non-agricultural employment declined steadily – the exception being Mexico (ILO, 2013a).

Despite issues around comparability of data, the evidence highlights that informality is here to stay. This has implications for the provision of social security systems, which have been designed mainly in the assumption that formal employment will

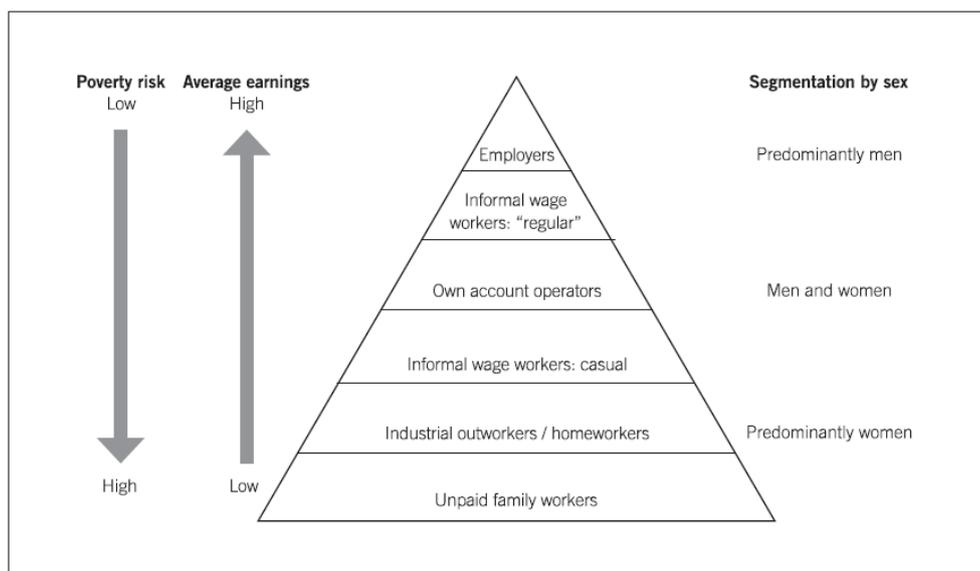
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<sup>2</sup> Argentina, Ecuador, Mexico, Panama, Peru, Uruguay, South Africa, Zambia, India, Thailand, Republic of Moldova, Russian Federation, Ukraine.

dominate and absorb informal employment as economies grow (Chen, 2012). In response to global competition, formal firms tend to hire all but a few core workers under informal arrangements or to outsource the production of goods and services to other firms and countries (Rodrik, 1997, in Chen, 2012). Short-term or seasonal contracts often include limited employment-related benefits. The growth of labour contracting, or ‘triangular employment relationships’, where the legal employer is separate from the person for whom work is carried out, has implications for identifying the employer for the purposes of social protection contributions (Theron et al., 2005, in Barrientos, 2011).

It is also becoming increasingly evident that processes of casualisation are occurring simultaneously with increasing female labour market participation – which rose between 1980 and 2008 while male labour force participation declined (ILO, 2010, 2016).<sup>3</sup> Different aspects of current macroeconomic policies – including deregulation of markets, deflationary monetary and fiscal policies, downsizing of public sector employment and service provision – have brought about the increasing ‘feminisation’ of the labour force, which is characterised by a growing share of female labour participation in irregular and informal employment, with poor working conditions, low pay and very limited social and legal protection (Kabeer, 2012; Razavi et al., 2012; Sabates-Wheeler and Kabeer, 2003). A cross-country<sup>4</sup> study conducted by Women in Informal Employment: Globalizing and Organizing (WIEGO) in the 1990s, with a follow-up analysis in 2004, assessed the gendered relation between type of informal work, level of earnings and risk of poverty (see Chen, 2012; Chen et al., 2005). The types of informal work rank from informal employers at the top (mainly male), followed by own account workers and then casual wage workers and home-based pieceworkers at the bottom (mostly female, see Figure 1).

**Figure 1: WIEGO model of informal employment – hierarchy of earnings and poverty risk**



Source: Chen (2012).

<sup>3</sup> Global female labour force participation rates increased slightly from 50.2% in 1980 to 51.7% in 2008, compared with a decline from 82% to 77.7% among men (ILO, 2010).

<sup>4</sup> Costa Rica, Egypt, El Salvador, Ghana, India and South Africa.

## 2.2 Gendered regional trends

In 30 out of 41 countries for which sex-disaggregated data were available, the percentage of women in informal non-agricultural employment is higher than that for men (ILO, 2013a). Informal labour markets across all geographical regions are sex-segregated, with women disproportionately concentrated in lower-quality jobs that increase the risk of poverty (Chant and Pedwell, 2008; Sabates-Wheeler and Kabeer, 2003).

There are gendered regional patterns in terms of not only employment status of workers but also whether these workers work within the informal sector (e.g. for informal enterprises) or are informally employed outside the informal sector (either in the formal sector or as own account workers/domestic workers). Women in particular are overrepresented in informal work outside the informal sectors, which comprises a range of activities, such as own account homework, unpaid family work and domestic work. In Latin America and the Caribbean, for example, men tend to be concentrated in informal sector work while women are engaged in informal employment outside the informal sector in occupations such as domestic work. In Sub-Saharan Africa the trend is reversed, with more women than men working in the informal sector, with the majority of street vendors being women. Based on findings from 30 countries across the global regions where data were available by sex, the percentage of women in informal non-agricultural employment is higher than that of men – whereas more men than women work in informal sector employment. There are, however, slight variations across the regions (ILO, 2013a).

Sub-Saharan Africa stands out in comparison with other regions, with more women than men employed in the informal sector for the countries for which data were available. Concerning informal employment outside the informal sector, percentages are similar for men and women. In South and East Asia, the percentages of men and women in informal employment are similar, but with more men working in the informal sector and more women working informally outside the informal sector (mainly as domestic workers). In Latin America and the Caribbean, the distribution of men and women across both types of informal employment is similar, though informal employment in general is a more important source of work for women than it is for men (ILO, 2013a: 8–15).

**Table 1: Overview of the structure of employment: Employment population ratios, agricultural employment, and non-agricultural informal employment, 2004/2010**

	Employment in informal sector as % of non-agricultural employment			Informal employment outside informal sector as % of non-agricultural employment		
	Women	Men	Total	Women	Men	Total
Latin America and Caribbean	32	36	34	19	14	16
Sub-Saharan Africa	59	49	53	11	15	14
Middle East and North Africa*	...	...	...	...	...	...
Eastern Europe and Central Asia	3	10	7	10	7	8

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South Asia	64	70	69	21	13	15
East and Southeast Asia (excl. China)	56	59	57	17	11	14
China**	23	21	22	15	11	13

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*Note: Employment in the informal sector includes formal employment in informal enterprises (if any). \*Too few countries to estimate these sub-categories. \*\*Estimates for urban China based on six cities: Fuzhou, Guangzhou, Shanghai, Wuhan and Xi-an.*

*Source: Vanek et al. (2014).*

There is also clear evidence of gender segmentation in informal employment across sectors. Women remain concentrated in ‘invisible’ areas of informal work, making up a large majority of homeworkers (industrial outworkers); street vendors; and domestic workers (ILO, 2013a). Very few women work in informal construction and transportation activities, the one modest exception being female construction workers in South Asia. These two sectors clearly remain male-dominated. Manufacturing accounts for an equal or greater share of women’s informal employment than men’s in all regions except for Sub-Saharan Africa. A similar pattern holds for trading activities, with the exceptions in this case of the Middle East and North Africa and South Asia. Services other than trade and transportation (e.g. domestic work) account for a larger share of women’s employment than men’s across all regions (Vanek et al., 2014).

Gendered earning differentials in the informal economy mirror, and in many cases surpass, those in the formal sector. Women informal workers tend to be clustered towards the lower end of the informal occupational spectrum, which helps explain why in Central America, with the exception of El Salvador, gender pay gaps are larger in the informal than in the formal sector. In Latin America as a whole, women earn on average 64% of men’s wages in the formal sector and only 52% in the informal sector (Silveira and Matosas, 2003, in Chant and Pedwell, 2008). Women-dominated sectors tend to be lower paid than male-dominated ones, with domestic workers, for example, receiving less than half the remuneration of workers in male-dominated sectors with comparable skills requirements (e.g. construction work) (Chant and Pedwell, 2008; ILO, 2013c). This highlights the under-appreciation of women as workers in comparison with men and points towards the entrenched gender discrimination in the labour market.

Even within particular sectors, wage disparities persist because of a gendered division of tasks. In India, male garment workers are paid a regular monthly salary for producing men’s garments, whereas female workers are paid by the piece for women’s and children’s garments, which have a lower price (Unni et al., 2000, in Chant and Pedwell, 2008). Similarly, female domestic workers tend to concentrate in cleaning and care services, whereas male domestic workers engage in better-paid jobs in private households, for example as gardeners, drivers or security guards (ILO, 2013c).

## Box 2: Distribution of female informal work

- Informal employment is a greater source of non-agricultural employment for women than it is for men in three out of six regions (see table).
- Women in informal employment tend to be concentrated outside the informal sector (with the exception of in Sub-Saharan Africa), whereas a larger share of men's non-agricultural employment takes place within the informal sector.
- Informal wage employment comprises a smaller component of women's non-agricultural informal employment than it does for men in Sub-Saharan Africa, South Asia and East and Southeast Asia (excluding China).
- Agricultural self-employment accounts for a larger share of women's employment compared with that of men in Sub-Saharan Africa, South Asia and East and Southeast Asia.

### Gendered regional distribution of informal non-agricultural employment

	% of informal non-agricultural employment	
	Men	Women
<b>South Asia</b>	82	83
<b>Sub-Saharan Africa</b>	61	74
<b>Latin America and the Caribbean</b>	48	54

Source: Vanek et al. (2014).

## 2.3 Gender and labour market participation

The picture of female informal workers across different regions illustrates that women are in a disadvantaged position and tend to access lower-paid and less secure types of informal work compared with men. At the root of this gendered inequality in the labour market is a combination of factors that exacerbate and maintain women's marginalisation and higher levels of poverty. These can be allocated to three broader categories of gendered disadvantage to shed light on socially constructed norms that maintain gender stereotypes and permeate institutions and social interactions (Kabeer, 2008; Kabeer and Subrahmanian, 1997). For the analysis further below in the paper, they provide an analytical lens to assess whether social protection programmes themselves perpetuate gender inequalities by sustaining social norms and reinforcing the division of productive and reproductive responsibilities between women and men.

### Gender-specific constraints

Gender-specific constraints are tied to socially constructed concepts of femininity and masculinity that prescribe a distribution of productive and reproductive functions to men and women. Depending on the cultural context, these social norms tend to define women's main role as being the carer in the household, subordinate to the male breadwinner. This traditional concept of the household and family leaves out of account the contributions of women's unpaid care to the economy, as well as their involvement in productive activities and paid work. The lack of acknowledgement of women's paid and unpaid work in public policies creates a double burden for

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women, who have to engage in remunerated work while at the same time being in charge of unpaid, yet time-intensive, care responsibilities (Kabeer and Subrahmanian, 1997).

### **Gender-intensified inequalities**

These apply when factors that reflect inequalities between households, such as caste, class, ethnicity or religion, are reinforced for women within the household or across society. Within their given class, women face the same disadvantage as men but in an intensified form, as a result of gender discrimination in the allocation of resources and responsibilities. In the same socioeconomic group as men, women are more likely to be assetless, illiterate and socially isolated than men (Kabeer and Subrahmanian, 1997).

### **Imposed forms of gender disadvantage**

Imposed forms of gender disadvantage reflect biases, preconceptions and misinformation on the part of actors who have the power to influence social norms and policies either to counter or exacerbate gender-based discrimination. They contribute to the institutionalisation of societal gendered stereotypes around masculinity and femininity through policies and legislations that are implicitly or explicitly based on the gendered division of productive and reproductive roles. Despite being considered to be ‘neutral’, they reinforce gender inequality by failing to actively address it (Kabeer and Subrahmanian, 1997; Sabates-Wheeler and Kabeer, 2003).

The three types of categories combined highlight the intersecting inequalities women are exposed to. These influence to what extent and under what conditions women participate in the labour market and explain their high levels of informality and concentration in low-quality jobs.

In particular, women’s participation in the labour market is determined by the extent to which they have to contribute to unpaid household duties or family work, which falls disproportionately on their shoulders because of social constructed norms that identify them as the main carer. This has important implications for the type of paid work women can take on. A recent report highlights how the pressure of trying to balance work and child care leads women to take on lower-quality jobs (Samman et al., 2016). In a study conducted by Addati and Casserier (2008), women informal workers in the Philippines and Bangladesh reported family responsibilities as a key reason for taking on informal work (in Alfery, 2015). Being confined to jobs that allow sufficient flexibility to accommodate child care leads to significant income losses for women, which amount to a 42% income difference to women with no children in 21 developing countries (Agüero et al., 2012). The need to provide for their children also puts women in a position where they agree to take on work that male workers reject. Employers in the garment industry in Nicaragua and Bangladesh demonstrated a preference for more ‘docile’ female workers, who were less demanding and accepted low salaries (Mendez, 2007 and Kabeer, 2000, in Kabeer, 2008: 91).

In comparison with men, women spend an average of 5.7 weeks more on unpaid care in a year (Samman et al., 2016). The costs of providing care are thus unequally distributed across gender and class, with the family remaining the key institution meeting care needs (UNRISD, 2010). The differing amounts of time men and women allocate to care in the household is not only driven by social norms but also reinforced by the lack of state-provided support services, such as child care facilities, maternity benefits and services for people with disabilities. The gender-specific division of roles, which places women within the private (household) space and men in the

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public, permeates public institutions, which have in many countries insufficiently acknowledged the contribution of unpaid care to the economy. The same processes that have triggered a rise in informality – namely, periods of economic crisis and recession – have also led to cutbacks in the state provision of social services that support unpaid care (Eyben, 2012).

Gender-specific constraints can also have an impact on labour market participation in contexts where women's independent movements outside the house are considered culturally unacceptable. In North Africa and the Middle East, for example, the proportion of women in informal employment is lower than it is for men (ILO, 2013a: 15). In South Asia, cultural norms of seclusion and status that restrict women's physical mobility equally result in low female labour force participation and their concentration in home- and family-based occupations. Further, women are associated with ritual impurity (attributed to menstruation, child birth and widowhood), which restricts their access to certain types of work, where they are banned from touching machines such as the plough, the pottery wheel and the loom (Chen and Doane, 2008, Kabeer, 2008). In many cases, gender-specific constraints interact with gender-intensified ones, as is highlighted in the case of Dalit women, who are segregated into certain types of work because of their gender plus their cast. Labour markets themselves are social institutions, which reflect the gender bias and power inequalities inherent in their particular context. They reproduce the cultural acceptability of certain jobs for men and women, including the conditions under which they place and the appropriate level of pay (e.g. payment, promotion structures, training) (Razavi et al., 2012). These pose substantial barriers for women in entering labour markets: the global female labour force participation in 2014 was 50.3%, compared with 76.7% for men (ILO, 2014d).

Women also have different vulnerability profiles to men, which stem from their gender-specific biological and social vulnerabilities (Kabeer, 2008). The lack of social protection, such as insurance against work-related injuries or health insurance, means minor health shocks can have drastic economic consequences on the livelihoods of informal workers, given high out-of-pocket health expenditures. Lifecycle vulnerabilities from childhood to childbearing years to old age bear a range of risks for women that require specialised social protection provision. Women with no access to maternity benefits or employment guarantee after childbearing run the risk of losing their job or receiving a lower income during or after pregnancy (Lund, 2009). This also forces women in many cases to return prematurely to work, which puts their own and their children's health at risk. Women face higher risks of poverty in old age, resulting from a combination of inadequate pension systems and greater longevity.

Intersecting inequalities thus limit the options available to women and confine them to jobs with low returns, poor working conditions and limited access to social protection (Razavi et al., 2012; Sabates-Wheeler and Kabeer, 2003). They also form key drivers that maintain or exacerbate the gendered segregation of the labour market and wage inequalities and reduce women's productivity. Their 'choice' of employment opportunities is ultimately restricted by factors that are gender-specific or gender-intensified, or through institutionalised patterns of social exclusion and marginalisation. It is through this gender lens that the next section analyses the specific barriers women face when trying to access social protection programmes.

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# 3 Provision of social protection for female informal workers

This section provides a more detailed picture of constraints related to lack of eligibility, as well as capacity constraints that prevent effective enforcement of legislation and implementation of programmes. Together with demand-side constraints, discussed in Section 4, these issues highlight the gender discrepancies in the overall low social protection coverage.

## 3.1 Eligibility constraints for female informal workers

Based on the formal ICLS definition, informal workers are ineligible for social protection that is tied to formal employment status, particularly contributory social insurance, such as pensions, maternity benefits, unemployment benefits and health insurance. Given women's disproportionate representation among informal workers, they are less likely to benefit from employment-related social protection, which explains low social protection coverage (Box 3).

### Box 3: Social protection vs. social security

The traditional concept of social security set out by the ILO covers compulsory national social insurance as well as tax-financed social assistance (means-tested) and universal benefits (not means-tested). The concept of social protection emerged with the increase in flexible and unstable employment in the informal economy. It broadens the concept of social security by including non-statutory schemes, such as new types of contributory schemes, mutual benefit societies and grassroots and community schemes for workers in the informal economy (ILO, 2002b). Currently, 73% of the world's population has no or only partial access to social protection (ILO, 2014b).

Social protection is commonly divided into three types:

1. **social assistance:** non-contributory, means-tested or categorically targeted programmes for vulnerable groups. This includes cash-or in kind transfers, subsidies and social (non-contributory) pensions financed through tax or other revenues (e.g. aid budgets)
2. **social insurance:** contributory programmes that protect beneficiaries from catastrophic expenses
3. **labour market interventions:** protective measures for the working poor (or unemployed) to gain employment, for example employment services, job training, direct employment generation (e.g. public works, employment guarantee schemes)

However, formal contributory social security schemes often contain a gender bias that inhibits access for women workers and is problematic if it is reproduced in schemes aimed at informal workers. Formal schemes tend to reflect the traditional family model from the late 19th century in Europe and North America, which is

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based on a gendered division of labour between men and women. The concept of a male breadwinner and a 'family wage' justified men's higher earnings in terms of their responsibility for the support of dependent or poorly paid wives and children (Sabates-Wheeler and Kabeer, 2003). The early models of social security financed through payroll contributions were also built around the then prevailing assumption that formal, full-time and life-long employment (implicitly assumed to be undertaken by the male household head) would dominate and absorb informal employment with increasing economic growth (Pagés et al., 2013).

Although it does not explicitly discriminate against female workers, this social security model provides an example of imposed gender disadvantage by institutionalising the gendered division of labour and reinforcing the role of women as mothers and carers. It has further influenced the development of social security schemes in Latin America, Asia and Africa, which in many cases implicitly incorporated a gender bias and designed systems exclusively for formal sector workers (Sabates-Wheeler and Kabeer, 2003).

Existing social security systems are often inflexible in accommodating deviations from the static concept of full-time employment in one job or sector for a lifetime. This is particularly problematic taking into account the increasing casualisation of work, and the frequent movements into and out of formal employment, particularly for low-income workers. In Mexico, for example, the retirement pension offered by the Mexican Social Security Institute (IMSS) requires workers to accrue 25 years in the system. Yet evidence suggests particularly low-wage workers move in and out of informality and often fail to accumulate the necessary amount of years to remain eligible for the IMSS. Over a nine-year study period (1997–2000), only 11.6% of low-wage IMSS workers spent the entire period in the system; the percentage for high-wage workers was 42% (Perry et al., 2007). A study on Uruguay reports similar movements into and out of formal employment in a context where workers need to remain in formal employment for 35 years to be eligible for the main social security institution in Uruguay, the Social Security Bank (Bucheli et al., 2006).

Women workers in particular tend to have more frequent interruptions in employment. Their work patterns are characterised by longer periods dedicated to caring for others, lower labour market participation and more part-time work. They have lower average records of years of employment compared with men, which increases their likelihood of losing eligibility for social security during childrearing years (Arza, 2015; Razavi et al., 2012). In European countries, for example, men aged 65 and over have an average record of 35–43 years of employment, whereas women have an average employment period of 12.8–35 years. Their lower wages and shorter contributory history can also lead to lower pension benefits and increase the risk of impoverishment in old age (Arza, 2015). In Chile, prior to recent pension reforms, women received a pension around 30% lower than that of a single man on account of their longer life expectancy and shorter contributory history (Yañez, in Arza, 2015).

Another design-feature that stems from the concept of static formal employment and poses a barrier to accessing social protection for informal workers is the lack of portability of programmes. Rather than being able to move with the worker, many social protection programmes require permanent residency or citizenship status. The lack of portability of contributory social insurance schemes affects legal migrant workers who contribute to social security schemes in their host country but in the absence of bilateral agreements often return to their country of origin without being able to claim their benefits (ILO, 2013c; Sabates-Wheeler and Waite, 2003; van Ginneken, 2013).

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This is an issue for the high proportion of workers who migrate for work, as well as for people who lack forms of identification that prove residency. While the proportion of male international migrants is slightly higher, women still comprise more than 40% of migrants (IOM, 2013). While gender proportions have remained consistent in the past 50 years, the absolute numbers of migrants have increased and a ‘feminisation’ of migration is observed, which refers to the concentration of women migrants in the international care economy (UN-INSTRAW, 2007). The lack of protection exacerbates the vulnerability of female migrant workers who operate in spaces invisible to public authorities, such as in domestic or care work. Despite domestic work being a growing source of employment for women with a high level of intra- and cross-country migration, domestic workers remain one of the least protected groups under national legislation (ILO, 2013c).

Informal international or internal migrants often lack formal residency status and work illegally outside of national legislation. This, combined with their limited resources and insufficient recourse to legal remedies, exposes them to exploitation (van Ginneken, 2013). Social protection schemes can thus discriminate against workers who lack identification, and poses challenges to effective coverage in countries with very large numbers of internal migrants, such as India and China (Hopkins et al., 2016). China’s health insurance scheme for the urban population, for example, only covers workers who have permanent residence permits (Hassim and Razavi, 2006). In Vietnam, an elaborate and complex system of classification of residents in urban and rural areas distinguishes between residents from the district, residents from other districts and people with temporary registration. Only those who are registered as being from that district have full entitlement to government services. The rest must pay for them or are excluded (Deshingkar, 2006).

These design features increase access barriers for both male and female workers, but a range of gender-specific features discriminate specifically against women. These are generally related to the reproductive role of women and the special protection required for female workers during pregnancy and maternity. In the case of market-based social protection provided by private insurers, female workers can be ineligible because of the higher costs associated with their reproductive functions. For example, many micro health insurance schemes do not offer maternity benefits because of their high costs and because pregnancy is perceived as a risk women can control for and is different to illness or accidents (Ahmed and Ramm, 2006, in Holmes and Jones, 2013). In Chile, private insurance companies considered women aged 18–45 ineligible for health coverage following withdrawal of a government maternal cash benefit in 2002 (Mesa-Lago, 2008, in Holmes and Jones, 2013). Chile’s National Public Health Fund (Fonasa), on the other hand, decided to individualise, rather than pool, the cost of maternity-related health costs by requesting higher premiums for women than for men of the same age (Holmes and Jones, 2013).

Social assistance programmes have been criticised for treating informal workers as a ‘residual’ category by creating special schemes and programmes that function outside mainstream labour, financial and insurance institutions. For social protection to work for female informal workers, women need to be acknowledged as ‘workers’ in programmes (Lund, 2009). Social pensions or child grants often focus on age-related vulnerabilities and target groups considered labour-constrained. In different contexts, particularly in Sub-Saharan Africa, political economy issues and fear of creating dependency means the working-age population is explicitly excluded from categorically targeted programmes (Slater and McCord, 2009). However, with child grants, women are indirectly eligible in their role as mothers and are often the designated recipients of the transfer. Child grants, and particularly conditional cash transfers, have been criticised for not acknowledging the role of women as workers but rather reinforcing their gendered care responsibilities. They further run the risk

of exacerbating women's time poverty by increasing the opportunity cost of participation by having to comply with conditions (Molyneux, 2009).

### 3.2 Capacity constraints for effective coverage

Women thus face eligibility constraints, but there are also barriers to accessing social protection that are related to the effective provision of services. Box 4 provides a gender-disaggregated picture that highlights the discrepancy between entitlement to social protection and actual coverage. Female workers face barriers to uptake of existing schemes (Section 4) but also constraints related to limited capacity to enforce existing legislation and implement social protection programmes. Lack of gender awareness across social protection programme staff further inhibits the effective implementation of gender policies and anti-discrimination measures.

#### Box 4: Social protection coverage

##### Income replacement for working-age population

- 28% of the global labour force is eligible for unemployment benefits (contributory and non-contributory) under existing legislation, yet only 12% of workers worldwide actually receive it. There are wide regional differences, with Africa being the region with least coverage (see table) (ILO, 2014b). Gender differences in legal entitlements are relatively small, with the biggest discrepancy in the Middle East (17.7% of women are entitled compared with 20.6% of the total labour force) and North Africa (20.9% compared with 27%).
- Worldwide, less than 40% of women in any kind of employment are covered by law under mandatory maternity cash benefit schemes, which function as income replacements during maternity leave (57% if voluntary coverage is included). And, given ineffective enforcement and implementation of the law worldwide, only 28% actually receive maternity cash benefits, with particularly low access in Asia and the Pacific, Latin America and Africa (ILO, 2015).
- Only 39.4% of the labour force globally is entitled by law to insurance for employment injuries; lack of enforcement of legislation means actual coverage is lower (ILO, 2014d). Gender differences in legal coverage are particularly high in the Middle East and Africa, where coverage rates for women are respectively 18 and 13 percentage points lower than overall coverage rates (ibid.).

##### Coverage of unemployment benefits by legislation and in practice

	% of labour force entitled to unemployment benefits under existing legislation	% of unemployed workers receiving unemployment benefits
<b>Europe</b>	80%	64%
<b>Latin America and Caribbean</b>	38%	5%
<b>Middle East</b>	21%	3%
<b>Asia and Pacific</b>	17%	7%
<b>Africa</b>	8%	3%

Source: ILO (2014b).

##### Social protection for vulnerable groups and health shocks

- More than half of countries in the developing world, but less than 40% of least developed countries, provide by law some form of child or family benefit. The low expenditure of low- and lower-middle-income countries in Africa and Asia highlights that, where contributory programmes exist,

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they cover only a minority of the population and non-contributory programmes are limited. In Latin America, large proportions of the population receive these benefits through a combination of employment-related benefits and non-contributory social assistance (including conditional cash transfers) (ILO, 2014d).

- Less than 10% of developing countries provide any type of social protection in the case of disability, through either social insurance or employer liability. Most Latin American countries have schemes that cover poor people with disabilities, which in some cases form part of conditional cash transfers, or those entitled through contributory social insurance (ILO, 2014d).
- 42% of the working age population is entitled to old-age pensions, but mandatory contributory schemes cover only 26.4% of women and universal or means-tested pensions only 5% (ILO, 2014b). Comparison across countries shows high discrepancies in terms of legal coverage, with the male/female ratio being 29%/6% in Cameroon, 51%/ 21% in Nicaragua and 50%/25% in Mexico (ILO, 2014d).
- More than 90% of the population living in low-income countries remains without any right to health insurance. Globally, about 39% of the population is lacking such coverage. As a result, about 40% of global health expenditure is shouldered directly by the sick and their families (ILO, 2014b).

### **Capacity of government/regulatory authorities to clarify and enforce existing entitlements**

Weak enforcement of labour legislation and gender policies is often related to low implementing capacity to oversee and monitor compliance. Despite the existence of legal entitlements to social protection, many developing countries face serious problems in identifying, registering, educating, persuading and monitoring persons and businesses in the informal economy to ensure they comply with labour regulations (ILO, 2002b). In Mexico, for example, a shortage of inspectors and overstretched labour laws are considered some of the reasons for persistent levels of informality (Kaplan et al., 2008, in World Bank, 2013). Other middle-income countries, like Brazil, India and South Africa, see similar challenges with enforcement of labour laws. In India, little political commitment to improving labour standards and corrupt and under-resourced labour departments are some of the reasons for the gap between labour legislation and implementation (Barrientos, 2011; Deshingkar, 2009).

Dynamics of social exclusion reinforced by caste and gender in the case of casual workers in India can further contribute to limited efforts by authorities and employers to enforce labour legislation (Deshingkar, 2009). Effective enforcement of labour laws requires awareness-raising, monitoring and other types of participation from employers and workers. The weakness or absence of employee organisations or trade unions for female informal workers limits their collective bargaining power and thus their ability to hold employers and governments to account if legislation is not enforced (ILO, 2014d: 93).

Extending labour laws to the informal economy in particular raises a whole raft of enforcement issues, as contract labourers are less visible in work spaces than those employed on formal contracts (Barrientos and Smith, 2006). Casual workers are particularly disadvantaged, since they are often involved in complex subcontracting arrangements and recruited by agents or middlemen. In some cases, the lack of clarity

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in the legislation over who is responsible for providing social protection can become an excuse for employers whose workers are engaged in multiple occupations simultaneously or seasonally not to provide social protection.

The Self Employed Women's Association (SEWA – see Box 7) in India – a trade union of informal female workers established in 1972 – conducted a study of its members and found out the multiplicity of work and occupation women were engaged in posed an obstacle to identifying the employer responsible for making contributions to their social protection scheme. In Gujarat, workers migrate with their whole family for eight months to the desert, after which they return home to work in their fields. Employers were reluctant to provide their female workers with child care facilities, since they were not considered a full-time, permanent workforce (Chatterjee, 2005). For workers in multiple employment relationships, it is difficult to get the ultimate employer (or lead firm in a global chain) to assume responsibility for protecting their workers' rights, especially as there are definite financial and legal implications (e.g. restrictions to employment termination, minimum wage, regulated working hours) (ILO, 2002b: 58; Lund and Nicholson, 2003).

Lack of enforcement can also lead to employers shying away from the additional social security costs women workers bring, particularly through maternity protection. Maternity cash benefits, for example, can be provided through contributory, non-contributory (usually tax-financed social assistance or universal schemes) or employer's liability provisions. Low coverage is particularly prominent in countries where informal employment is high and employer's liability provisions for maternity benefits prevail<sup>5</sup>. Employer's liability provisions place the economic costs of maternity directly on the employer, who can be tempted to deny women the income security to which they might be entitled by law (ILO, 2015). In Ghana, formal employers tend to discriminate against women because they are required to pay all maternity leave benefits (Hampel-Milagrosa, 2011).

### **Capacity of social protection providers to deliver social protection**

Capacity constraints often lie at the heart of poor enforcement of social policies and labour laws. Many developing countries do not have procedures in place through which participation in the social security scheme can be organised, contingencies and entitlements defined, benefits established and contributions levied. Implementers of many schemes in developing countries find it beyond their capacity to cope with the volume of administrative tasks associated with the operation of a social insurance scheme. Governments may be unwilling or unable to assume new and potentially costly commitments (ILO, 2002b: 58). This can lead to suboptimal administrative frameworks and low capacity, which in combination with women's limited time availability risks exacerbating their time poverty.

In Mexico, for example, the remoteness of millions of workers in rural areas is considered a major barrier in accessing health facilities to participate in the conditional cash transfer programme Progresa (renamed Prospera in 2013) (Levy, 2006a, 2006b, in Perry et al., 2007). This places particular opportunity costs on women, who are the designated recipients of the cash transfer, and can expose them further to security risks if long distances to the collection point need to be overcome. Women in Somalia were worried about their safety when walking home alone carrying cash, and in Pakistan and Kenya were concerned about the distance to the

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<sup>5</sup> 38 countries in Africa and Asia have provisions in their labour legislation setting out a mandatory period of maternity leave and establishing the employer's liability for the payment of women's salary – yet in Sub-Saharan Africa only 10% of women are covered by this legislation (ILO, 2015).

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collection points, since it forced them to leave their children alone at home for long periods of time (Berg et al., 2013; Wasilkowska, 2012).

Unreliable implementation of social protection programmes because of limited capacity can undermine the trust people have in the system, and in the worst cases discriminate against them. In Ghana's National Health Insurance Scheme (NHIS), low administrative capacity led to a delay paying for the health care services delivered to members. Health care providers thus prioritised cash-paying patients over NHIS cardholders and female members in particular felt discriminated against when interacting with health staff (Alfers, 2013).

In the case of female workers, lack of effective gender mainstreaming can lead to the ineffective implementation of gender-sensitive policies that were designed specifically to facilitate female participation. In India's Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), programme quotas for women and gender-sensitive policies (e.g. providing less strenuous work for women; care facilities for children) exist but are implemented unevenly across states, which has translated into differences in participation rates of men and women across states (Dasgupta and Sudarshan, 2011; Jandu, 2008, in Holmes and Jones, 2013). In Sitapur and Uttar Pradesh, programme staff have sent away women to make workspaces available for men; where they have obtained a placement they have been ridiculed and verbally abused by male labourers and other villagers (Khera and Nayak, 2009).

This was also observed in Ethiopia's Productive Safety Net Programme (PSNP), where ineffective implementation of gender policies leads to programmes reproducing discriminatory practices against female workers. The Women's Bureau of the PSNP forms part of the programme implementation committee but has proven ineffective in mainstreaming gender. Participation of women is relatively high, but less attention has been paid to providing equal access to assets for women through the Other Food Security Programme (OFSP), under which the Household Asset Building Programme falls. Expenditure on the OFSP for men is in some regions three times higher than it is for women. Limited political interest at the government and donor level to effectively mainstream gender at the programme and community level has been one of the obstacles to putting gender policies into practice (Holmes and Jones, 2013: 109).

The implementation of gender-specific programme aims has been identified as a weak link in social protection, which undermines the potential of gender-sensitive design. Putting in place provisions that facilitate gender-sensitive implementation needs to be accompanied with capacity-building on the ground to facilitate access for poor women, who face several constraints based on the gender-specific and gender-intensified disadvantages highlighted in the next section. This needs to go beyond targeting women as beneficiaries and include awareness-raising on women's rights and the benefits of female empowerment. It also needs to open up spaces for women to raise their voices to ensure programmes meet their needs (e.g. provision of child care services, compatibility of programmes with household duties or paid work) (Holmes and Jones, 2010).

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# 4 Barriers to accessing social protection

The factors inhibiting female informal workers from accessing social protection programmes are multifaceted and exceed programme-specific factors. They link to sociocultural norms that influence how institutions are designed, how men and women interact in public spaces and how work and resources are distributed within households. This section highlights some of the barriers discussed in the literature that have prevented female informal workers from fully participating in social protection programmes. These include barriers informal workers in general face to accessing social protection, as well as gender-specific and gender-intensified barriers. All will have to be taken into account in designing adequate social protection programmes for informal female workers.

## 4.1 Low contributory capacity

The financial costs of social protection can act as a disincentive or barrier to formalising employment – a decision that can be made out of opportunism, to reduce costs or out of necessity, since social security may be unaffordable for informal workers or owners of informal enterprises (Chen, 2012; ILO, 2002b; Lund and Nicholson, 2003; World Bank, 2013). Low and unstable income streams in particular reduce the capacity of female informal workers to make contributions to social protection programmes in the absence of subsidised schemes (Holmes and Jones, 2013; ILO, 2002b: 58). The formal sector contribution rate for social insurance is usually about 20% or more of the total payroll (ILO, 2002b), which exceeds the amount many informal workers are willing or able to pay. Despite valuing social insurance cover, informal workers in China, Colombia and Egypt, for example, were willing to contribute only 5–13% of their income (World Bank, 2013: 83).

Low incomes have also been a barrier to uptake of community health insurance schemes in Sub-Saharan African countries, where a flat rate is found to be regressive and to lead to limited uptake among the lower socioeconomic strata. In Uganda and Tanzania, inability to pay premiums and absence of a subsidised pillar were found to be the single biggest obstacle to increasing uptake, and Nigeria's regressive flat rate was considered a problem to increasing coverage of the poor (Basaza et al., 2008; Odeyemi, 2014). In the Dominican Republic, around half of the informal workers participating in a study had decided to opt out of health insurance because their salaries were too low (Perry et al., 2007).

Failure to enrol owing to inability to pay is likely to affect women more severely as they are more cash-constrained and yet likely to have higher health expenditure (Hassim and Razavi, 2006). This also forms a disincentive for insurance companies, which increase the price of health insurance significantly to cover care during pregnancy and childbirth, leading to the exclusion of poor women (Berkhout and Oostingh, 2008, in Holmes and Jones, 2013). In other cases, service packages are adapted to the different clients' contributory capacity, which reduces affordable health insurance to the bare minimum. In Chile, prior to reforms providing for

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subsidies, social insurance and flexible contribution schemes, workers were required to contribute 7% of their earnings to either the public insurer (Fonasa) or the private insurer. As health insurance premiums were dependent on level of earnings, high-income workers could purchase more comprehensive plans from the private insurer whereas the poor had only access to very basic public health care (Barrientos, 2005: 120).

Interruptions in employment or seasonal work also mean workers have less income to contribute to schemes that require the payment of regular fees. In Chile, agricultural temporary workers who were only employed for a few months in a year could not afford to join the health insurance scheme, which required consistent monthly payments over the course of a year, until it was changed to entail flexible payment modes and subsidised pillars (Barrientos and Lloyd-Sherlock, 2002, in Barrientos, 2005).

Low contributory capacity thus creates a barrier for informal female workers to access to adequate social protection provision. Although this barrier is not necessarily gender-specific, it is gender-intensified, given the high percentage of women in low-paid informal jobs. Where service fees are raised because of the higher cost of protecting women from certain risks, programme design specifically discriminates against women.

## **4.2 Awareness and perceived value of benefits**

Another issue that inhibits access to social protection is limited awareness of programmes as well as of the perceived value of benefits in relation to the cost of participation. This is not an issue specific to women but it is important because of the higher opportunity costs women face in terms of time and their limited resources to participate in programmes.

Poor workers and their families are often not able to prepare for future risks, either because short-term needs have priority or because of a lack of skills and knowledge to assess their future needs and their economic impact, for example in old age (Goldblatt and Lamarche, 2014). Lack of knowledge about existing schemes, combined with limited skills to solve complex inter-temporal problems regarding savings and investments, as well as psychological factors that distort the individual's perception of risk contribute to information-related problems to uptake (Holzmann, 2013, in Pagés et al., 2013). These are often aggravated in low-income, high-poverty contexts and can raise the price of risk mitigation mechanisms or prevent these mechanisms from forming in the first place (Packard, 2006, in Perry et al., 2007: 192).

These obstacles are particularly high for women who have consistently lower literacy and education levels than men in the same socioeconomic group (Kabeer, 2008; World Bank, 2012). Cultural norms that confine women's responsibilities to domestic duties limit their interactions with public administrative procedures, which lowers their confidence levels to claim social protection or leaves them simply unaware of their eligibility (Holmes and Jones, 2013; Kabeer, 2012). SEWA, for example, had to engage in extensive awareness-raising campaigns with female workers and their families to explain the benefits of membership in health insurance schemes. The growth of the organisation is attributed to a large extent to door-to-door canvassing and village meetings to explain the concept of risk-sharing through insurance (Chatterjee, 2005). Making information on social protection accessible and ensuring communication with staff is easy for women are considered a key ingredient of gender-sensitive schemes (Holmes and Jones, 2013).

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The value attributed to programmes is closely linked to barriers posed by lack of information and awareness of schemes. Where workers are unaware of the benefits of a programme, they may deliberately opt out, since they consider the opportunity costs to outweigh the potential advantages (Basaza et al., 2008; Perry et al., 2007). In Ghana, for example, formal information on the size of the premium for the NHIS was unavailable, which meant people found out through hearsay, which reported it to be higher than it actually was (Alfers, 2013). Insufficient information and lack of awareness can undermine trust in social protection providers or governments to deliver the promised benefits and can prevent people from opting in, especially if participation is associated with a cost (Basaza et al., 2008; Perry et al., 2007). Particularly in emerging economies with large and growing urban populations, many residents may have an income above the poverty levels – yet levels of informality are high. In these contexts, lack of trust in governance structures and the provision of public services, including health care and pensions, creates an ‘informality trap’ whereby people deliberately decide to avoid formalisation (World Bank, 2013: 201).

For some workers, the imbalance between the associated benefits and costs of social protection, as well as the possibility of relying on others in case of a shock, can lead to voluntarily exits from the formal economy – despite them valuing social insurance and being willing to contribute to it (Perry et al., 2007; World Bank, 2013: 275). The design and implementation of social protection benefits matter, because the value attached to participation depends to a significant degree on the adequacy of benefits relative to contributions and the efficiency and transparency of benefits administration. For example, if the expected value of a pension is low or uncertain, workers may prefer to remain in the informal economy (World Bank 2013: 274). In Brazil, the Social Security Law guarantees all Brazilians over the age of 67 a benefit of one minimum wage if they have no other sources of income in old age. For workers who earn the minimum wage or below, there are low incentives to pay into their pensions while they are working if they will receive a similar benefit either way when they retire (Fernandes et al., 2006, in Perry et al., 2007).

In Mexico, the ‘bundle of benefits’ of the IMSS has several mandatory components: health insurance, retirement pensions, disability insurance, professional risk insurance, life insurance and day care centres. Not all workers value equally the comprehensive range of services provided, and the contributions made are considered a ‘tax’ rather than being associated with benefits (Perry et al., 2007). Inflexible ‘one-size-fits-all’ approaches to social insurance benefits can thus cause barriers to individuals and households, where comprehensive packages are considered expensive and fail to address priority needs (Pagés et al., 2013). Informal workers have prioritised health services, child care and a secure old age as their most pressing needs (Lund, 2009).

Schemes such as SEWA’s health insurance in India and BancoSol in Bolivia highlight that, with the right balance between costs and benefits and with services customised to women’s needs and communicated properly, even voluntary contributory schemes can be profitable and successful. Poor women will pay for micro-insurance if they are aware of the advantages and value the opportunity to select from a range of benefits (Banthia et al., 2009).

### **4.3 Administrative procedures**

Administrative procedures can pose barriers to accessing social protection programmes, by deterring people from enrolling or incurring high opportunity costs on their participation. This can be particularly precarious for informal workers, whose time spent in registration processes and queuing for benefits can translate into income losses owing to absence from work. Female workers who have to juggle paid

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and unpaid domestic work have less time available to dedicate to administrative procedures, which can increase their time poverty.

If administrative procedures and information on how to register for social protection programmes is inaccessible to workers, they can pose a barrier for those with limited time available during the day. The enrolment procedures for Ghana's NHIS and Uganda's Community Health Insurance (CHI) created a dualism between those with the time to deal with the cumbersome administrative procedures and those without the time (Alfers, 2013: 18; Basaza et al., 2008). In India, to access subsidised commodities through the Public Distribution Scheme, people need to apply for ration cards, which is a complex and time-intensive procedure. Registering for them in many cases requires access to political networks for the necessary signatures (MacAuslan, 2011).

These barriers are gender-intensified when it comes to low-income female workers for whom the opportunity costs of participation can be too high. Unreliable administration of social protection programmes, particularly the irregular and late payment of benefits, affects poor, female-headed households disproportionately, since they rely more heavily on their immediate income. In India's MGNREGS, single mothers were affected by delayed payments and in some cases were forced to drop out and take up less-preferred types of employment to cover the income gap (Khera and Nayak, 2009). The need to shift to other types of work has a particularly negative impact in cases where the wage differentials between men and women in rural employment are high – since MGNREGS wages are the same for men and women. Poorer single mothers are thus forced to shift from better-paid work towards poorly paid work to meet immediate household needs. In South Africa's Child Support Grant, the bureaucracy and inconsistent practices maintained by poorly trained and inefficient officials posed obstacles to beneficiaries, who were mainly female caretakers (Kabeer, 2008). In Mexico's *Oportunidades* cash transfer programme, very poor female beneficiaries dropped out because the conditionalities imposed high opportunity costs on those living in remote communities (Álvarez et al., 2008).

Lack of gender mainstreaming across programme staff also affects the capacity of social protection to deliver programmes in a way that actively reduces the barriers female workers face in accessing benefits. Unequal access to social protection programmes for women can be influenced by existing social and cultural norms that prevent women from participating in the public spheres on an equal footing with men. This has been observed in public works programmes, such as India's MGNREGS, as well as in Ethiopia's PSNP. Lack of gender awareness can lead to programme design that increases the participation costs for women, for example through the absence of child care facilities during public works activities (Holmes and Jones, 2013). In Burundi's Special Public Works Programme, as well as in MNREGS, married women with small children were less likely to participate, given their care responsibilities. Similarly, in Burkina Faso's public works programme women in larger households were more likely to participate if they had other family members who were able to look after their children (Dejardin, 1996; Holmes et al., 2010, in Holmes and Jones 2013). In Botswana's public works programme, female participation was considered particularly high because women were allowed time off to breastfeed without suffering pay cuts (Holmes and Jones, 2013).

Lack of gender awareness in programmes can thus perpetuate gender disadvantages and reduce the participation of women, or increase their marginalisation. One example is when programmes target households as a whole, or the male breadwinner, rather than women directly. This can reinforce intra-household inequality if gendered power dynamics restrict women's ability to participate equally in household

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decision-making and access to resources. Evidence suggests that, while being covered through their spouse's unemployment insurance, women may not actually benefit from it (e.g. Sabates-Wheeler and Kabeer, 2003, in Holmes and Jones, 2013). In other cases, means-tested universal pensions are based on the condition that no other pension or income is received in the household, and thus they limit married women's right to a pension of their own when their husband is the recipient (Mkandawire, 2005; Ortiz and Cummins, 2013). Programmes that specifically target the household head, such as Indonesia's Padat Karya public works project or Ethiopia's PSNP, reduce access to the transfer for women in male-headed households (Holmes and Jones, 2013: 235).

Household targeting also prevents access to social protection by women where there is a deviation from the concept of a nuclear, monogamous household. This is the case, for example, in cultural contexts where polygamous relationships are common, where second and subsequent wives are more vulnerable and less likely to benefit from household-targeted programmes unless they can secure female-headed household status for themselves and their children (Jones et al., 2010). Discriminatory administrative procedures that fail to address gendered power structures can pose a barrier, particularly for female workers, in accessing transfers.

#### **4.4 Sociocultural norms**

The sociocultural context in which social protection programmes operate can impose barriers that are external to the programme itself but hinder successful uptake by women. In some cases, social protection programmes have taken these constraints into account in their design. In Pakistan, for example, restricted mobility of women in public spaces (particularly in rural areas), as well as their time poverty related to domestic responsibilities and household labour, impeded their participation in cash transfer programmes. To increase female participation, policy-makers involved in the Benazir Bhutto Income Support Programme (BISP) had to design delivery mechanisms that facilitated the collection of the money for women. Rather than female recipients collecting the transfer money from a central disbursement point, such as a bank or regional BISP office, the BISP delivers the money orders to female recipients on their doorsteps through the Pakistan Post Office (Holmes and Jones, 2010: 18).

In Ethiopia's PSNP, women beneficiaries face institutional barriers that prevent them from accessing productive inputs, credit and markets, which reduces their potential to take on more remunerative opportunities in the agriculture sector and reach their graduation potential (Devereux and Ulrichs, 2015). Agricultural extension services and credit markets are designed around the norm of the male farmer, with women assumed to play an ancillary role (Jones et al., 2010). The PSNP encourages women's participation in decision-making bodies (such as the Food Security Taskforce) but deeply gendered social institutions and norms still prevent them from effective participation (Jones et al., 2010: 45). Programmes designed on the basis of access to assets such as land can exclude unpaid female agricultural workers. Index-based insurance, for example, is less accessible for women with limited land ownership and restricted access to financial services and credit (Bird and Espey, 2010; Farrington, 2005).

India's MGNREGS has tried to address the exclusion of women from public works activities by imposing a quota of one third female beneficiaries. This has increased participation overall but there remain variations in female participation across states. This is because quotas do not address the key reasons around women's more limited involvement in the programme, including sociocultural norms around women's work, mobility and intra-household allocations of roles and responsibilities, different

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levels of care responsibilities across women, health status and opportunity costs. To change this, MGNREGS aims to increase women's participation in the panchayat (elected village council) meetings, which certifies eligibility and issues job cards and decides when to open worksites and what type of work will be undertaken. Women are represented in all elected panchayat seats with a reservation of 33% (now 50%), yet this alone does not necessarily translate into them raising their voice. Local dynamics, power struggles, caste and male dominance are deeply rooted in the local institutions and restrict women's voice despite their presence (Dasgupta and Sudarshan, 2011: 8).

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# 5 Extending social protection coverage

The social and economic cost of informality, including low productivity and poverty traps, has been recognised as one of the main development challenges of countries with high levels of informality. In recent years, many countries have devoted considerable attention to informal employment and sought ways to shift towards improved social protection provision for people in the informal economy as a strategy to reduce inequality, poverty and vulnerability and contribute to pro-poor growth. Social protection plays a key role in achieving this goal to protect vulnerable workers from risks faced during their work life and beyond. This section highlights some examples of how different countries have tried to expand social protection coverage to informal workers through policy reform, increasing implementation capacity and reducing concrete barriers that informal female workers face in accessing social protection.

## 5.1 Policy reform

### Policy reform to extend legislation to informal workers

Informality has been (and still is) characterised by invisibility from the rule of law and regulatory authorities. To counter this, several countries are putting in place national legislations that specifically acknowledge the right of informal workers, and in many cases specifically women, to social protection. This is partly the result of strong lobbying at the international level, where the ILO and non-governmental organisations (NGOs) like WIEGO have been developing international recommendations for the better integration of informal worker's rights in national legislations (ILO, 2002b, 2013a). This includes better gender-disaggregated data on and categorisation of informal workers, which reflects the heterogeneity of informal work. The 2002 International Labour Conference was a milestone marked by the resolution on decent work and the informal economy. It broadened the concept of informality, moving beyond the narrow, enterprise-based notion of the 'informal sector' to include 'informal employment', which comprises all work relationships that lack legal or social protection, whether in informal enterprises, formal enterprises or households.

At the national level, different approaches have been adopted to provide informal workers with better social and labour protection. In developed countries, the objective is to eliminate the informal economy through sanctions against illegal employment, combined with incentives for employers to declare workers. In countries where informality is the dominant form of employment, the focus is on extending the legislative framework to cover workers in the informal economy and adopting measures to facilitate their integration in the formal economy (ILO, 2014e). For example, in India, the Unorganised Workers' Social Security Act 2008 provides for the establishment of social security schemes (e.g. provident funds, employment injury benefit, funeral assistance and old-age homes) for unorganised workers. It covers the whole country and its broad definition of 'unorganised worker' includes home-based workers, wage workers and self-employed workers in the unorganised sector, which ensures broad coverage of the informal economy. In Argentina, Decree 1602/2009 extends the provision of family benefits for children whose parents are

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unemployed or work in the informal or domestic sectors. Jordan's new Social Security Law has extended social security coverage to employers and own-account workers, and envisages the future coverage of agricultural workers and all firms, irrespective of size. Jordan is also the first Arab country to agree to introduce a social protection floor initiative (ILO, 2014e).

Countries have also amended labour legislation and social security policies to better accommodate the non-linearity and interrupted employment patterns of informal female workers in the design and financing of social protection programmes. In Chile, changes in regulations facilitated access to health insurance by adapting the contribution plans to the seasonality patterns of work. So, workers on temporary or fixed-term contracts can have access to full health insurance coverage for 12 months but contribute only during the three months they are employed as temporary workers (Barrientos, 2002b). In South Africa labour legislation was amended to cover agricultural workers as well as seasonal and temporary workers. This extended the right to maximum working hours, sickness benefits and annual leave to workers who were previously not covered (Lund and Nicholson, 2003).

In terms of improving legal entitlement specifically for female workers, two different paths have been taken. At the national and international level, there have been specific efforts to improve the work conditions and access to social protection for particular female-dominated sectors within the informal economy. At the international level, one successful example for female workers is the adoption of the ILO Domestic Workers Convention and the Domestic Workers Recommendations in 2011, which followed intense lobbying from NGOs and informal workers associations. The Convention applies to an estimated 52.6 million domestic workers worldwide, of which the majority are female. It states that domestic workers are to be covered under national labour laws and regulations, including those determining access to social protection (World Bank 2013: 141).

Equally, the ILO Home Work Convention adopted in 1996 applies to a group of workers that is predominantly female (e.g. 75% are female in South Africa and 88% in Ghana) (ILO, 2013a). The Convention also specifies that homeworkers should have the same access to statutory social security and maternity protection (ILO, 1996).

While this is an important step towards setting the paradigm for national legislation, only 22 countries have ratified the Domestic Workers Convention, and for five of these it is only coming into force in mid-2016. Only 10 countries have ratified the Home Worker Convention, none of these Southeast Asia, Sub-Saharan Africa or Latin America (with Argentina the exception). The lack of recognition of the rights of these workers in the regions with the highest prevalence poses significant barriers to extending social protection.

Nonetheless, national legislations have been adopted independently of international frameworks that apply to female-dominated types of informal work. Thailand's Home Workers Protection Act of 2010 requires written contracts between hirers and homeworkers containing certain minimum information. Failure to comply is penalised with a fine of 10,000 baht. Homeworkers producing outputs of the same nature, quality and quantity may not be paid less than the minimum wage. The Act establishes a Home Work Protection Committee to advise on remuneration, safety and other policies, and labour inspectors are permitted to enter the workplace of homeworkers (ILO, 2014e). In South Africa, domestic workers' organisations lobbied successfully for protection during maternity. They are now entitled to at least four months of maternity leave paid by the Unemployment Insurance Fund, which is a compulsory social security system (Fish, 2005, in ILO, 2013c). The fund includes

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unemployment benefits as well as benefits in case of illness or death. The employer must pay unemployment contributions and lack of compliance is punishable. In Brazil, rural and domestic workers gained the right to maternity leave in 1991; following a court ruling in 2012, temporary workers are now eligible.

Apart from a sector-based approach to extending social protection to a certain type of female workers, ILO also promotes the provision of social protection for women in general, for example through the Maternity Protection Convention of 2000 (No. 183). It advises countries to provide a standard of 14 weeks' paid maternity leave for all workers, including those in the informal sector. This has served as a guideline for introducing national legislation, and in Latin America countries have made considerable progress in complying (ILO, 2015). Chile and Costa Rica also grant rights to maternity leave for temporary workers (ILO, 2014d, 2015; UN Women, 2015).

Several pension systems have also undergone reforms to better account for the unpaid care work of women and to ensure entitlements to benefits are kept in old age. Led by Michelle Bachelet, Chile introduced a range of reforms that allowed, for example, women working in the household to pay voluntary contributions to an individual account and access benefits.

To address issues of low contributory capacity, Chile and Bolivia have also de-linked eligibility to pensions from an individual's contributory history. While these schemes are expensive (starting from 1% of gross domestic product each year), they are effective in reducing the risk of impoverishment in old age, which is particularly high for women (Arza, 2015). In Chile, child credits were put into place for each child born alive, equivalent to 18 months' contribution on a minimum wage, to help women contribute to their vesting period despite interruptions after giving birth. Child credits and a semi-contributory pillar for low-income workers were also included in Bolivia's 2010 pension reforms, predominantly to iron out gender inequalities in pension coverage (Arza, 2015; ILO, 2011). Reducing the number of years in the vesting period to qualify for a minimum pension can ensure coverage of workers with interrupted contributory histories, thus better account for women's time out of work during childbearing years (see ECLAC, 2006; Levy, 2008; Pages, 2010; Ribe et al., 2010, all in Da Costa et al., 2011).

Extending labour laws and social security policies to informal female workers thus requires a range of interventions, which improve coverage to all informal workers, take into account specific types of work where women predominate and ensure the type of social protection provided takes into account women's specific lifecycle risks.

### **Policy reform to introduce new schemes for informal female workers**

Several countries have also introduced new programmes that lie outside the formal social security schemes to improve coverage for informal female workers. The rise in social assistance programmes for vulnerable groups, as well as the proliferation of non-contributory social insurance, exemplifies efforts by different countries to address the challenge of high levels of informal workers with no social protection (Holmes and Scott, 2016).

Means-tested social pensions are on the rise in several countries in an attempt to reach universal coverage and include those with no access to contributory pensions. Mauritius and South Africa pioneered non-contributory, means-tested pensions that now operate at a large scale. In South Africa the benefits are means-tested and payable to women and men aged 60 or older, and have had positive impacts on poverty reduction and in terms of improving the status of women in rural households

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(Barrientos, 2005; Razavi, 2007, both in Arza, 2015). The Old Age Allowance in Bangladesh provides non-contributory social assistance to older people in extreme poverty. It also runs a specific programme (the Widow and Distressed Women Allowance Programme) for destitute women who lose the financial support of their husbands in old age (ILO, 2013, in Arza, 2015). Means-tested social pensions are becoming more prevalent in Latin America, where they tend to favour women who have previously lacked any type of pension. In Argentina's non-contributory pension programme the majority of beneficiaries are female and the scheme increased women's pension coverage at age 65 by 92.4% in 2010 (Arza, 2015; Rofman et al., 2015).

Several countries have introduced schemes that provide maternity benefits to women who have no access to formal social security. In Bangladesh, the Maternity Allowance Programme for Poor Lactating Mothers introduced in 2008 is a means-tested transfer of 350 taka per month for either the first or the second pregnancy over a period of two years. In Bolivia, the Bono Madre Niño and Bono Juana Azurduy de Padilla benefits are targeted to poor women and their families without medical insurance. In India, the Indira Gandhi Matritva Sahyog Yojana programme, introduced in 2010, provides cash benefits for pregnant women and lactating mothers in 52 pilot districts for approximately 40 days as partial compensation for wage loss and encourage women to take adequate rest before and after childbirth (ILO, 2015).

In 2011, Jordan established a new maternity benefit branch covering workers in the private sector, financed by employer contributions. A number of countries have recently implemented non-contributory programmes that provide a combination of income security and access to maternal care to women not covered by traditional maternity protection. In Argentina, the new Universal Birth Allowance expanded coverage of the existing Universal Child Allowance to unemployed women and other disadvantaged women. In 2011, 22% of births in Argentina were covered by this extension (Aleksynska et al., 2013, in ILO, 2014d). In India, the new Conditional Maternity Benefit, fully funded by the Ministry of Women, is being piloted in 53 districts. Its main objective is to improve the health of pregnant women, lactating mothers and infants by providing cash benefits and care. During this pilot phase the programme is expected to cover 1.38 million pregnant and lactating women. Similarly, in 2008 Bangladesh implemented the Maternity Allowance Programme for Poor Lactating Mothers, with the main target groups being vulnerable and rural low-income pregnant mothers (ILO, 2014d).

To improve health coverage, some countries have launched universal free schemes. Thailand launched its Universal Coverage Scheme (UCS) in 2002, for example (see Box 5). In Indonesia, the government aims to achieve universal health coverage through a coordinated approach of contributory and non-contributory schemes (ILO, 2014d). In Sub-Saharan Africa, a variety of community-based health insurance schemes have been introduced that aim to integrate formal and informal health provision under national health insurance systems. Uptake has been low, however, with Ghana and Rwanda the two exceptional success stories. Ghana's NHIS specifically aims to include informal workers by linking community-based entities with the centralised National Health Insurance Fund, which ensures potential nationwide coverage and helps guarantee financial sustainability (Odeyemi, 2014). Rwanda's Mutuelles de Santé forms part of the health system, which is financed by state funds and individual contributions. The Minimum Package of Activities covers basic health services, including ante and postnatal care and family planning services. Premiums and co-payments vary but the government covers the cost for the indigent population, which results in 90% of Rwanda's population being covered with basic health insurance (Odeyemi, 2014).

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### **Box 5: Extending health coverage to the poor through the UCS in Thailand**

The UCS is a tax-financed national health insurance scheme that provides health care services free of charge to 75% of the Thai population. Initially, a small co-payment of 30 baht was charged per visit, but this was terminated in 2006. The UCS enrolls those not covered by the Civil Servant Medical Benefit Scheme, which covers government employees, retirees and dependants, and the contributory Social Security Scheme, which covers private sector employees. It provides a comprehensive benefits package including promotive, curative and rehabilitative services, obstetric care, antiretroviral therapy for HIV and a wide range of sexual and reproductive health services.

An independent assessment conducted in 2011 found the UCS had improved access to necessary health services and improved equity of service utilisation. By reducing high out-of-pocket payments, it had prevented people from falling below the poverty line. Women in the lower income quintiles in particular have benefited from the schemes, which have reduced the rich–poor gap in access to maternal health care and contraceptive services.

Whilst some of these schemes are not specifically designed for informal female workers, they are part of providing basic social protection to women who have limited or no ability to contribute to formal schemes. The examples reflect a range of financing mechanisms and programme designs that allow for the redistribution of resources to the poorest groups in the population and untie social protection from employment status and income. Examples like means-tested pensions make it possible to rectify gendered disadvantages in old age, and access to maternity benefits and health insurance protects women from the potential negative economic consequences of lifecycle shocks.

## **5.2 Implementation capacity**

### **Administrative and financial capacity**

Legislation and adequate schemes alone will not necessarily lead to effective coverage and uptake for female informal workers, unless programmes have sufficient capacity to deliver the services. One of the challenges of extending social protection mechanisms to formerly excluded categories of workers is the administrative difficulty of reaching dispersed workers with erratic incomes, monitoring implementation of their rights and making membership financially sustainable (Hassim and Razavi, 2006). Additional administrative capacity is needed to actively reach out to informal workers (Chatterjee, 2005). Countries such as France have made it a legal obligation for the authorities to inform specific categories of workers (e.g. domestic workers or migrants) of their labour rights – and in a language they understand. In Argentina, Benin, Bosnia and Herzegovina, Brazil and Nicaragua, legislation for informal workers is enforced by extending the authoritative power of labour inspectors to the informal economy (ILO, 2014e).

While social networks can be fully utilised to enhance local financial and administrative capacity within community-based organisations providing social insurance, too much emphasis on communities to bear the full financial and management burden of insurance schemes can divert attention from building capacity and systems at the national level (Lund and Srinivas, 2000). In Tanzania, for example, most community-based health insurance (CBHI) schemes have not been

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able to extend their participation rates beyond 10% of eligible households (Tibandebage, 2004, in Hassim and Razavi, 2006). Limited uptake and financial sustainability of CBHI in Nigeria, for example, could be improved through closer integration with the formal sector under the umbrella of the existing National Health Insurance. Improved regulation and central government guarantees of financial stability, supported via tax revenues, could cover gaps and ensure sustainability (Odeyemi, 2014).

One of the main challenges associated with expansion and extension of social security programmes for women in informality, and informal workers in general, has been the generation of public revenues to finance social protection for people with low contributory capacity and erratic income streams, yet high vulnerability to risk (Lund and Srinivas, 2000). Resource mobilisation constraints differ depending on the subscriber base, rate of growth, target group risk profile, management structure, health of the economy and extent to which state resources are available. Relying on integrated and in some cases means-targeted redistributive arrangements can help expand coverage of social protection to informal workers (Pagés et al., 2013).

Options proposed for financing the expansion of social protection to informal workers have been compulsory affiliation for the high-income self-employed and a range of hybrid approaches for lower-income workers (e.g. ‘semi-compulsory’ affiliation for those who may have to opt out owing to unaffordability). Also, greater flexibility regarding contributions, in terms of both amounts and timing (even permitting withdrawals in moments of immediate cash needs) could incentivise higher uptake (Da Costa et al., 2011). Well-designed public interventions in social protection can help strengthen the efficiency of risk-pooling mechanisms through widening and deepening the risk pool, which is often too small in low-income country contexts (Perry et al., 2007). Chile’s pension reform, for example, established a solidarity pillar to provide a basic social pension to all Chileans aged 65 and above in households belonging to the three lowest quintiles, regardless of their contributory history (Arza, 2012). It is financed through three types of contributions: employers’, employees’ and the state budget contribution, which goes into the Solidarity Fund<sup>6</sup>.

Another example of an innovative financing mechanism through increasing tax revenue from informal micro- and small enterprises is Uruguay’s monotax, which combines tax collection and social security contributions in one payment. Through a simplified procedure for registration, collection of contributions and service provision, the monotax has increased social security coverage to workers in small informal enterprises. Small businesses that are eligible for the scheme can choose between paying a monotax (unified contributions and tax) on revenue generated by their activities and paying the ordinary social security contributions and normal taxes. The monotax contributions are collected by the Uruguayan Social Security Institute, which channels the share of the contribution corresponding to tax payments to the tax revenue collection agency. There is also some flexibility in terms of types of coverage micro-entrepreneurs can sign up to. While contributions to pension coverage are mandatory, affiliation to the health insurance regime is voluntary. Similar simplified taxation schemes exist in Argentina, Brazil and Ecuador to incentivise formalisation to extend social security coverage to informal sector workers (ILO, 2014c).

Whilst these flexible mechanisms are not exclusive to social protection provided to female informal workers, they provide different options through which schemes can be financed where contributory capacity of the worker or enterprise is low.

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<sup>6</sup> [http://www.ilo.org/dyn/ilossi/ssimain.viewScheme?p\\_lang=en&p\\_scheme\\_id=2525&p\\_geoaid=152](http://www.ilo.org/dyn/ilossi/ssimain.viewScheme?p_lang=en&p_scheme_id=2525&p_geoaid=152)

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Alternatively, smaller organisations like SEWA have demonstrated that small member-owned schemes can be financially sustainable for female workers, if a large membership base is secured which allows risk-sharing across members with high-risk profiles. Further, diversifying sources of funding by involving contributions from different stakeholders, such as governments, employers, private trusts and workers, contributes to the long-term financial sustainability of schemes (Chatterjee, 2005).

### **Box 6: Colombia's Subsidised Regime for Health Insurance**

Prior to the reforms to the health insurance and care system in Colombia in 1995, the health system was fragmented into three types of insurance: private health care provision for the wealthy self-insured, social insurance for workers in formal employment and basic health care provisions for the poor. The objective of the reform was to combine the three streams.

Under the reformed system, workers in formal employment contribute 12% of their earnings to a health insurer, plus an extra 1% solidarity contribution if their earnings exceed four minimum wages. The insurers include for-profits and not-for-profit providers. The government sets the cost of an annual basic health care package, and insurers with high earners redistribute contributions in excess of this value to insurers with low earners. The solidarity contribution plus direct government subsidies are collected into a Solidarity Fund, which is used to finance health insurance for informal workers and those with low incomes or out of work by affiliating them to the Subsidised Regime. The Subsidised Regime has been successful in extending health insurance coverage in Colombia. At the end of 2001, there were 13 million people in the Contributory Regime and 11 million in the Subsidised Regime, covering two thirds of the population with unsatisfied basic needs.

*Source: Barrientos (2005).*

### **Gender-sensitive design and implementation**

Building administrative capacity and financial space to expand social protection to informal workers is only part of the picture to implement social protection effectively for women. As highlighted above, women face intersecting inequalities that prevent paid work translating into economic and social empowerment. Gender norms are deeply engrained in social interactions and institutions. Social protection programmes are often considered to benefit women by explicitly including them as beneficiaries. Yet this often runs the risk of perpetuating 'imposed' forms of gender inequality, particularly if they fail to challenge social norms that underpin women's discrimination in the labour market and if they do not acknowledge women's unpaid care work.

We have already discussed how putting in place gender policies is not necessarily enough to ensure women can participate in social protection programmes on an equal footing to men. It is important for social protection design and implementation to be informed by the different types of risks women and men are exposed to across their lifecycle. Women face particular challenges in gaining access to paid work, have different literacy and skills levels to men and face sociocultural norms, including discriminatory laws (e.g. inheritance, land ownership) and lack of bargaining power within the household (Holmes et al., 2011). This requires going beyond targeting women and ensuring existing gender-sensitive policies are implemented on the ground, with staff at all levels not only aware of them but also internalising them and actively using them. Otherwise, gender-sensitive design features such as flexible working hours for women or equal pay for public works are not effectively

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implemented or are overridden by programme staff as a result of strong sociocultural norms. A study on the PSNP in Tigray found implementers were paying men up to four times the salary women received (Jones et al., 2010). In the case of Bangladesh's Challenging the Frontiers of Poverty Reduction, women were explicitly receiving awareness-raising on social development and rights but this rarely translates into women effectively demanding their rights to local government officials (Holmes et al., 2010).

Further, to increase uptake among low-income female workers, social protection programmes need to be appropriate, affordable and flexible to meet the specific needs of women. They need to address the multiple social and economic risks informal female workers face, which may be different to those of formal workers with fixed full-time employment (Pagés et al. 2013).

Successful projects depend to a large extent on how sensitive they are to the needs and risks of their beneficiaries, inherent in their particular profile, as well as their location within the labour market (Sabates-Wheeler and Kabeer, 2003). For example, alongside life and accident insurance, male workers also value insurance for their tools and assets. In the case of female workers, the provision of child care forms an important part of social security needs (Chatterjee, 2005). SEWA has specialised on services for female workers and has been considered very successful (see Box 7). BRAC's Income Generation for Vulnerable Group Development targets poor widows and female-headed households and combines services that address their specific lifecycle, gender and economic vulnerabilities. One of the factors of success of these organisations is that they are demand-driven and address needs prioritised by their members (Sabates-Wheeler and Kabeer, 2003).

Once people consider services useful, they are willing to contribute part of their earnings to access them, as has been witnessed through the high uptake of SEWA's contributory health insurance in India. The specific needs will vary depending on their particular profile and type of occupation and will have to be assessed before the design of programmes for female workers. Further, the unfamiliarity among workers with the concept of social protection can lead to higher initial costs by programmes on raising awareness and interacting face-to-face with women to gain trust and explain the benefits of schemes. Start-up funds from governments, employers and other sources need to be taken into account when introducing new schemes to workers previously not covered by social protection (Chatterjee, 2005). SEWA found that awareness-raising campaigns during the annual renewal period of the VimoSEWA health insurance had a positive impact on the renewal rates of their female members (Botero et al., 2006, in Holmes and Jones, 2013: 152).

Making information on different schemes more accessible to workers can increase awareness of eligibility without imposing additional costs on them. Beneficiaries and non-beneficiaries of Ghana's NHIS suggested having information booths in the market, where women could drop by during their workday to acquire information about eligibility and the scheme without incurring transportation and time costs (Alfers, 2013). This approach seemed to have worked in Kyrgyzstan, where promoters of the Voluntary Health Insurance promoted registration directly in the bazaar, after which an increase in registration from informal workers was registered (Donovan et al., 2012: 31). In Nigeria, improving the understanding of scheme benefits among beneficiaries and building trust between them and providers was seen as a potential intervention to improve uptake of the non-statutory national health scheme elements among informal workers (Odeyemi, 2014). Micro-insurance schemes have developed particularly innovative approaches to increase product uptake among informal female workers through increasing literacy and awareness (Banthia et al., 2009).

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Programmes have also tried to reduce the barriers posed by complex administrative procedures by offering direct support to beneficiaries (Botero et al., 2006). Providing more on-the-ground support through field staff has also proven effective in increasing the uptake of SEWA's micro health insurance scheme across female workers. In a study on uptake of the scheme among female workers, lack of face-to-face contact with programme staff was reported as the primary reason (57%) for dropout among more than 17,000 women in Ahmedabad (Sinha et al., 2007). Introducing support mechanisms and facilitating the process of making claims seems to be particularly important for women to ensure they benefit from the scheme. Despite a significantly higher proportion of female beneficiaries in VimoSEWA, male members were significantly more likely to submit claims (Ranson et al., 2007). Having SEWA field staff help illiterate female members make claims was found to be effective not only in terms of increasing the use of VimoSEWA but also as a useful mechanism to overcome power differentials between often poorly educated, lower-caste, low-income women and the doctors required to support insurance claims (Ranson et al., 2006).

In India's MGNREGS, the profile of the implementing organisation at the state level has been observed to be a factor increasing the level of participation of women. In Kerala, for example, women's self-help groups are in charge of managing the programme and female participation is at 68%, and thus higher than the quota set for the programme. Reasons for this are the fact that a female-led organisation is managing it, as well as flexibility of accommodating the work with unpaid domestic duties (Dasgupta and Sudarshan, 2011: 9; Sudarshan, 2011).

There are also specific measures that can reduce the opportunity cost for women who want to take part in social protection programmes targeted at the working-age population, such as employment guarantee schemes or public works programmes. Flexible working hours and free, good-quality child care facilities allow female workers to balance their domestic duties with participation in the programme so to not lose out on the income-generating opportunity (Samman et al., 2016). The PSNP allows women to structure their working hours around their family obligation, for example arriving late and leaving early. It also provides direct cash transfers with no work requirements to women who are six months pregnant and nursing (Jones et al., 2010). MGNREGS requires women to receive preferential work placements close to their homes and stipulates that crèche facilities be provided for young children, although provision varies in practice across states (Holmes et al., 2011). SEWA has various projects that have set up mobile crèches for female seasonal workers or for construction workers, who change workplace throughout the year. Once the job in a particular place is completed, SEWA organises that a crèche be set up at the women's next destination (Chatterjee, 2005).

The examples above highlight that social protection programmes can reduce the barriers to participation for women by acknowledging both their paid and their unpaid care work, the latter of which puts a strain on their time available to engage in administrative processes. Making access to social protection easy for women requires innovative interaction through provision of services that are accessible and address women's needs. It also highlights that how you deliver the services is equally, or even more, important to what you deliver to reduce gendered barriers to the effective provision of social protection. This includes checking the design and implementation of programmes do not exacerbate gender inequality by reproducing gender norms. When gender-sensitive policies are in place, capacity needs to be built at all levels of implementation to change deeply engrained sociocultural norms of programme staff to turn them into agents of change to transform gender relations.

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### **Box 7: SEWA**

SEWA was established in 1972 as a trade union and set of cooperatives for women who work informally in situations without a fixed and continuing employer/employee relationship. By 2004, it had a membership of 700,000, two thirds of whom are in Gujarat.

Services provided include the following:

- Using local health workers trained by SEWA, members are provided with health education and promote the use of protective equipment like gloves and masks.
- Assistance is provided to women in accessing and harvesting water to reduce the time spent on fetching it.
- SEWA provides an integrated (life, asset, health) insurance scheme.
- SEWA developed its own maternity benefit scheme in 1992 as part of Vimo. This includes a grant at the time of childbirth and some antenatal and nutritional care.

*Source: Lund (2009).*

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## 6 Conclusion

This paper has reviewed constraints to adequate and extensive coverage of female informal workers, particularly in low- and middle-income contexts. The examples come from a range of different contexts and types of social protection programmes but highlight crosscutting issues that need to be addressed if the provision of social protection aims to be more inclusive for poor and vulnerable women.

Women informal workers across different regions are concentrated at the lower end of the payment spectrum and in occupations that are invisible to public authorities, which reduces their capacity for collective bargaining and increases their exposure to exploitation. They lack access to social protection because of informal employment relations and have fewer resources available to contribute to schemes, or are less likely to meet eligibility requirements of continuity in employment given interruptions during childbearing years. Lack of social protection for women in their working age exposes them to a range of risks related to their lifecycle, as well as when faced with economic shocks. Lack of adequate pensions increases the likelihood of poverty in old age for low-income workers; insufficient or absent maternity protection puts the health of the mother and child at risk and can increase the burden of balancing paid work with child caring responsibilities.

Social protection programmes for informal workers have been successful in cases where benefits, contribution mechanisms and service delivery have been adapted to the characteristics of informal workers. An example entails letting beneficiaries pick and choose between different branches of a social insurance scheme, according to their needs and contributory capacity. Flexible contribution payments can help workers who have frequent income fluctuations or only seasonal revenues (such as agricultural workers) reduce the cost of registration.

Social protection schemes will have to move away from the model of social security schemes designed for formal, full-time and life-long (male) workers to accommodate more dynamic and unpredictable work patterns that are increasing with the casualisation and feminisation of work. This will have implications for how contributions are made, whether coverage for low-income workers will have to be subsidised through pooled funding mechanisms and how social protection programmes are design to adapt to a moving workforce. For women in particular, this requires the design of programmes that accommodate their different biological needs and lifecycle risks. At a wider level responsibility for care work needs to be more equally distributed across men and women, and supported by the public provision of care facilities. This will enable women to participate in the labour market by alleviating the double burden of paid and unpaid work and contribute to their economic empowerment and overall to achieving gender equality.

This has implications for policy and programming that aims to improve social protection for informal workers, and women in particular. Policies and programmes need to make social protection available for women in informal employment, as well as actively address the barriers they face through programme design and implementation that reduce the cost of participation. The following are general recommendations, which will have to be adjusted to the specific contexts and types of workers.

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- **Extending legal entitlement to social protection to informal workers.** Increasing the visibility of informal workers in international and national legislation provides a first step to enshrining their right to social protection.
  - **Broadening eligibility of formal schemes to informal workers through subsidised schemes.** Integrating social protection for informal workers into existing national statutory schemes can facilitate the expansion of coverage through existing mechanisms and provide financial sustainability through risk pooling and redistributory mechanisms to finance subsidised pillars for poor workers.
  - **Untying the provision of social protection to employment contracts.** Formal social protection schemes are often linked to formal, full-time and permanent employment with one employer. The increasing casualisation and feminisation of work is characterised by frequent movements in and out of formality, interruptions in employment history and multiple occupations for different employers. This applies particularly to low-income workers and women, who rely on less stable forms of employment. To ensure people are covered throughout their lives, social protection provision needs to be more flexible to move with the worker, rather than being tied to a contract.
  - **Reducing the cost of participation through accessible service delivery.** Complex administrative procedures can increase women's time poverty, which is under strain because of the gendered distribution of unpaid care work. Further, informal workers often incur direct financial losses when abstaining from work to engage in bureaucratic procedures. To reduce the opportunity cost of participation for women, programmes need to ensure services and information provided are accessible and do not place additional strains on women's time and resources.
  - **Acknowledging women's unpaid care work and promote gender equality.** Social protection programmes can contribute to alleviating women's care duties through the provision of child care support. This can either be through crèche facilities in programmes that require women's attendance (e.g. public works) or at a wider systemic level by moving care responsibilities from women to the state and integrating them into social policies for informal workers. In their design, they can also challenge the gendered distribution of paid and unpaid work by actively encouraging men to share care duties, such as through the provision of paternity cover, allowing mothers or fathers to be recipients of child grants (see also Chopra, 2014).
  - **Mainstreaming gender across programme design and implementation.** Ensure social protection programmes address the social and economic risks men and women are exposed to and avoid programme design reinforcing gender inequalities. This needs to go beyond the explicit inclusion of women and aim to address barriers women face when participating in the labour market, as well as in decision-making processes at the household/community level (see also Holmes et al., 2011).

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- **Investing in capacity to deliver.** The existence of gender-sensitive policies is in itself not sufficient to ensure special provisions for female workers are implemented (e.g. providing maternity benefits, putting child care facilities in place, respecting female quotas). Successful social protection programmes that have managed to increase uptake among informal female workers have invested in demand-driven service delivery. Investing in capacity-building of staff to effectively implement policies and monitoring compliance will be necessary to prevent implicit or explicit discrimination against female workers in social protection programmes.

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