

In Peru, the government-led cash transfer programme known as “Juntos” (“Together”) targets the lowest income households with children under the age of 14 or pregnant women. In 2012, it covered over 490,000 households with a transfer of around \$70 every two months conditional, among other things, on attendance at antenatal and postnatal visits for the mother and the child, delivery in a health facility and information on reproductive health and family planning. Impact assessments showed a 65 per cent increase in access to maternal and infant health services, which is expected to improve health outcomes, given the high level of maternal mortality in poor rural areas. Beneficiaries also reported improved equity in the division of family responsibilities between women and men, with men reporting more involvement in childcare and domestic chores. At the same time, however, the programme still promotes the role of women as the main caregiver, which, combined with programme conditionalities, is likely to reinforce women’s time poverty (Holmes and Jones, 2013). In fact, social transfers which come with education and health conditions often have no better results than unconditional social transfers, and may even burden women and harm their pursuit of paid employment, while reaffirming social expectations that caregiving is women’s sole or primary responsibility (Molyneux, 2008; Fultz and Francis, 2013).

The programme “Brasil sem Miséria” (“Brazil without destitution”) is an expansion of the cash transfer programme “Bolsa Família” (“Family grant”) and covers the north-eastern regions of the country. The programme provides microcredit and skills training to women and is supplemented by publicly funded childcare services for children under the age of 6 under the “Brasil Carinhoso” (“Caring Brazil”) sub-programme (Fultz and Francis, 2013). The Brazilian Government reports that, by 2014, some 580,000 children had been enrolled in the childcare centres operating under the programme (Alfers, 2015).

Social protection schemes can be adjusted to accommodate the needs of parents with family responsibilities, as demonstrated in Ethiopia’s productive safety net programme. This public employment programme reaches 9 million people, targeting very poor households. The programme offers public works, including in the area of soil or water conservation and the construction of schools, health-posts, roads and childcare centres. The public works take place after the harvest season, which ensures that participants have money during times of seasonal food shortages. This programme takes due account of women’s maternal and childcare responsibilities by providing flexi-work arrangements to accommodate family responsibilities, including breastfeeding, without loss of earnings. Pregnant women may take time off and continue receiving payment, which is de facto paid maternity leave (Naqvi et al., 2015).

Public employment programmes can also be designed with the explicit objective to reduce unpaid work, by investing in the expansion of community social care services. As discussed below, investment in care sector holds the potential for significant employment creation – by freeing women’s time for paid work – and pro-poor income growth (Antonopoulos and Kim, 2011). In South Africa, the country’s “Expanded Public Works Programme” involves job creation in early childhood development and home and community-based care for people living with HIV, tuberculosis and malaria. The target workers are unpaid volunteers, unemployed or underemployed parents and caregivers. The early childhood development component provides paid jobs, although often temporary, training and accreditation to caregivers (South Africa Department of Public Works, 2009). Nevertheless, the programme has faced challenges in achieving the 60 per cent quota for women’s employment. In addition, the project wages are extremely low and women beneficiaries have few prospects for labour market integration after graduating from the programme (Plagerson and Ulriksen, 2015).

Community social care services organized through public employment programmes face challenges concerning the quality of services, particularly with regard to the temporary nature of the programmes, which often do not allow the creation of longer-term relationships between carers and those being cared for. There are also concerns about displacement effects in respect of public services. Community social care services staffed through public employment programmes can be an important interim stage in the endeavour to fill gaps, but the objective should be to have more long-term, properly resourced and qualified care services, which are affordable and accessible, with a strong emphasis on public provision.

In addition, the extension of social security to previously unprotected workers, such as domestic workers, can also make a major difference for women workers. Domestic workers should enjoy conditions that are not less favourable than those applicable to workers generally in respect of social security protection, including maternity protection, as outlined in the Domestic Workers Convention (No. 189). Some governments, such as Belgium and France, have provided incentives to employers and workers to contribute to social insurance schemes through tax allowances or the simplified registration and payment of social security contributions (Addati and Cheong, 2013). Between 2002, when South Africa extended unemployment insurance to domestic workers – which also includes the granting of at least four consecutive months of paid maternity leave – and 2008, some 633,000 workers had been registered (ILO, 2015c).