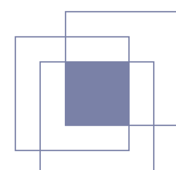
International
Labour
Office
Geneva

Extension of Social Protection

A woman with her family in the brickyards of Islamabad, Pakistan.

8.3 EXTENDING MATERNITY PROTECTION TO THE INFORMAL ECONOMY

■ Maternity can present enormous health and economic risks to already vulnerable populations in the informal economy. Efforts to increase protection are not only affordable even by low income countries, but they are also proving to be a valuable tool for increased productivity and ensuring a healthier workforce. A range of instruments are being tested in different countries, including those with very low incomes, which are showing impacts for individual women, their families and communities.



KEY CHALLENGES

- Poor maternity protection in the informal economy
- High vulnerability to loss of income and maternity related costs
- Exclusion from legal protection
- Exclusion from conventional social security schemes
- Exposure to particularly high work related hazards
- Lack of awareness and limited access to information and counselling
- Limited access to qualified health care provision
- Persistence of discriminatory practices against women due to pregnancy and maternity
- Limited opportunities for breastfeeding

■ Poor maternity protection in the informal economy. Women account for a large share of the working poor in most developing countries. The correlation between poor maternal health and weak maternity protection, lack of decent work and persistence of poverty is a strong feature within the informal economy. Across generations, lack of maternity protection affects women's capacities to contribute socially and economically to the development of their communities and societies. Already facing high economic risks, motherhood often poses additional threats to health and economic security. Women in the informal economy are often not protected under existing legislation and they are not covered or cannot afford existing social security and health care schemes. Poor maternal, infant and child health are not only indicators of inequality between women and men, but - at the same time – are consequences and causes of female poverty, exclusion and lack of fundamental rights and freedoms. Of the estimated 358,000 maternal deaths worldwide in 2008, developing countries accounted for 99 percent with nearly three fifths of the maternal deaths occurring in sub-Saharan African region alone followed by South Asia[1]. The combined figures for the two regions accounts for 87 percent of the global total of maternal deaths. Invariably, many of these deaths are among those who are unprotected in the informal economy. Among developing regions, the adult lifetime risk of maternal death (the probability that a 15-year-old female will die eventually from a maternal cause) is at 1 in 31 in the African continent, followed by Oceania (1 in 110), South Asia (1 in 120), versus 1 in 4300 in the developed regions.[2] Despite a striking improvement in use of antenatal care worldwide[3], data show that in all developing regions only 57% of births were attended by a skilled health worker (doctor, midwife, or nurse).[4]

● Already facing high economic risks, motherhood often poses additional threats to the health and economic security of women in the informal economy

1 WHO 2010 Trends in Maternal Mortality 1990 -2008 Estimates developed by WHO, UNICEF, UNFPA and The World Bank, WHO, Geneva 2007
2 ibid.
3 See an analysis of data and trends in access to antenatal care in: Antenatal care in developing countries : promises, achievements and missed opportunities : an analysis of trends, levels and differentials, 1990-2001., WHO, Geneva 2003
4 See: Millenium Development Report 2007.

Reducing maternal mortality: an essential step in the pathway out of poverty

"Women are the mainstays of families, the key educators of children, healthcare providers, carers of young and old alike, farmers, traders, and often the main, if not the sole, breadwinners. A society deprived of the contribution made by women is one that will see its social and economic life decline, its culture impoverished, and its potential for development severely limited."

Joint WHO/UNFPA/UNICEF/ World Bank statement on Reducing Maternal Mortality

The ILO has long recognised the importance of maternity protection, adopting the first *Convention on maternity protection (No.3)* in 1919. It has consistently advocated that maternity protection is essential to ensure women's equal access to employment and continuation of often vital income which is necessary for the wellbeing of her family. Pregnancy and maternity are especially vulnerable times for working women and their families. Expectant mothers and nursing mothers require special protection to prevent harm to their own or their infants' health, and they need adequate time to give birth, to recover, and to nurse their children.

At the same time, they also require protection to ensure that they will not lose their job simply because of pregnancy or maternity leave. Safeguarding the health of expectant and nursing mothers and protecting them from job discrimination is a precondition for achieving genuine equality of opportunity and treatment for men and women at work and enabling workers to raise families in conditions of security.

The ILO adopted a subsequent convention in 1952: *the Maternity Protection Convention (Revised), 1952 (No. 103) and Recommendation (No. 95)*, and further in 2000, *the Maternity Protection Convention, 2000 (No.183)* recognised the diversity in the economic and social circumstances of member states of the ILO, the diversity in enterprises and new developments in national law and practice.

For full text of Conventions see: http://www.ilo.org/ilolex/

Expanding women's access to health care during and after pregnancy, and reducing the economic risks related to maternity is in the interests of not just individual women but of societies and economies. While there are common misconceptions that it is costly and beyond the means of many low income countries, maternity protection is in reality within the reach of most countries. Examples of innovative practices from around the world demonstrate that improvement is possible in countries with very different levels of economic wealth and at a relatively low cost. For example, the adoption of decentralized health care measures since the 1950s[5] – including community based maternal health care systems- are believed to be at the origin of drastic reductions of the maternal mortality ratio in Sri Lanka, Cuba, China and Malaysia. More recently, many developing countries have witnessed the growth and expansion of micro insurance schemes and community based health financing systems. These offer viable and affordable options to extend access healthcare and reduce vulnerability to maternity related risks to those in the informal economy. Education, information and dissemination campaigns are also useful and effective policy instruments adopted by governments, trade unions and employers to reach informal economy workers and reduce the potentially adverse consequences of maternity for workers and societies at large.

5 See the analysis of historical records on trends in maternal mortality ratio in "Reduction of maternal mortality A Joint WHO/UNFPA/UNICEF World Bank Statement". WHO, Geneva, 1999.

Taking the world of work as an entry point, the ILO promotes maternity protection as part of the broad Decent Work Agenda, central to the achievement of poverty reduction and economic development. The underlying rationale is not simply one of social justice and respect of fundamental rights, but of economic efficiency. The long term economic and social effects of a healthy and productive workforce largely counter more immediate short term costs.

The long term economic and social effects of a healthy and productive workforce largely counter more immediate short term costs

Priority areas for policy intervention on maternity protection

The ILO contribution to the achievement of MDGs 4 and 5 on the improvement of maternal and child health focuses on the promotion of maternity protection through the world of work. To this aim, 3 broad priority areas for action have been identified:

1. Ensuring that work does not threaten the health of mothers and children during and after pregnancy, and that women's roles as mothers is not a barrier to their economic and employment security. The following six elements have been identified as part of maternity protection according to international standards:
   a. Protection of health of pregnant and breastfeeding women and their children from workplace risks;
   b. The right to maternity leave
   c. The right to cash benefits to ensure she can support herself and her child during leave;
   d. The right to medical care;
   e. Protection from dismissal and discrimination;
   f. The right to continue breastfeeding on return to work.

Access to information and counselling on relevant health related issues through the workplace is also key to guarantee the right to maternity protection and reduce the risks for mothers and newborns.

2. Ensuring that social health protection is accessible and affordable for all women, independently from the type of work they have. Access to quality health care, including prenatal, childbirth and postnatal care, is a largely unattended target in many countries and a determinant barrier to the reduction of maternal and child mortality rate.

3. Improving the quality of health care provision by ensuring decent work conditions for health workers. Increasing shortages and uneven geographic distribution of health workers is recognised to have a detrimental impact on maternal and child health. Efforts to promote working condition of this sector's workforce are therefore of key importance to attain MDG 5.

See: ILO 2007 'Safe maternity and the world of work' ILO Geneva
http://www.ilo.org/public/english/protection/condtrav/pdf/safemat_07.pdf

The ILO has promoted maternity protection as a core labour standard since the very establishment of the Organisation if 1919. Since then, Member States have adopted a set of legal provisions to cover larger categories of workers and guarantee a wider set of rights to working mothers. The most recent ILO instrument on the subject – the *Maternity Protection Convention, 2000 (No. 183)* and its accompanying *Recommendation (No. 191)* - specifically cover all employed women, including those in atypical forms of work. For the first time protection is extended to categories of workers, such as home workers, seasonal workers, casual, temporary and part time workers,

previously excluded from the scope of the Convention. Furthermore, the Convention expands the range of entitlements and benefits granted to working mothers to reduce the risks for their own and their children's health. The *Social Security (Minimum Standards) Convention, 1952 (No 152)* also addresses maternity as one of the nine core contingencies leading to the stoppage or substantial reduction of earning to be covered by social security. This Convention sets the minimum standards for the provision of health care during pregnancy and confinement, as well as for cash benefits for the related loss of income.

Yet the application of international norms at the national level remains largely deficient both in law and in practice. Large numbers of women, particularly in the informal economy remain totally or partially unprotected during their pregnancy and nursing periods. Progress toward the achievement of MDG 5 on maternal mortality is still too slow. Even in those countries that have ratified *Convention No.183* and its accompanying *Recommendation No.191*, many groups of women including in the informal economy, family workers and self-employed remain only poorly covered or not at all. The following are some of the many challenges faced by informal economy women workers in relation to maternity:

● Loss of income during pregnancy and nursing, and the costs of maternity can drive families deeper into poverty

■ **High vulnerability to loss of income and maternity related costs.** Loss of income during pregnancy and nursing period as well as the cost related to pregnancy and childbirth have a particularly disruptive impact on the working poor and their families. Given the informal characteristics of their work and the precariousness of their employment, informal economy workers and entrepreneurs are often pushed to continue or resume economic activities when it is not medically advisable to do so. When they are unable to rest and recover during the last stage of pregnancy, delivery and post-delivery, they often put their health and their child's heath at serious risk. Informal economy actors are largely excluded from cash benefits provision or fail to meet the criteria for entitlement to protection, such as the minimum length of service. Also, when these are not covered by social assistance funds, women often opt not to seek the care they need, as medical costs related to pregnancy, delivery and nursing are likely to be unaffordable for poor households. In other cases, families sell productive assets or contract debts to cover these expenditures, with potential long term catastrophic effects on their poverty level.

● Some categories of workers are excluded from the legal provision of maternity leave

■ **Exclusion from legal protection.** Aside from own-account workers, some categories of dependent workers, such as domestic workers, home workers and agricultural workers are often explicitly excluded from the legal provisions on maternity leave. This issue is in addition to general exclusion from social security schemes.

■ **Exclusion from conventional social security schemes.** The absence of a clear employment relationship often means that many in the informal economy are not covered by contributory social security schemes. Furthermore, the majority of the working poor in most developing countries have too little or intermittent income to provide for their basic needs and cover the costs of statutory social security schemes. New forms of decentralised initiatives such as micro insurances and community based heath financing schemes, including subsidisation for those below a certain level of income are options to respond to the needs of informal economy workers (see also brief on Social Security).

■ Exposure to particularly high work-related hazards: Women are disproportionately represented in specific segments of the informal economy, including unpaid productive labour in farms or small or family business, home work, unregulated domestic service in other people's homes, street trading, commercial sex work, among others. These occupations are often carried out under safety and health conditions that are poorly regulated and particularly hazardous for pregnant and nursing women and their children. Work-related risk include: the manual lifting, carrying, pushing or pulling of loads; exposure to biological, chemical or physical agents which represent a reproductive health hazard; work requiring special equilibrium; work involving physical strain due to prolonged periods of sitting or standing, to extreme temperatures, or to vibration; night work, if this is incompatible with pregnancy or nursing conditions [6] Long working hours, lack of weekly rest and of annual and sick leave are also important aspects of working conditions that might affect the health of pregnant women in the informal economy. Migrant workers, especially domestic workers in irregular status, are also particularly at risk since they often face extra cultural or language barriers in accessing health care and they work in unfamiliar, isolated working environments.

● Working in the informal economy often exposes pregnant women to a range of risks and hazards that can seriously affect their health and that of their unborn baby

■ Lack of awareness and limited access to information and counselling. Women are often unaware of the health related risks of their work and their possible consequences on pregnancy and maternity. They also generally have limited access to formal and informal services and counselling on maternal health issues, including HIV detection, prevention and treatment.

■ Limited access to qualified health care provision. Women, particularly in rural areas, may face economic/physical/cultural barriers to access adequate health care assistance. Transportation to qualified health care institutions and/or availability of heath care professional in remote areas is in fact one of the most important obstacles to maternal and child health. Reduction of public welfare funds, especially in times of financial crisis, and consequent shortages of qualified health care personnel (and their poor working conditions) and structures in certain developing countries have furthermore contributed to the deterioration of health assistance and negatively impact maternal health.

■ Persistence of discriminatory practices against women due to pregnancy and maternity. Discrimination linked to maternity include practices such as compulsory pregnancy tests before and during employment, loss of jobs or demotion as a result of being pregnant, reduction or suspension of salary during pregnancy or nursing period, etc. While discrimination against women workers for maternity related causes occurs across sectors and in both formal and informal employment, informal economy workers have de facto limited and sometimes no access to effective remedy against such practices.

● Despite discriminatory practices related to pregnancy and maternity, there is often very little recourse for women in the informal economy

■ Limited opportunities for breastfeeding. Mothers and children who live and work in poverty are amongst the population groups who would benefit most from extended breastfeeding. The health and economic benefits of breastfeeding are in fact largely documented.[7] While this is true for all mothers and children, extended and exclusive breastfeeding is particularly

6 For more details see Resources section to access: ILO Recommendation No. 191, paragraph 6.2
7 For an overview of the benefits of breastfeeding for mothers and children see Resources section to access: WABA, The Maternity Protection Campaign (MPC) Kit - A Breastfeeding Perspective

important in situation where lack of basic infrastructures such as access to water and sanitation is limited and exposure to infections is particularly high. However, the conditions under which informal economy workers are employed often make it difficult for mothers to continue breastfeeding. Long and heavy working days both outside and inside the households, occupational fatigue, lack of safe, clean and private nursing or rest facilities, exposure to hazardous situations or substances can hamper possibilities to breastfeed. This clearly puts mothers and children's health at risk. Infants are particularly vulnerable to hazardous agents, as a few infections or toxic substances can pass to the baby through the mother's milk, causing it harm.

EMERGING APPROACHES AND GOOD PRACTICES

- Improving access to quality health care
- Micro insurance schemes
- Sustainability issues
- Better working conditions for health workers
- Reducing vulnerability to income loss
- Improving access to information, prevention and counselling
- Reducing vulnerability through the social and economic empowerment of women
- Promoting breastfeeding arrangements or opportunities

■ Improving access to quality health care. Most informal economy women workers and entrepreneurs worldwide are still partially or completely excluded from maternity protection. The social and economic costs of this for individuals, households and societies are increasingly evident. A comprehensive approach is needed to improve and expand women's access to affordable (if not free) health care of quality on the one hand, and reduce the adverse socio-economic impact of maternity on women and their households, on the other. Health care initiatives should be accompanied by complementary interventions such as maternity benefits schemes, awareness raising campaigns on work related hazards for pregnant and nursing women, (including HIV and AIDS prevention- information and counselling services), targeted employment promotion programmes, capacity building and activities in support to women's social and economic empowerment and voice.

ILO experience in extending access to health care has shown the importance of "building upon and incorporating existing local and national schemes into a pluralistic national system that provides effective access to quality health care and financial protection against health related costs"[8]. Within this approach, specific community based health financing schemes, such as micro insurance or self help schemes are proving particularly effective to reach informal economy actors. Cash transfer schemes are also being used as effective instruments to alleviate the potentially adverse consequences of maternity on the extremely poor and improve their access to health care.

● A pluralistic approach within national systems have proven to be effective in ensuring access to healthcare

■ Micro insurance schemes. These are insurance mechanisms with risk pooling based on small premium payments and limited benefits. They normally cover beneficiaries who are excluded from existing statutory social security schemes and/or have an income at or below the national poverty line. The schemes are managed by public or private entities and involve beneficiaries in decision making. These types of schemes have shown a strong potential for reaching informal economy actors, mobilizing supplementary resources for social protection and contributing to the reduction of social exclusion, especially for women.

Micro insurance schemes around the world with risk pooling based on small premium payments and limited benefits have been able to mobilise supplementary resources for social protection

Micro insurance mechanisms can provide for maternity related care coverage. These range from prenatal care (medicine supplies, regular check-ups,

8 See: "Safe maternity and world of work", page. 19, ILO Geneva, 2007.

referral and laboratory tests), delivery (both normal or with complication, transportation) and postnatal care (such as medicine supplies, regular check-ups, vaccination, laboratory tests and complementary nutrition).

Such schemes are being adopted around the world. The Lalitpur Medical Insurance Scheme in Nepal, for example, has a focus on maternal and child health, awareness raising and health education on safe motherhood. It provides its members with essential drugs and primary health services for a nominal fee. Another Nepalese example is the health cooperative set up by the Federation of Nepalese Trade Unions (GEFONT), which includes a health insurance scheme in cooperation with a hospital and is targeted towards the informal economy. It provides for antenatal checks up as well as for delivery and serious illness, it includes a referral mechanism to a hospital where members obtain treatment at subsidized rates. In Uganda, a number of community heath based plans currently offer medical services with or without co-payments or discounts to members of the schemes. In Cambodia, the microfinance institution EMT has initiated two experimental health insurance projects targeting rural households in two provinces, meant to prevent families fall into indebtedness due to heath related costs. The Safe Motherhood Fund's Community Insurance Scheme in Tanzania and the Rural Health Programme of Grameen Kalyan in Bangladesh offer a comprehensive set of antenatal and postnatal services to their members.

■ **Sustainability issues.** One of the major limitations of such schemes, though, seems to be related to their financial sustainability as well as to their capacity to expand and cover larger segments of the population, especially those below a certain level of income, for whom even small contributions might be unaffordable. In some cases these concerns have lead the schemes to specifically exclude certain health services, such as those relate to normal delivery, arguing that the associated costs would imply an increase of the premium to a rate which would not be affordable for many potential beneficiaries[9]. Cross-subsidisation from other sources, such as pooled capital or profits generated from other business activities, subsidisation of premiums paid by low income members, provision of technical assistance to schemes administrators and managers, are all possible strategies to overcome these sustainability challenges.

In general, community based health-care schemes that include some maternity care element, whether micro insurance schemes, self-help schemes or prepayment systems, tend to be generally founded by organisations that already offer health care services (health care provider-based). In other cases the schemes are managed by non-health care provider entities that offer partial or total reimbursement of specific medical costs or cash benefits in the form of a lump-sum payment before or after delivery. This is true, for example, in the case of SEWA India, which offers insured women maternity benefits in the form of a lump-sum of Rs 300 before delivery[10].

■ **Better working conditions for health workers.** In addition to implementing measures to expand the coverage and reach of social health protection for pregnant and nursing women, particular attention should be paid to improving the quality of health services by guaranteeing better working

9 Heath Insurance scheme in Uganda, as described in "Extending maternity protection to women in the informal economy. An overview of community-based health financing schemes", ILO, STEP/CONDIT, 2003.
10 For more details see Resources section to access: Extending maternity protection to women in the informal economy. An overview of community-based health financing schemes

conditions for health workers. Low salaries, long working days, safety and health concerns (including exposure to violence at the workplace and high risk of contracting infectious diseases, etc), are just some of the adverse working conditions experienced by health workers in many developing countries. As a consequence, many developing countries face an increasing shortage of health sector labour force (often due to international migration of qualified workers) and/or a significantly impoverished quality of the service delivered. Capacity building, institutional strengthening and promotion of social dialogue so as to ensure full participation of health workers to relevant reforms, are the priority areas the ILO is focusing on to support countries improve their health care systems. Building partnership at national and international level is therefore essential and the ILO is actively promoting efforts in this sense. The ILO is part of the Global Heath Force Alliance, launched in 2006 and hosted by WHO, to seek solutions to the heath workforce crisis. The ILO offers technical advice in general but also on specific issues such as labour migration in the heath sector.

Trade Unions have a particularly important role to play to promote the rights of health workers: Public Services International (PSI) for example promotes a number of important initiatives to support health sector workers, including a global campaign on quality public services and training materials on relevant issues such as workplace violence[11].

■ **Reducing vulnerability to income loss.** Cash benefits programmes are another effective instrument to reduce the potentially adverse effects maternity can have on working mothers and their households as a result of loss of income and increased costs. ILO Convention 183 allows the right to cash benefits that at least enables a woman to maintain herself and her child in proper conditions of health and with a suitable standard of living. Cash transfer initiatives, initiated in many developing countries with the aim of alleviating poverty by targeting the poorest sectors of the population, are often conditional on antenatal and postnatal health monitoring for mothers and children (including growth monitoring and vaccinations) and/or child school attendance. For example, the Indonesian Government announced a substantial increase of its 2009 poverty alleviation fund, which covers among others a direct cash transfer programme, or 'Hopeful Family Programme' (PKH). Under the PKH, each family below a certain level of income, will receive a yearly direct cash aid. Transfers are conditional and expectant mothers need to undergo at least 4 medical check-ups during maternity.[12]

In Indonesia, Brazil and Mexico cash transfer programmes targeted to the poorest communities are conditional on antenatal and postnatal health monitoring for mothers and children

Similarly the Mexican PROGRESA (Oportunidades since 2002)[13] conditional cash transfer scheme boosted demand for antenatal care by 8 percent and contributed to a 25 percent drop in the incidence of illness among newborns. By focusing on women, the programme reaches those who tend to make decisions for the entire family on health, nutrition and education. Under this scheme a pregnant woman who attends the monthly lectures gets free baby-delivery services. Participation in the programme is conditional on antenatal care and relevant vaccinations. Beneficiaries get free antenatal care if they show up within the first three months of pregnancy. Pregnant and lactating women and their children receive vitamins and nutritional supplements. The

11 For more details see Resources section to access: Framework Guidelines For Addressing Workplace Violence In The Health Sector. The Training Manual
12 For more details see Resources section to access: ILO Global Job Crisis Observatory,
13 For more details see the Resources section to access Mexican Government Programme Oportunidades

scheme, which has started in 1997 with a focus on rural communities has a national coverage-including big metropolitan areas[14].

In Brazil the national programme Bolsa Familia is one of the most comprehensive cash transfer programmes in the world, reaching more than 11 million families. The programme conditions provision of cash transfers to school attendance and access to health care and social assistance. It also includes the provision of health-care services in communities mainly in the poorest regions[15].

While often legal provisions cover only a very small minority of working mothers, pilot initiatives are being tested to include cash benefits in community-based micro insurance schemes. The Safe Motherhood Programme for example in Cambodia, is being implemented with the assistance of ILO and GTZ, has developed such measures. Another example is the Mutual Social Providence Fund for Informal Economy Workers (MUPRESSI), part of Trade Unions' effort to promote unionization of IE workers in Burkina Faso, with assistance of ILO and DANIDA[16]. In the case of Burkina Faso the Government has in fact passed a legislation (2007) extending social security benefits to informal economy workers.

● Through its WISER tools the ILO has been promoting practical improvements in working conditions in small enterprises, including maternity aspects

■ **Improving access to information, prevention and counselling.** The workplace is often an important entry point to improve access to information and counselling on labour rights issues, including maternity protection and prevention of heath related risks for working mothers. Information and education campaigns can be designed in a simple and accessible way to reach formal and informal economy workers. The provision of advisory services and technical assistance to policy makers, employers and workers for the design and implementation of effective information, education and counselling programmes (including HIV prevention), can be an effective way of addressing maternal health issues through the workplace. The benefits of such programmes for the individual worker (in terms of improved heath), the employer (in terms of more productive workforce) and the national heath objectives, cannot be overemphasized. Through its Work Improvement in Small Enterprises (WISE) program, the ILO has developed training tools that are proving to be successful in promoting practical improvement of employment and working conditions for many workers in small enterprises. In order to expand the reach of the programme and enlarge its scale, the ILO has developed a new program, WISE-R, that aims at expanding the scope and coverage of WISE to include other key working conditions issues, such as maternity protection and other family-friendly measures, working time, wages and sexual harassment. The methodology is adapted to vulnerable groups of unprotected women and men at work, such as those in the informal economy and, since it is based on forging links with local partners, such as employers' and workers' organizations, ministry and inspectorate of labour, local governments and community-based organizations it is able expand its reach to a much larger number of workers and small businesses.[17]

14 For an evaluation and bibliographic reference on the experience PROGRESA/Oportunidades programme in Mexico see for example: http://cider.berkeley.edu/SEGA/progresa_oportunidades.htm
15 For more details see the Resources section to access Brazilian Government Bolsafamilia website
16 Burkina Faso: Informal economy at the centre of new solidarity initiatives. ITUC-CSI, March 2007, http://www.ituc-csi.org/IMG/pdf/Burkina_EN_Smaller.pdf
17 For more details see the ILO Conditions of Work and Employment Programme web site: http://www.ilo.org/public/english/protection/condtrav/workcond/ie/ie.htm

■ Reducing vulnerability through the social and economic empowerment of women. In order to achieve the broad MDG on maternal and child health, it is not sufficient to protect maternity by reducing its associated risks (economic and social) to working mothers and their children through social security measures. There is also a critical need to address the root causes of vulnerability to the risk, and therefore of poor maternal health, by means of promoting Decent Work and adequate standard of living for working poor, in particular for women. Increased income and better working conditions for women workers are fundamental contributing factors to improved heath for mothers and their children. Availability and affordability of quality social care services, in particular childcare, are determinant factors facilitating, among other issues, women's return to work after maternity and influencing their ability to access to better quality jobs. Similarly, policy measures aiming at supporting responsible paternity are likely to promote a more equal sharing of family responsibilities between women and men.

● The root causes of vulnerability to the risk, and therefore of poor maternal health, need to be addressed through promoting Decent Work and adequate standard of living for those currently working in the informal economy

■ Promoting breastfeeding arrangements or opportunities. The benefits of breastfeeding for both mothers and children have been discussed above. Providing simple breastfeeding arrangements is beneficial for employers as well, since it is likely to reduce mothers' absenteeism due to the child's or mother's sickness and to impact the level of retention of experienced workers who otherwise might decide to leave work due to their conflicting family responsibilities. Breastfeeding arrangements/opportunities are also simple and largely affordable for most employers even in small and informal enterprises. This involves allowing mothers extra time and space to bring their babies to work to feed (if it is in a safe environment) or express the milk and store it in a bottle for the infant's next feeding after they return home at the end of the day. The ILO WISE-R ("More Work Improvements in Small Enterprises"), which aims at improving productivity of small enterprises through family friendly policies, has developed a training module highlighting the potential benefits of promoting maternity protection, including introduction of breastfeeding arrangements, in small enterprises.

A Maternity Protection Resource package

In 2012 the ILO will be releasing a Maternity Protection Resource package which provides guidance and tools to strengthen maternity protection to all women in all types of economic activities.

It can be used in capacity building training, policy advice, research and action by governments and social partners, ILO and UN officials, NGOs, researchers and practitioners. It contains many examples of good practices. The key message of the package is that maternity protection at work is both possible and desirable, as well as contributes towards maternal and child health, social cohesion and decent for women and men. A guide for training of trainers is also available for this package.

The package is a joint collaboration between the ILO Conditions of Work and Employment Branch (TRAVAIL), the Bureau for Gender Equality (GENDER), ILO-Beijing, ILO-Moscow and the ILO International Training Centre, in partnership with the WHO, UNICEF, UNFPA, UN Women and IBFAN-GIFA. It will be available in English, French, Spanish, Chinese and Russian.

To access this package see: http://mprp.itcilo.org/pages/en/index.html

Mother working, with her baby, Bolivia.

RESOURCES

This section provides a list of resources which can enable the reader to delve deeper into the issue. Details of the good practices cited above can be accessed here. The section comprises international instruments, International Labour Conference conclusions, relevant publications and training tools. A bibliography of references in the text is further below. There may be some overlap between the two.

ILO instruments and ILC Conference Conclusions

Maternity Protection Convention 1919, (No 3)
http://www.ilo.org/ilolex/cgi-lex/convde.pl?C003

Maternity Protection Convention 1952, (No 103)
www.ilo.org/ilolex/cgi-lex/convde.pl?C103

Maternity Protection Convention, 2000, (No 183)
http://www.ilo.org/ilolex/cgi-lex/convde.pl?C183

Maternity Protection Recommendation, 2000, (no.191)
http://www.ilo.org/ilolex/cgi-lex/convde.pl?R191

Social Security (Minimum Standards) Convention, 1952, (No 102)
http://www.ilo.org/dyn/normlex/en/f?p=1000:12100:0::NO::P12100_INSTRUMENT_ID:312247

Maternity Protection Recommendation, 2000 (No.191)
http://www.ilo.org/ilolex/cgi-lex/convde.pl?R191

Relevant Publications

ILO 2003 Extending maternity protection to women in the informal economy. An overview of community-based health financing schemes", ILO, STEP/CONDIT, 2003
http://www.waba.org.my/pdf/67p1.pdf

ILO 2007 Safe maternity and the world of work ILO Geneva
http://www.ilo.org/public/english/protection/condtrav/pdf/safemat_07.pdf

ILO 2010 Achieving MDG5 through Decent Work
http://www.ilo.org/travail/info/fs/lang--en/docName--WCMS_141549/index.htm

ILO 2010 Maternity at work: A review of national legislation. Second Edition
http://www.ilo.org/global/publications/ilo-bookstore/order-online/books/WCMS_124442/lang--en/index.htm

ILO 2011 Maternity Protection Resource Package: Taking Action to Improve and Extend Maternity Protection (forthcoming at: **www.ilo.org/travail**)

ILO/WHO /ICN/ PSI 2005 Framework Guidelines For Addressing Workplace Violence In The Health Sector. The Training Manual, Geneva WHO

ICFTU 2001 Maternity Protection Campaign Kit: Global Campaign for the Ratification of ILO Convention 183.
http://www.ituc-csi.org/international-campaign-for-the?lang=en

ITUC-CSI 2007 Maternity Protection Campaign.
http://www.ituc-csi.org/maternity-protection,460

UN 2007 Millennium Development Goals Report 2007 UN New York
http://www.un.org/millenniumgoals/pdf/mdg2007.pdf

WABA, The Maternity Protection Campaign (MPC) Kit - A Breastfeeding Perspective
http://www.waba.org.my/whatwedo/womenandwork/pdf/05.pdf

WHO 2007 Maternal Mortality in 2005 Estimates developed by WHO, UNICEF, UNFPA and The World Bank, WHO, Geneva

Tools

ILO 2009 WISER Module 5 on Family-Friendly Policies, Action Manual and Trainers' Guide
http://www.ilo.org/travail/whatwedo/instructionmaterials/lang--en/docName--WCMS_145380/index.htm

http://www.ilo.org/travail/whatwedo/instructionmaterials/lang--en/docName--WCMS_145387/index.htm

ILO work Improvements in Neighbourhood Developments (WIND) training tool
http://www.ilo.org/public/english/protection/condtrav/pdf/agri_wind.pdf

ILO 2004 Social dialogue in the health services: A tool for practical guidance ILO Geneva
http://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---sector/documents/instructionalmaterial/wcms_161952.pdf

ILO/ International council of Nurses/WHO/PSI 2005, Framework Guidelines For Addressing Workplace Violence In The Health Sector. The Training Manual, Geneva
http://www.ilo.org/safework/info/instr/WCMS_108542/lang--en/index.htm

ILO Global Jobs Crisis Observatory
http://www.ilo.org/pls/apex/f?p=109:1:0

Paul, J. 2004 Healthy beginning: Guidance on safe maternity at work", ILO Geneva
http://www.ilo.org/public/english/protection/condtrav/publ/wf-jp-04.htm

ILO 2012, Maternity Protection Resource package
http://www.ilo.org/travail/whatwedo/publications/WCMS_193968/lang--en/index.htm

Some Government websites for more details on selected good practices

Mexican Government web site of the Programme Oportunidades at
http://www.oportunidades.gob.mx/

Brazilian Government website for the programme:
http://www.mds.gov.br/bolsafamilia/

For further information see the ILO's Conditions of Work and Employment Department website http://www.ilo.org/travail/areasofwork/lang--en/WCMS_122073/index.htm

References

ILO 2003 Extending maternity protection to women in the informal economy. An overview of community-based health financing schemes", ILO, STEP/CONDIT, 2003

ILO 2007 Safe maternity and the world of work ILO Geneva
http://www.ilo.org/public/english/protection/condtrav/pdf/safemat_07.pdf

ILO/WHO /ICN/ PSI 2005 Framework Guidelines For Addressing Workplace Violence In The Health Sector. The Training Manual, Geneva WHO

ILO Conditions of Work and Employment Programme web site:
http://www.ilo.org/public/english/protection/condtrav/workcond/ie/ie.htm

ILO Global Job Crisis Observatory website
http://www.ilo.org/public/english/support/lib/financialcrisis/featurestories/story10.htm

ITUC 2007 Burkina Faso: Informal economy at the centre of new solidarity initiatives. ITUC-CSI, March 2007
http://www.ituc-csi.org/IMG/pdf/Burkina_EN_Smaller.pdf

UN 2007 Millennium Development Goals Report 2007 UN New York
http://www.un.org/millenniumgoals/pdf/mdg2007.pdf

WHO 1999 Reduction of maternal mortality A Joint WHO/UNFPA/UNICEF World Bank Statement". WHO, Geneva

WHO 2003 Antenatal care in developing countries : promises, achievements and missed opportunities: an analysis of trends, levels and differentials, 1990-2001., WHO, Geneva

WHO 2007 Maternal Mortality in 2005 Estimates developed by WHO, UNICEF, UNFPA and The World Bank, WHO, Geneva

WABA, "The Maternity Protection Campaign (MPC) Kit - A Breastfeeding Perspective"
http://www.waba.org.my/whatwedo/womenandwork/pdf/05.pdf

World Bank An assessment of conditional cash transfer initiatives in Latin America:
www.worldbank.org/lacsocialprotection

Contents:

Acknowledgments / Foreword / Preface / How to use the Guide / Acronyms

PART I: Key concepts

1. Decent Work and the Informal Economy
   - 1.1 Key conceptual issues
2. Measurement of the Informal Economy
   - 2.1 Addressing statistical challenges

PART II: Policies to support transitions to formality

3. Growth Strategies and Quality Employment Generation
   - 3.1 Patterns of economic growth and the informal economy
4. The Regulatory Framework and the Informal Economy
   - (A) International Labour Standards
   - 4.a1 The Regulatory Environment and the informal economy: setting a social floor for all who work
   - 4.a2 International Labour Standards (ILS): bringing the unprotected under the law
   - 4.a3 Understanding the employment relationship and its impact on informality
   - (B) Specific Groups
   - 4.b1 Domestic Workers: strategies for overcoming poor regulation
   - 4.b2 Homeworkers: reducing vulnerabilities through extending and applying the law
   - 4.b3 Street vendors: innovations in regulatory support
   - 4.b4 Micro and Small Enterprises (MSEs), informality and labour law: reducing gaps in protection
   - 4.b5 Strategies for transforming undeclared work into regulated work
   - (C) Labour Administration
   - 4.c1 Labour administration: overcoming challenges in reaching the informal economy
   - 4.c2 Labour inspection and the informal economy: innovations in outreach
5. Organization, Representation and Dialogue
   - 5.1 Social dialogue: promoting good governance in policy making on the informal economy
   - 5.2 The role of Employers' organizations and small business associations
   - 5.3 Trade unions: reaching the marginalized and excluded
   - 5.4 Cooperatives: a stepping stone out of informality
6. Promoting Equality and Addressing Discrimination
   - 6.1 Promoting women's empowerment: a gendered pathway out of informality
   - 6.2 Migrant workers: policy frameworks for regulated and formal migration
   - 6.3 Disability: inclusive approaches for productive work
7. Entrepreneurship, Skills Development, Finance
   - 7.1 Informal enterprises: policy supports for encouraging formalization and upgrading
   - 7.2 Enhancing skills and employability: facilitating access to the formal economy
   - 7.3 Microfinance: targeted strategies to move out of informality
8. Extension of Social Protection
   - 8.1 Extending social security coverage to the informal economy
   - 8.2 HIV/AIDs: overcoming discrimination and economic exclusion
   - **8.3 Extending maternity protection to the informal economy**
   - 8.4 Childcare: an essential support for better incomes
9. Local Development Strategies
   - 9.1 Local development: opportunities for integrated strategies for moving out of informality