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# Fighting inequality from the basics

## The social protection floor and gender equality

**EXECUTIVE SUMMARY**

ILO –UNDP -UNWOMEN
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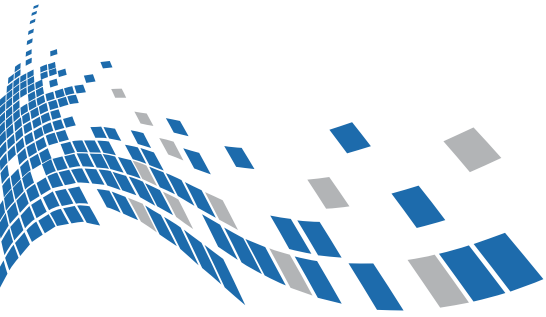


# Introduction

This is the Executive Summary of the document: “Fighting inequality from the basics. The social protection floor and gender equality”.

With this report, ILO, UNDP and UN Women intend to contribute to the debate and the reflection on social security models in Central America and the Dominican Republic, as well as to further research and analyze their frameworks, methodologies and practical implementation from the perspective of gender equality. Within this approach it is hoped that the models respond to the individual economic, social and cultural rights that every person must have guaranteed as citizens.

The United Nations *Social Protection Floor Initiative* is an attempt to promote national strategies guaranteeing minimum access to services and to income security for the population at large. It is a starting point for successively expanding social security both horizontally (more beneficiaries) and vertically (more guarantees).

The Social Protection Floor, according to the context, may comprise a broad range of age- and gender-sensitive social security programmes: early childhood development programmes, pregnancy and maternity benefits, family allowances and parental care services for minors and dependent persons, reproductive health (including maternal and infant health services), food support, access to life-saving medication, health insurance and community assistance services such as water and sanitation, active and passive labour market programmes, social and invalidity pensions, education for children with special needs, etc.

From a broad spectrum of possible projects and programmes for inclusion, the 100th Session of the International Labour Conference in 2011 devised the social protection floor initiative as part of a two-dimensional strategy for extending social security

within the framework of international social security standards. In the 101st session of the International Labour Conference of 2012, the Recommendation No. 202 on the Social Protection Floors was approved and it indicates that *"social protection floors should comprise at least the following basic social security guarantees: minimum levels of income security during childhood, working age and old age, as well as access to essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality"*. The social protection floor sets out to stimulate the "demand" component by means of a basic income strategy. Under the integrated approach that the floor proposes, this is expected to promote access to the basic services that constitute the "supply" component.

The social protection floor initiative is indispensable for social integration and for the eradication of social inequalities and poverty. It is through the national floors that gender inequalities can be tackled across the board as a form of social inequality. For this objective to be effectively attained, these social protection floors must be conceived of as guaranteeing human rights and developed through a critical diagnosis of the causes and structural factors behind these inequalities and other forms of social exclusion, including gender inequalities. In this way the measures adopted should generate a variety of responses that go beyond traditional forms of social assistance whose efficacy and sustainability are limited in terms of their human development impact.

Gender gaps are the product of relationships vis-à-vis men in which women find themselves less well protected (their access to social security within the labour market is limited), more vulnerable (because they bear the majority of all household responsibilities) and disproportionately socially excluded (they have less access to productive resources and to economic and political power).

Identifying the gender gaps that the social protection floor proposes to correct, means doing away with the systematic assignment of caregiving to women; it means calculating and taking full account of the economic and social cost of reproduction and of caring for dependent persons, and establishing social security as a universal human right – and not just a perquisite of the labour market or of assistance programmes.

Through a process of social dialogue, each country must make an assessment of the national situation in the light of its current plans and fiscal capacity, so as to identify the gaps in social security, evaluate the cost and sustainability of the available options, and design the specific measures that will constitute its social protection floor.

In reviewing the plans and programmes already under way that could serve as the basis or starting point of the social protection floor, it is important that each country assess what role has been assigned to women and men in their access to and management of these resources and services, to what extent gender equality is being promoted or, on the contrary, compromised. The analysis should also include whether the concept of basic services responds to the social imperative of providing care for older people who are dependent because of their age, a disability or their state of health, seen from the standpoint of the co-responsibility of State and society. By tackling this central issue of society's unequal organization, the social protection floor will help to close one of the biggest social gaps of all: the gender gap.

The purpose of this document is to define a conceptual framework and analytical approach to the social protection floor from a gender perspective, for Costa Rica, the Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua and Panama, focusing primarily on the basic social security guarantees but with a holistic approach along the lines of the United Nations Social Protection Floor Initiative. This mean that it has to include basic economic protection for women during pregnancy and during and after childbirth and the provision of care for dependent persons and minors, as indispensable components of social security. Moreover, the social protection floor must be seen as an actual entitlement, so as to ensure that the benefits it guarantees reflect the economic, social and cultural rights to which every member of society is entitled.

# 1. Social security and social protection floors

Social security is understood here as the set of instruments that exist to prevent and manage the contingencies that are inherent in life in society. It comprises the coverage of basic social necessities, access to services that are essential to people's welfare and income security. Social security finds its expression in informal mechanisms through the family, the community and society as a whole, as well as in the formal mechanisms that are dictated by state policy. This document assumes the concept of social security in accordance with Recommendation No. 202 on National Social Protection Floors (ILO, 2012), which includes social insurance, social assistance and sectoral policies.

In terms of principles, social security was recognized as a human right as long ago as the adoption of the Universal Declaration of Human Rights in 1948 and, subsequently, in the *International Covenant on Economic, Social and Cultural Rights and the Convention on the Elimination of All Forms of Discrimination against Women*. Of the Central American countries, Costa Rica establishes a set of social security guarantees in its Constitution covering a broad range of rights. In El Salvador the Government has started implementing a universal social security scheme focusing on citizen's rights, while Guatemala's health system is defined as the right of people living in poverty to at least the first level of health care (Cecchini and Martínez, 2011:75-76).

**In practical terms social security has demonstrated its effectiveness both in reducing poverty levels and discrimination and in mitigating the impact of economic crises:** the countries with the most advanced and well-established protection systems are those that have suffered least from the economic and social repercussions of the crisis and are best equipped to come out of it successfully (ILO, 2011a:77).

The social protection floor comprises three components – contributory and non-contributory pillars as well as sectoral universal policies – and fulfils the function of social security: ensuring adequate income, guaranteeing access to social and promotional services, and fostering decent work. In this sense it can also comprise

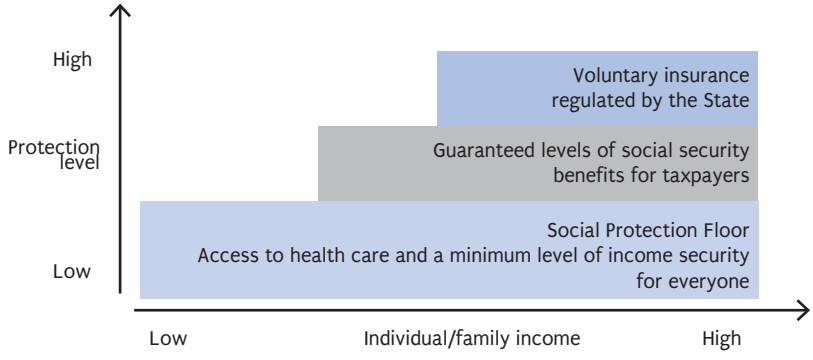
sectoral policies with respect to social security, adequate nutrition, education, health, work and, above all, the provision of care to facilitate work-family balance.

The ILO's standards on social security in general and the Convention No. 102 in particular, as well as the Recommendation No. 202 on the social proteccion floors in 2012, give shape to the right to social security, which is part of a broader objective, and as such it is one of the four pillars of the concept of *Decent Work*.

For the ILO, and for the United Nations system as a whole, social security has a structural significance that goes hand-in-hand with protecting people's rights in a globalized economy, as well as having an immediate relevance as a response to the economic crisis that began in 2008. The practical application of social security, from the perspective of its design and implementation, depends on the starting point in each country in terms of poverty and inequality and its welfare and social and labour systems.

The ILO gives greatest priority to those policies and initiatives that extend social security. The *"Global campaign for Social Security Coverage for All"*, launched in 2003, was conceived of in terms of two dimensions: the horizontal dimension, to enable the rapid implementation of national floors that ensure access to basic medical care and sufficient income; and the vertical dimension, which means implementing higher levels of social security (Figure 1). The extension of either dimension of social security requires active state participation. Recognizing that it is difficult to achieve immediate and universal social security, the expansion should prioritize collectives that are particularly excluded, women, rural populations, and those who find themselves in the informal economy or are disabled (CIT, 2011e:24).

Figure 1. Strategy to extend social security by levels




Source: Social security for social justice and a fair globalization
Recurrent discussion on social protection (social security) under the ILO Declaration on Social Justice for a Fair Globalization, 2011

# 2. Components: Measures catering to "old" and "new" social contingencies

Social security can include sectoral policies such as those indicated above and in particular those relating to care and social reconciliation as part of the new challenges faced by public policies to attend the dramatic changes in families and in the labour markets.

In so far as the target population of social security systems is people throughout their life cycle (men and women, boys and girls, young people and the elderly), the definition of a guaranteed floor for everyone also has to take account of the population's initial inequality, both in socioeconomic terms and in terms of gender.

If one takes this initial stratification matrix as one's starting point, it is possible to define ways in which public policy contributes to reducing or eliminating these inequalities, as well as others that aggravate the situation such as rural isolation, the ethnic and generational dimension, and the sexual preferences of the people concerned. To do this governments already have a variety of national and international regulatory frameworks at their disposal. The ILO's Indigenous and Tribal Peoples

Convention, 1989 (No. 169), for example, establishes the government's responsibility to protect those peoples' rights and to guarantee respect for their identity through measures that guarantee the recognized economic, social and cultural rights of the entire population and through measures that correct socioeconomic disparities.

The guiding principles of social protection floor are set out in Recommendation No. 202 of ILO on social protection floors in 2012, and they have to do with unity and integration, population coverage, adequacy and quality of benefits, social solidarity, gender equality, administrative efficiency, public responsibility and financial sustainability.

An adequate social security system should be designed to:

- Avoid segmented access, which is the cause of profound inequalities both in socioeconomic terms and in terms of gender;
- Offer non-contributory and proactive mechanisms that give priority to basic care (for instance, essential health care) and to the inclusion of people not previously covered, which in turn can be achieved by the use of public transfers[1];
- Combine administrative units to make them more efficient, reduce administrative costs and ensure financial sustainability as part of a social and fiscal pact (Mesa-Lago, 2009).

**The goal of social policy in general and of social security systems in particular is decommodification and, as far as possible, the abandonment of obligatory risk management by women and in the household and the generation of capacity. This, however, assumes a high level of commodification of the labour force.**

As Rudra (2007) has pointed out, state policy in developing countries faces challenges in the commodifcation of work. As a result, the regulation of the labour market, which is not part of the social security system as such, is where social security and market dynamics converge.

Labour market regulation refers to the protection of workers' individual and collective rights and fulfils a pivotal role in reducing or mitigating the risks associated with unemployment and the decent work deficit. This social security component calls for a set of standards that are designed to promote decent work, i.e. work that is undertaken in conditions of freedom, equity, safety and dignity.

1 In some countries in the subregion the contribution of the State makes it possible to guarantee a minimum pension for anyone whose contribution base alone would most likely not suffice. This is the case of El Salvador, though the eligibility criteria practiced there make it very difficult to obtain such a pension. A more successful example in terms of coverage is the non-contributory pension in Costa Rica.

This set of standards also comprises norms for formalizing labour relations, norms to guarantee trade union rights and occupational safety, regulations and prohibitions with respect to child labour, the introduction of employment standards and a minimum wage and rule for eliminating all forms of labour discrimination[2]. By enforcing these standards it is possible to ensure that protection is provided against contingencies that social security systems alone could never cater for. The decommodification of welfare presupposes the more or less adequate commodification of at least part of the target population that constitutes a segment of the economically active population.

Greater attention to the incorporation of measures that are conducive to generating decent work, combating discrimination and promoting genuine equality in the world of work is essential in a subregion where emigration is already one of the means used to equate supply and demand in terms of decent employment.

## 2.1 The contributory social security pillar

This includes all the branches of social security that are designed to provide the working population with protection against present or future contingencies covered by the ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102), such as:

- Total loss of working capacity due to old age and total invalidity or reduced earning capacity as a result of partial invalidity;
- Temporary loss of working capacity due to accident, sickness, maternity or unemployment;
- A reduction in the family income owing to the death of the family breadwinner;
- A major increase in family expenditure following the birth of a child;
- Health protection and health care under health insurance;
- A reduction or loss in family income due to accident or a prescribed disease resulting from employment; and,
- A reduction or loss in family income due to unemployment of the family breadwinners.

The financial basis of a contributory system is made up of the contributions of workers and employers, often combined with a contribution from the State. The funding,

2 The ILO's international standards on the subject include the Equal Remuneration Convention, 1951 (No. 100), the Discrimination (Employment and Occupation) Convention, 1958 (No. 111), the Equality of Treatment (Social Security) Convention, 1962 (No. 118), the Workers with Family Responsibilities Convention, 1981 (No. 156), the Maternity Protection Convention, 2000 (No. 183), and the Domestic Workers Convention, 2011 (No. 189).

administration and provision of transfers and services give rise to various forms of insurance and to the involvement of different actors (private, public, mixed).

Family benefits or allowances deserve special mention as a possible framework for the conditional transfer programmes analyzed in the following section. ILO Convention No. 102 conceives of family allowances as a benefit – in cash or in the form of food, clothing, housing, holidays or domestic help – for families with dependent children, provided they meet certain requirements and/or their income is not above a specified threshold. The International Social Security Association ISSA) includes family benefits among family policies, which comprise maternity and paternity benefits, day-care allowances and women's labour force participation programmes, and it points to the gender division of work between women and men as one of the factors that confirms their usefulness (ISSA, 2010).

**The contribution schemes that are integrated into the social security systems of all seven countries in the subregion cover old age, invalidity and death, sickness and maternity (medical benefits and payment of temporal injury subsidies) and occupational injury and disease.**

As regards invalidity, old age and death, two countries (Costa Rica and Panama) have a mixed system under which the same person benefits both from collective funds and from an individual account. Elsewhere, as in the Dominican Republic and El Salvador, a closed collective scheme coexists with an open individual accounts scheme. The system in Nicaragua involves contributory family allowances. None of the countries has unemployment insurance, though all offer compensation for termination of services under various names and of varying amounts, as in Costa Rica (unemployment assistance, art. 29 of the Labour Code (LC)), El Salvador (compensation, LC art. 58), Guatemala (compensation for time served, LC art. 82), Honduras (unemployment assistance, LC art. 120), Nicaragua (compensation for seniority, LC art. 45), Panamá (seniority bonus, LC art. 224, and compensation for unjustified dismissal, LC art. 225) and the Dominican Republic (unemployment assistance, LC art. 80). In all cases the benefit takes the form of a cash payment that varies with the length of time employed, which the employer must pay when a labour relationship ends without justifiable cause or without the worker's responsibility.

One of the groups that is generally excluded from certain benefits is that of domestic employees, who are explicitly excluded from old-age, invalidity and survivors' benefits in Honduras and from sickness and maternity benefits in both El Salvador

and Honduras (though the former is trying to remedy this situation[3] and the latter does offer the option of voluntary insurance). By and large, affiliation levels are very low. Independent workers are in a somewhat similar situation, and only in Costa Rica is it compulsory for them to be insured. In some countries they can take out voluntary insurance, but the fact that their income is generally unknown, or very low, makes any effective insurance problematic.

**Given the frequently shorter careers of women with family responsibilities, social protection floors need to consider "exit" strategies which, even if the amount the women contribute is less, do at least recognize the contributions that have been made.** Moreover, legal provisions and enforcement mechanisms have to be introduced to provide effective maternity protection. In addition, the provision of minimum guarantees (horizontal dimension) to help close the coverage gap affecting the vast majority of women has to go hand-in-hand with the guarantee of greater protection in line with Convention No. 102 or Convention No. 183 (vertical dimension).

Finally, **the greater involvement of men in caregiving from the moment of a child's birth is a growing challenge.** The principle that men should be able to exercise their right to care for their children and that of non-discrimination against women should underpin the extension of maternity and paternity protection and thus encompass both the specific needs of women from the biological perspective and the needs of men and women from the standpoint of caring for their children.

## 2.2 The non-contributory social security pillar

**Non-contributory social security consists of a set of State cash-transfer and subsidy programmes that, instead of being contributory, are conditional on proof of the beneficiary's need.** The non-contirbutory social security pillar is funded by general income taxes under the principle of solidarity. The benefits provided include medical care, old-age and invalidity pensions and family allowances (which in some countries, such as Costa Rica, finance access to a single social security scheme).

3 The Executive Decree that includes domestic employees under the Salvadorian Social Security Institute does not grant them equal access with the rest of the contributing population. It provides for medical care with respect to maternity and common sickness but not to occupational contingencies and it establishes a waiting period of six months after affiliation for coverage of other contingencies such as kidney failure, cancer, coronary heart disease and elective surgery. The affiliation of domestic employees is subject to the agreement of the employer, who is the person who submits the request. The 2009 multiple-purpose household survey estimated that there were 100,000 domestic workers in the country, only 666 of which have so far sought affiliation – a mere 0.7 per cent of this category of the economically active population

The adoption of a social protection floor with a minimum level of protection (horizontal dimension) guaranteeing progressively higher levels in terms of the ILO's updated social security standards (vertical dimension) is perfectly compatible with the adoption of measures to comply with the Social Security (Minimum Standards) Convention, 1952 (No. 102), as was made clear in the conclusions concerning the recurrent discussion on social security adopted at the 100th Session of the International Labour Conference. The Convention allows social security schemes to be set up according to each country's national law and practice in order to achieve universal coverage. On the subject of maternity protection, the Maternity Protection Convention, 2000 (No. 183), further provides for the possibility of women receiving benefits through social assistance funds where they do not meet the conditions laid down under the contributory pillar. Note also that the ILO's 1944 income security recommendation (No. 67) and medical care recommendation (No. 69) already paved the way for universal access to minimum levels of income security and medical care.

**Non-contributory systems are a way for people living in conditions of poverty, social exclusion or vulnerability to gain access to social security schemes. From a gender perspective these benefits serve a dual purpose. First, they provide care, medical assistance and economic resources for a significant segment of the population, composed for the most part of women, owing to their longer life expectancy and their position in the labour market. Secondly, the persons concerned depend entirely on the support of their family in the form of un-paid work, almost invariably performed by women.** Health and old-age insurance help to decommodify and defamiliarize the management of contingencies by increasing the degree of autonomy and thereby alleviating the many sources of family tension that come from the combination of economic dependency and dependency on care.

The non-contributory pillar should be designed in such a way that it does not discourage people from participating in the contributory pillar, and it generally comes with much lower benefits than its contributory equivalent. In the case of pensions, for instance, the amount paid under non-contributory insurance is well under even the lowest contributory pensions. “Unlike the contributory pension, a non-contributory pension does not replace people's income during their working life... Its function [is] ... to guarantee a basic income that is sustainable from the fiscal standpoint and fair from the intergenerational standpoint” (CEPAL 2010:217).

**As the 101st Session of the International Labour Conference made clear in Recommendation No. 202, the social protection floor is a means of**

**extending social security coverage where the contributory and non-contributory benefits operate in conjunction.** Among the countries analyzed here, only a few non-contributory old-age programmes – such as that of Nicaragua – combine essential health care with a cash benefit on an integrated basis.

Non-contributory practices differ widely in the subregion, the most advanced country in this respect being Costa Rica where they are part and parcel of the social security system. The Dominican Republic has also designed an integrated system but it is still at the implementation stage. In the rest of the subregion the practice is highly segmented and fragmentary. This segmentation is attributable to the many forms of funding, affiliation and provision of benefits and services, each focusing on one or other segment of the population according to its degree of insertion in the labour market, level of income, ability to pay, and position in society. Theoretically speaking, segmentation does not necessarily entail fragmentation, since the services provided can be incorporated into a healthcare assistance network, for example, but this is not the case in the subregion.

Segmentation is particularly common in Honduras, which has five social security institutes providing pensions under different contributory schemes. Like the three-pillar healthcare system, it has not attained universal coverage and is very uneven in terms of access to and quality of services. Like the healthcare scheme, the pension system is insufficiently funded by the State and so financing is largely through private and family channels, which of course accentuates inequality (Sojo, 2009: 92).

In many cases old-age protection depends on assistance programmes that have little or no connection with the social security system, such as the Universal Basic Pension for people over 70 years old *(Pensión Básica Universal para mayores)* in El Salvador, the Economic Assistance Programme for the Elderly *(Programa de aporte económico del adulto mayor)* in Guatemala and the Special Cash Transfer Programme for the elderly *(Programa especial de transferencia económica a los adultos mayores)* in Panama, for instance.

In all the countries analyzed the starting point for this pillar, focusing on child care, is the provision of conditional cash transfers. The table below shows the coverage, resources and funding of programmes that combine a cash transfer with access to services and have an enormous potential as a means of guaranteeing benefits for the target population, i.e. the adult population of working age, the elderly and other adults unable to generate their own income.

Table 1. Conditional cash transfer programmes: coverage, budget and funding*

| Country | Programme | Coverage | | | Budget | | Funding |
|---|---|---|---|---|---|---|---|
| | (Starting year) | Percentage of total population | Percentage of population in dire need | Percentage of population living in poverty | Percentage of GDP | Percentage of social investment | |
| Costa Rica | Avancemos (2006) | 3.3 (2009) | 52,2 (2009) | 17,4 (2009) | 0,39 (2009) | 2,27 (2009) | Government (FODESAF), World Bank |
| El Salvador | Comunidades solidarias rurales (formerly Red solidaria) (2005) | 8.2 (2009)* | 38,7 (2009) | 17,1 (2009) | 0,02 (2009) | 0,20 (2009) | World Bank, Inter-American Development Bank (IDB) and other multi bilateral sources |
| Guatemala | Mi familia progresa (2008) | 22.6 (2009)* | 70,5 (2009) | 39,7 (2009) | 0,32 (2009) | 4,29 (2009) | Government, IDB |
| Honduras (national) | Programa de asignación familiar (PRAF) (1990) | 8.7 (2009) I | 17,2 (2009) | 12,3 (2009) | 0,24 (2009) | 2,12 (2009) | Government, IDB |
| Nicaragua | Hambre cero | | | | | | |
| Panamá (national) | Red de oportunidades (2006) | 10.9 (2009) | 81,0 (2009) | 39,5 (2009) | 0,22 (2008) | 2,33 (2008) | Government |
| Dominican Republic | Solidaridad (2005) | 21.2 (2009)* | 89,0 (2009) | 46,3 (2009) | 0,51 (2009) | 6,3 (2009) | Government |

Source: Cecchini and Martínez (2011). Seguridad social inclusiva en América Latina. Una mirada integral, un enfoque de derechos. ECLAC, Santiago, Chile.

* Of countries with active programs in 2009. In Nicaragua, the Social Protection Net and Crisis response Cash transfer programs finalized in 2006.

Note: all are nationwide programmes, except in El Salvador where they focus on rural communities.

## 2.3 The universal sectoral pillar

**There are many kinds of promotional social policies. Of particular interest are those that are concern adequate insertion in the labour market (such as employment and entrepreneurship but also education policies), caregiving and the reconciliation of work and family life (such as childcare services and revised timetables for the provision of health care and education).** Two policy areas that are essential for gender equality – care and health – are described below.

## Care programmes and services

The social protection floor must place special emphasis on the expansion of cash transfers and care services.

With regard to care programmes and services, a considerable amount of analysis has been conducted in Costa Rica, examining its education and nutrition centre (the CEN-CINAI), the community homes programme *(Hogares comunitarios)* and, since 2010, the national childcare and development programme *(Red nacional de cuido y desarrollo infantil)*. The coverage of these programmes is still limited: in 2008 Hogares comunitarios provided care for a total of 1,811 children, and in 2005 the CEN-CINAI reported 13,186 children as receiving intramural integrated care and 10,478 as receiving extramural care (ILO, 2011d). In areas with a high concentration of poverty the potential demand that has not been covered is estimated to be 23 per cent (*Estado de la Nación*, cited in ILO, 2011d). Even so, the programmes have enabled a great number of women living in poverty to enter the labour market – though women whose earnings rise above the poverty line lose the assistance they receive and, most likely, also the possibility of continuing to work (CEFEMINA, 2010: 56).

One model that was designed to be universal is that of the Dominican Republic, where childcare centres (*Estancias infantiles*) have been set up under a reform of the social security system that was approved in 2001. The reform was supposed to provide for universal social security by means of three schemes, one contributory, another both contributory and subsidized, and the third entirely subsidized. Under the new Act the *Estancias infantiles* would provide care for the one-and-a-half month to 15 year old children of working women registered under any one of the schemes. Although it offers several options, the partly subsidized programme has not been implemented yet and the fully subsidized programme has initiated its implementation only in the health care component. In 2009 there were still only 24 *Estancias infantiles* in the country (ILO, 2010).

While the care system in the Dominican Republic was conceived as being linked to social security, in El Salvador it was tied to the education system. In 2009 the adoption of the Integrated Child and Adolescent Protection Act (LEPINA) extended the mandate of the Ministry of Education to include universal healthcare coverage for all children up to the age of three. This was a standard that posed a major challenge for the State, as it entails substantially broadening the coverage of 0 to 3 year olds,

of whom only 1.8 per cent currently have access to a care centre, whether public or private. For the purposes of implementing the Act's provisions the model adopted was that of an early-childhood education and integrated development programme *(Programa educación y desarrollo integral de la primera infancia)* covering education, health and nutrition and integrated social protection. The programme is being executed through an institutional network and through a community family network; it currently comprises a pilot project in 13 public education centres for the former and in two rural communities for the latter, which together provide care as yet for only 1908 children aged between two and three (ILO/UNDP, 2011e).

The jobs that are generated by both networks are for the most part for women. It would of course be hoped for that, in the medium and long term, occupational segregation would disappear and that men would also participate in the remunerated caregiving tasks, but in the short term the main challenge is that the jobs created should actually provide decent work.

As to providing care for people who are dependent on it for their everyday activities, mostly elderly and disabled, the lack of services and programmes is even more marked than for children and, generally speaking, no institutional innovations have been reported that aim to create anything like home-care or residential (day-time or full-time) care networks or other community arrangements.

### Health

In most of the subregion's health systems a public subsystem (usually built around the Ministry of Health), a social security system with varying levels of development, a private system (comprising both for-profit and not-for-profit enterprises), and a traditional medical care subsystem (healers, midwives, etc.) all coexist with very few links between them. The table below shows the coverage of the various systems and subsystems and, in doing so, highlights the fact that a large proportion of the population is not covered at all.

Table 2. Coverage of health systems and subsystems in the subregion of Central America and the Dominican Republicas a percentage of the population, 2001–2006

| Country | Coverage by subsystem | | | | Not covered by | |
|---|---|---|---|---|---|---|
| | Public | Social Security | Private | Other | Health services | Social security or private medical insurance |
| Costa Rica (2003) | 100,0 | 86,8 | 30,0 | 71,0 | Parcial: 12,1-14,7 | n.d |
| El Salvador (2005) | 40,0 | 15,8 | 1,5 - 5,0 | 4,6 | 41,7 | 78,0 |
| Guatemala (2005) | 27,0 | 18,3 | 40,2 | | 12,8 a 27,4 | 82,2 |
| Honduras (2001-2006) | 60,0 | 18,0 | 5,0 | | 30,1 | 77,0 |
| Nicaragua (2004) | 60,0 | 7,7 | 4,0 | 0,4 | 27,9 | n.d |
| Panama (2004) | 35,4 | 64,6 | | | 20,0 | n.d |
| Domunican Republic (2001) | 60,0 | 7,0 | 12,0 | 5,0 | 16,0 | 76,4 |

Source: Salud en Las Américas, 2007.Vol, I – Regional

Since the middle of the 1990s a process of reform has been under way which in El Salvador, Guatemala and Nicaragua has been characterized by the recruitment of NGOs – regulated by the State and involving varying degrees of direct state intervention – as a means of expanding coverage in particularly vulnerable and poverty-stricken areas (Biltrán, 2004). These three countries have devised a kind of basic package that gives priority to women of childbearing age and to young children. Funding has been very largely through international cooperation.

The study carried out by Biltrán (2004) offers valuable findings. In Nicaragua, where local systems of integrated healthcare systems *(Sistemas locales de atención integral en salud)* were set up, the results were negative in NGO-assisted communities as far as awareness and use of contraceptive methods and prenatal care were concerned. In El Salvador, the basic health and nutrition services programme *(Programa de servicios esenciales de salud y nutrición)* run by the community, a health facilitator and a medical team, was successful in extending healthcare coverage in general, albeit not in respect of prenatal check-ups. In Guatemala, the health services provider (PSS) and the health administrators (ADMSS), recruited by NGOs, worked with employees of the Ministry of Health and Social Assistance employees under an integrated healthcare system *(Sistema integrado de atención en salud)* that offered a basic health-care package, with each actor covering certain areas and certain benefits with

different frequencies and priorities. The conclusion was that the provision of services under the joint auspices of the ADMSS and the Ministry was the most successful, thanks above all to the experience of the latter with childbirth in rural areas.

Shortcomings were found in all three systems when it came to health care for women. On the one hand, the fact that the basic packages provided specific benefits related to reproduction is positive. On the other hand, the provision of prenatal care, which is so important in countering the risk of maternal and neonatal death, was unsatisfactory. Coverage fell short of expectations inter alia for cultural reasons, for example because at the time of birth women are more inclined to look to family members and to neighbours than to health services. Other reasons have to do with a lack of professional experience, the sex of the healthcare team members, the cost involved and the doubts that the medical experts themselves may have with regard to family planning and reproductive health.

# 3. Social protection floors and gender equality

So long as the target population of the various social security systems comprises everyone across his or her life cycle, the guaranteed floor for the entire population must be designed with an eye to the initial inequality in socioeconomic terms and in terms of gender that exist among the people concerned.

**The social protection floor promotes universality using a rights based approach. It must comprise a contributory pillar, a non-contributory pillar as well as universal sectoral policies, with particular attention to the need to provide care for dependent persons for whom it is essential, the very people who are often also economically dependent. These pillars must in turn contribute to work and family reconciliation and to the reorganization of care services within the context of a feminized labour market, for families whose composition is increasingly diverse and in a context of social policies that are minimal where they exist at all.**

The objectives of social inclusion, for ending the transmission of inequalities from generation to generation and for promoting human development presuppose that the

sexual division of labour really must be transcended. More specifically, they mean that protecting maternity and the organization of care – the "hard core" underpinning the sexual division of labour and a contributing factor to social exclusion, vulnerability and poverty – have to be reorganized (United Nations, 2010). As the evaluation of the Millennium Goals shows, there has been progress in that direction; but it also highlights the impact that the absence of a universal social security system has on women, as well as how unpaid work and the obligation to provide family care are at the very heart of poverty and vulnerability among women, and not among men (United Nations, 2010, capitulo V).

The "ILO's Resolution concerning the recurrent discussion on social security" adopted at the 100th Session of the International Labour Conference in 2011 includes the following conclusion: "These national strategies should aim at achieving universal coverage of the population with at least minimum levels of protection (horizontal dimension) and progressively ensuring higher levels of protection guided by up-to-date ILO social security standards (vertical dimension). The two dimensions of the extension of coverage are consistent with moving towards compliance with the requirements of the Social Security (Minimum Standards) Convention, 1952 (No. 102) and are of equal importance and should be pursued simultaneously where possible." In the 101st session of the International Labour Conference of 2012, the Recommendation No. 202 on the Social Protection Floors was approved and it indicates that social protection floors "should comprise at least t*he following basic social security guarantees: minimum levels of income security during childhood, working age and old age, as well as access to essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality".*

The objetctive of this ILO Recommendation is that relevant state policies aim at facilitating effective access to essential goods and services, promote productive economic activity and be implemented in close coordination with other policies to enhance employability, reduce informality and precariousness, create decent jobs and promote entrepreneurship – in other words, that they be coordinated with and complemented by fiscal and employment policies.

Though the intended outcome of these guarantees is one of universality, each Member State must devise its own method of implementing its social protection floor policies, which may include universal benefit schemes, social security, public employment programmes and social assistance schemes that provide benefits only

to people with very low incomes, or a combination of such measures. If they are to be effective, the policies will require an appropriate mix of preventive measures, benefits and social services.

**Specifically, what is meant by incorporating a gender approach in the social protection floor is that it should comprise the basic guarantees of a minimum level of income security and access to basic services as an individual rather than as a family-based human right.** This will make it possible to establish objectives for each segment of the population throughout the life cycle and to move away from empirically unfounded assumptions regarding the organization of families. The contributory and non contributory pillars as well as the sectoral policies must link with the decent work pillar providing a framework through which state policy can participate in the reorganization of social care.

As to guaranteeing a minimum level of income, there should be three main target groups: people of an age to engage in paid work, the elderly and disabled, and children. People in active age who are able to work for a salary would benefit from a combination of cash transfers (by right) and an active employment policy that focused specifically on the difficulty that women face of participating in the labour market on equal terms with men, as well as policies aimed at social co-responsibility in caregiving. The benefits must include maternity protection in the form of cash transfers so as to guarantee a basic income during at least the 12 weeks stipulated in ILO Convention 102, or ideally during the 14 weeks stipulated in Convention 183, for all income-earning women, irrespective of the type of work they are engaged in, whether or not they are paid for their labour and whether they work in the formal or in the informal sector. Moreover, the policy must promote co-responsibility for childcare through the implementation of measures called for in ILO Convention No. 156, such as paternity leave.

**With regard to the elderly and disabled persons who cannot engage in any activity there must be an adequate basic income for men and women who are advanced in years, but it should compensate for the imbalance deriving from women's exclusion from social security systems that are linked to the labour market.** Provision of this benefit could be through cash transfers or in-kind transfers in the form of public health and care services.

Guaranteeing a minimum level of income security during childhood could be done through cash transfers, specifically through the provision of education and health services which, in addition to providing children with the necessary care and

developing their abilities, affords the adults in charge of them access to health care and access to employment. This means centralizing or coordinating the physical and social infrastructure of schools, of healthcare centres and of food centres for children before they reach school age, as well as adapting timetables to the requirements of adults wishing to reconcile work with their family responsibilities.

Basic health services must make allowance for the different needs of men and women in terms of their different health and epidemiological profiles. In particular, the provision of reproductive health care, which currently focuses on maternal, prenatal and postnatal health surrounding birth, has to be aligned with the promotion of sexual health and family planning among both men and women, so as to encourage co-responsibility with respect to sexual and reproductive health.

**Fundamentally, access to basic healthcare services should be guaranteed by means of the universal provision of services under sectoral policies that treat the provision of care for dependent people as just another sectoral policy.** In addition to questioning the conditionality of existing cash transfer programmes, it is important to guarantee an adequate supply of services for the population as a whole as well as their access to those essential services, in coordination with promotional policies designed to make decent work a reality among the adult population of working age. This should be a requirement of the social protection floor, so that families can see the benefits they derive from investing in the abilities of children. In addition, a public basic services network that covers care needs will also encourage gender equality in the use of time.

# 4. Methodology for incorporating a gender perspective in social protection floors

Since 2010, the United Nations system has been working on a procedure for evaluating the cost of establishing social protection floors (ILO/WHO, 2010). **Under this methodology the analysis of the programmes being implemented in the subregion would, from a gender standpoint, be in five stages, according to social security requirements and shortfalls in the various countries.**

The first stage is to establish a country profile so as to identify the *population that is excluded from social security systems and to determine the status of public health, education, care and other services*. The objective here is to identify the gaps in access to the labour market and to social security and then to focus on those aspects that contribute to women's lack of social protection, such as discrimination in the formal labour market, the unequal distribution of family responsibilities and the lack of reproductive and maternity health services in addition to health care. The findings of this analysis – i.e. the diagnosis (with details as to location and particular needs) as to which population group, which people are potential beneficiaries of a social protection floor – must be examined in relation to the possibilities offered by any existing welfare scheme.

This information is collected from the available primary sources in each country, such as multi-purpose household surveys, time-use surveys, population censuses and institution records. Secondary sources will also be used, such as ECLAC and other United Nations agencies.

The second stage is to make an inventory of the programmes that have been devised or are already in operation in each country. Again, the objective is to gain an overview of what is happening in terms of social security and how these programmes might contribute to the goals that are set once the initial diagnosis has been made. This means measuring the investment involved in each programme and then determining which of them should be evaluated first and most thoroughly.

This objective entails searching for and noting development programmes at the state, departmental, local and any other level, assessing the contribution of each to the target population (scope and coverage) and the amount (adequacy) of the cash and in-kind benefits, as well as their impact in facilitating the transition to paid employment and higher social security coverage. Other endpoints that should be analyzed are financial sustainability, adequacy of supply in kind, effective access to the benefits, impact durability, sufficient information of programs to current and potential beneficiaries, etc.

The third stage is a comprehensive description of each programme, detailing the objectives, services provided and coverage in each case. A critical analysis is then made so as to identify the key features to be considered in determining whether the programme's design corresponds to the concept of the social protection floor, whether it guarantees equitable participation for women and men and whether it reproduces or alters the sexual division of work. It is also important to analyze whether there are potential overlaps between the different programs and correct them.

The fourth stage is the assessment of the results of the programme based on an analysis of indicators. For this purpose an instrument tool is proposed that takes into account the fundamental areas in which the programme should show results according to the social protection floor framework. It is further recommended that complementary information be culled from interviews with focal groups, and especially women, that have taken part in the programmes.

The fifth stage is to determine the results achieved by the programmes in terms of the social protection floor, over and beyond their impact on the immediate beneficiaries. The object of this exercise is to establish the relative weight of each programme, identify which population groups should benefit from greater resources and ascertain the sustainability of the programmes with the available resources.

# 5. Strategies for building or strengthening national social protection floors

As a subregion, Central America and the Dominican Republic are capable of putting to the test the ability of the ILO's proposed social protection floor to combine what is desirable with what is possible. The subregion comprises several of the countries in Latin America and the Caribbean that suffer simultaneously from social inequalities and deficits, fiscal shortcomings and a very limited state involvement in the welfare of the population. If the construction of a social protection floor can be a success, then it will give greater credibility to the idea that it is a suitable tool for accompanying social security efforts regardless of the scenario.

**Implementing a social protection floor will demand a major effort on the part of the government, which will have to analyze the weaknesses and strengths of its existing programmes and to place health care at the centre of its social policy.** The basic idea is that, besides being a way of combating poverty, the social protection floor should also serve as a tool for combating socioeconomic and gender inequality by means of the dual mechanism of decommodification and defamiliarization of welfare, on the one hand, and it linking to the commodification of the labour force, on the other.

The starting point is heterogeneous, in terms both of the resources available and the suitability of the services that are already available. **Existing programmes have to be built upon in order to extend the guarantees both horizontally (more people) and vertically (more benefits).** The social protection floor is the foundation on which scenarios can be developed that are more suited to the universalization of rights. Between the point of departure and the point of arrival there must be a succession of stages whereby the contributory and non-contributory pillars as well as sectoral policies are progressively expanded, in terms both of contributions and assistance and of universality, and the objectives sought are attained.

On this point the preparatory document that was submitted to the 101st Session of the International Labour Conference had this to say: *"The choice of policies for countries aiming to establish a national social protection floor will often depend on already existing social assistance or social insurance schemes, as measures should be designed to build on and complement structures that are already in place. Extending the mandate of established institutions to implement social protection floor policies may create economies of scale and be a more cost efficient arrangement than setting up new – potentially competing – institutions"* (ILO, 2011a: 37).

**Besides guaranteeing an adequate level of income, the fiscal policy for funding the social protection floor has to be progressive. Making proper use of available or future resources calls for a new approach to budget policy, which must set priorities and use institutional mechanisms that ensure the effectiveness of public expenditure.**

If there is one outstanding feature of this process, it is that the sequencing of provisions involved really does alter the product: if some guarantees are provided first and others subsequently, it may be possible to increase social support, fiscal resources and institutional capacity, to mention three particularly important factors. But the way the process is ordered can also serve to introduce the necessary balance between a few guarantees for everyone and many guarantees for just a very few, and this the social protection floor seeks to achieve by the compromise solution of sufficient guarantees (inevitably a controversial and fluctuating notion) for the vast majority.

## 5.1 How far have we got?

By and large the subregion is currently better equipped to design public policy than at any time in the past. But, still, the gap between social demand and investment and the State's ability to keep up is considerable, and the challenges are enormous. Earlier sections of this document have given an account of the starting conditions of the various countries. We shall now summarize briefly the situation as regards the principal pillars of the social protection floor referred to in the previous section.

As far as cash transfers are concerned, the most extensive – not necessarily in coverage but in their prevalence in all the countries concerned – are conditional cash transfers for childcare.

Guaranteed minimum incomes throughout an individual´s economically active life are inadequate, where they exist at all. These are cash transfers to adults of economically active age or living in conditions of poverty or vulnerability (which includes the period surrounding the moment of childbirth) who may be covered by either contributory or non-contributory social security schemes or by anti-poverty assistance programmes. Ideally, such programmes should dovetail with employment policies and efforts to formalize the economy, which contribute to the objective of extending social security through the labour market.

A guaranteed basic level of income, too, whether for the elderly or for people with disabilities that temporarily or permanently prevent them from working, is the Achilles' heel of most countries in the subregion.

**Generally speaking, as far as social security and social assistance are concerned, the impact of existing programmes on gender equality have to be reviewed so as to narrow down and eventually eliminate those that foster discriminatory practices in the sexual division of labour and to encourage and expand those that help the situation to evolve.**

Guaranteeing services by means of sectoral policies is a major problem, and the provision of basic medical care, especially reproductive and maternity health care, poses challenges in terms of access to services and of their quality, suitability and equality. In education, the problem of coverage is somewhat similar.

As to care, the challenge is how to fill the current vacuum with measures that are designed for this purpose, and how to reform the other components of the social

security system in such a way that they form a network and contribute together to making caregiving a matter of social co-responsibility.

## 5.2 Opportunities

Effecting the transition from the current situation to one in which there are genuine social protection floors guaranteeing fully the welfare of the population means taking every opportunity to maximize the resources and benefits of social policy as a whole. Opportunities to do so will vary greatly from one country or welfare system to another, but one can point to a number of proposals that are common to all.

### Contributory social security pillar

This pillar may include the middle income groups whose participation in the social security system in turn facilitates the pursuit of strategies aimed at extending guarantees vertically and, above all, placing the concept of care at the centre of the system. It must be borne in mind that this pillar covers working women and, as noted earlier, women who face challenges reconciling their family responsibilities and their job. It is also a means of fostering the horizontal expansion of guarantees by incorporating the active population that is switching from the informal to the informal sector.

### Non-contributory assistance pillar

This pillar serves to introduce degrees of autonomy between the moment when people enter the labour market and the moment that gain access to the basic guarantees. Every country in the subregion has a conditional cash transfer system for children that can be combined with a basic income guarantee for the other priority population groups. The fact that these programmes and the administrative capacity that goes with them already exist can act as a starting point for extending guarantees both horizontally (coverage of children not previously covered and of the adult population) and vertically (incremental and cumulative access with higher levels of education).

### Universal sectoral pillar

Available assessments show that part of the result achieved by cash transfer programmes derives from the broadening of the services afforded by the State. These programmes can therefore be seen as a strategic extension of the State's sectoral policies (Villatoro, 2007). From his analysis of the Avancemos programme in Costa

Rica, Román concludes that “the most important thing in protecting the right of children to education is to maintain the sustained growth of public investment in education as a whole" (2010: 55), this in turn requires strengthening the link between targeted programmes (such as cash transfer programmes) and universal policies (such as public education).

The existence of cash transfer programmes presupposes that basic services exist through which the transfers can be channelled. This in turn depends on the pursuit of sectoral policies for social advancement, essentially in the form of education and health care for children and pregnant women (Villatoro, 2007). Taking these programmes and basic services as a starting point, it is possible, for example, to generate a vertical extension that is founded on training and other measures aimed at incorporating the adult population into the labour market and encouraging a greater degree of formalization.

What is needed, then, is for the State to pursue its sectoral policies and to identify clearly its priorities vis-à-vis each of the three target population groups: children, adults, and elderly people and other people in special circumstances.

# 6. Ten challenges to progress

Many challenges have to be overcome in getting from the starting point to the point of arrival. Some of them raise matters of principle, such as how to strengthen rights-based public policy effectively. Others are more a matter of the tools – especially the financial mechanisms – that are available and of focusing efforts on providing universal guarantees. Finally, there is the practical challenge of deciding which cash transfers and services to implement, for whom and when.

## Regarding the guiding principles

### 1. Organization of cash transfers and services based on Human Rights and on the notion that social assistance also creates rights

What the social protection floor discussed here seeks to guarantee is a level of welfare to which the entire population has access as a citizens' right. Hopefully, some people will gain such access via a contributory system while others will do so by means of

non-contributory (assistance-based or universal) mechanisms. In this respect, a country's ability to target its programmes is a positive factor. If, as in Costa Rica, state-financed social insurance can provide the same medical attention as that which is accessible to people who pay contributions, and if it is available for as long as the need exists, then one can say that the targeted use of this form of insurance provides universal guarantees. The same is not true, however, of cash transfers that are available so long as children are in primary school but are then withdrawn without their having acquired the capacity to generate an income of their own. In this case, the circumstances responsible for poverty have not changed.

Targeting and universality are not mutually exclusive, provided they are seen as a means of establishing a central (non-temporary) presence of the State, based on rights rather than charity, and on the collective allocation of resources to the welfare of society as a whole.

The challenge of a rights-based approach is that one has to influence both the programme design and the subjective decision as to who is entitled to those rights under the programme. State intervention (whatever its nature) has to be carefully distinguished from charity and very closely associated with rights, which in turn impose obligations on the beneficiaries vis-à-vis the community to which they belong.

## 2. Building the Universal social security as an ongoing process

The ILO proposes that a debate be held on a Resolution in which countries "may need to set ... eligibility criteria that are gradually widened, or sequence the introduction of benefits for children, the elderly or people of working age according to national needs and priorities" (ILO, 2011b:58). The ILO notes that a rights-based approach "is one where social security rights are clearly stipulated and their beneficiaries identified, without discrimination, and which sets out benefit levels and entitlement conditions that are reasonable, proportionate and transparent... and under which obligations carry legal weight and the rights are therefore enforceable" (ILO, 2011e: 33).

Where fiscal resources are especially scarce, this would also permit a democratic discussion of such notions as rights, guarantees, social floors, the role of the State, of the labour market and of the family, and so on. In addition, it would make it possible to create the conditions for establishing priorities that for once are not set "from the top down" or subject to the vicissitudes of short-term politico-electoral

considerations but rather by agreement reached collectively. For example, is it better to universalize infant care for children aged 3 to 5 before tackling the 0-to-3 year age group? Alternatively, is it preferable to complete coverage of 0-to-5 year olds among the indigenous or rural population or among communities living in conditions of social exclusion? The answer to this kind of question will naturally depend on the available budget, on whether and how to invest current resources. Guatemala's cash transfer programme *Mi familia progresa*, for instance, uses up 4.29 per cent of social investment, which is half of the all the country's investment on health and social assistance. The same programme conducted as part of a basic-care floor might well develop synergies that could maximize the benefit of such social investment. Part of the process of establishing the fiscal and political viability of a social protection floor involves taking advantage of the return on alternative public investments (Fiszbein and Schady, 2009).

In addition to fiscal viability, the step-by-step approach proposed here should help to gain the endorsement of key actors in the process and of the very population group whose rights are amplified by the social protection floor.

## Regarding the policy instruments

### 3. Showing results as soon as broad coverage is attained (horizontal dimension)

Though there is general agreement that conditional cash transfer programmes really do contribute to guaranteeing basic levels of consumption (UNDP, 2010; Maurizio, 2010; Fiszbein and Schady, 2009), there are authors who doubt their effectiveness in this regard and question the limited coverage or small amounts of cash transferred which, they argue, work against bringing about any significant change in the aggregate level of poverty or inequality in national terms (see Cecchini et al., 2009, on Guatemala, Honduras and Nicaragua). For the social protection floor to show results and, in addition, to have a demonstration effect that can give rise to a steady broadening of guaranteed rights both horizontally and vertically, the coverage of some of the guarantees conferred needs to be quite significant in the short and medium term.

The horizontal expansion of rights has to take into account the incorporation of migrant, indigenous and rural population groups. Given their greater vulnerability and their greater difficulty in accessing resources, the measures contemplated in the social protection floor should include, among the priority criteria for action, the

particular circumstances of these groups and, specifically, the situation of women within each group, since it is possible that gender inequalities may increase because of their interaction with the aforementioned variable.

As to the migrant population, their inclusion in the social protection floor means that migration has to be regularized, and one of the requirements for access both to the programmes and to the basic services is that the target population should be duly registered. Generally speaking men are the first to register, because they can more easily afford the formalities that have to be gone through and because as a rule it is they who take the decisions regarding the urgency of regularizing the family's situation (Patiño, Solis and Gallo, 2009). For women, the fact of not having official migrant status limits their access to health services and, especially, to sexual and reproductive health services.

## 4. Building a social protection floor contemplating the scale and community relations

The point has already been made that, even though incorporation into the labour market has not been a priority objective of conditional cash transfer programmes, in certain instances there has been some sustained increase in the economic participation rate of poorer population groups, in which a decisive factor has been the increase in the money supply in the community and its positive impact on trade and services among the poorest elements of society (ECLAC, 2010).

In rural areas and among indigenous populations especially, where much of the risk management is handled by the community, the approach has to be one of local and community development. At this local level, the care pillar should likewise be analyzed from the community perspective, even to the point of institutionalizing existing practices and the management of the community's time on a collective basis, with due account being taken of work requirements and family needs. The objective here would be that the women should organize the care services themselves (wherever possible in association with the men), thereby transforming informal care practices into decent jobs.

## 5. Taking advantage of pioneering benefits to generate gender-sensitive policies through various instruments.

None of the countries in the subregion offer benefits that guarantee a basic level of income for people of economically active age despite the prevalence of unemployment

and inadequate earnings, and this is highlighted in the ILO's Recommendation on Social Protection Floors, 2012. The fact of having to create these benefits from scratch affords an excellent opportunity to take advantage of diagnoses and measures that make it possible, for instance, to promote the transition from the informal to the formal economy by differentiating the jobs and segments of the informal economy in which women, on the one hand, and men, on the other, are most commonly engaged, so that the cash benefits can be subsumed into active employment and entrepreneurship programmes that are suitably adapted to gender differences.

Conditional cash transfer programmes comprise at least three instruments: the cash transfers themselves (usually to mothers), the eligibility conditions (generally related to the presence of children) and the co-responsibilities or conditionalities (which are generally expected from the mothers). The controversy over whether these programmes strengthen gender relations or at least modify them in a positive sense rages intense (Villatoro, 2007; Fiszbein and Schady, 2009; Sauma, 2007; Maurizio, 2010; Davis, 2004; Martínez Franzoni and Voorend, 2008; Medialdea and Pazos, 2010). But the distinctions between the impact or suitability or one instrument or another does have to be looked at more closely. Evidence, however, does seem to indicate that transfers to women are positive, at least as far as their having more available income and more decision-making power over how it is used are concerned, even if it does not necessarily bring autonomy and empowerment in its train (Martínez Franzoni and Voorend, 2008; Villatoro, 2007; Maurizio, 2010).

By contrast, the fact that the women are also asked to undertake co-responsibilitles would, as far as social policy is concerned, seem to be an opportunity lost in promoting changes in the organization of caregiving within the family, since in effect it increases women's workload in respect of childcare (Arriagada et al., 2004; Guzman and Cabrera, 2010) and the demands on the use of their time (Martínez Frazoni and Voorend, 2008).

## Regarding the guarantees as such

### 6. Recognizing the interdependence of families while promoting individual access and people's rights

The minimum guarantees allude to the citizens' rights as people and not as families. At the same time, the guarantees revert in various ways to the family as the unit to which the resources are allocated. It has been demonstrated, for example, that non-

contributory pensions paid to the elderly have a direct impact on the living conditions of the family's children. Ultimately, people live in a relationship of interdependence that is itself characterized by asymmetry and inequalities. The important thing is that the allocation of resources does not of itself run counter to people's individual rights. Similarly, care must be taken not to assimilate all families to a single model which, in addition to reproducing the sexual division of labour, disregards the diversity that exists in the organization of family life in practice.

### 7. Expanding adult women's entitlement to rights

For conditional cash transfers to lead to a greater degree of equality between the sexes, they have to be able to solve two conundrums: ensuring that women's need for greater financial autonomy is recognized, by making sure that the transfer programmes are more closely bound up with the labour market and with production; and ensuring that the State plays a more active part in promoting the reorganization of roles at the domestic level, by making care services more easily accessible and by linking conditions for eligibility to a greater implication of men in the coresponsibilities or conditionalities required. Both involve treating women as susceptible to State intervention, as the recipients of services and benefits in their own right and not just as a channel for resources destined for other members of the household.

### 8. Simultaneously promoting labour market insertion and access to social security

There are currently few training programmes that include labour intermediation, support for the creation of small enterprises and labour insertion. Although people tend to value training highly, there is no visible link between training, on the one hand, and employment and production on the other (Martínez Franzoni and Voorend, 2008). An evaluation of whether conditional cash transfers have contributed to the transition from the informal to the formal economy therefore warrants special consideration: there are no direct references to, or comparative data on, the possible improvement of employment conditions among the target population.

The conditional cash transfers are the kind of programme that could forge such a link between employment and social policy. For women to be genuinely empowered, two sets of circumstances at least are necessary: they should be able to generate income of their own, and to take decisions freely in every sphere. This is what the conceptual basis of ECLAC's Gender Equality Observatory for Latin America and the Caribbean

has identified as economic autonomy and economy in decision-making. **It is also the way that the proposal that the basic guarantees of a social protection floor constitute individual rights over and above those the family unit can be made more effective.**

The confluence of social security guarantees and labour guarantees makes it possible furthermore to link the long-term goal of interrupting the transmission of poverty from generation to generation to short- and medium-term objectives in terms of the ability to generate one's own income, especially for women.

### 9. Differentiating the notion of basic access to health by men and women

Irrespective of whether we are talking about the contributory pillar, the non-contributory pillar or the sectoral pillar, basic health services have to be designed in the light of the different determinants of health and wellbeing in men and in women – irrespective of the latter's reproductive role – and the different characteristics of their health in terms of morbidity and mortality. It might well be conducive to women's empowerment if the population could share in the processes that define basic health services.

### 10. Giving visible and formal shape to the practice of providing care in the various components of the social protection floor

Among the minimum guarantees the State must provide, it is obvious that the integrated care of children, including their increasingly early enrolment in school and timetables that are compatible with working hours, calls for a care network that allowes adults to be available for employment in decent working conditions.

That said, progress in the realm of caregiving can include a broad spectrum of other measures. By way of an example, the *Escuelas saludables* programme in Honduras (previously known as *Merienda escolar*) was introduced to reduce levels of malnutrition and to increase school enrolment figures. Gradually, the programme has introduced medical attention. Preparing meals is the concern of the families themselves, which in practice means of the women. Under the social protection floor the preparation of meals should seek to become a formal, remunerated activity, so as to release women from unpaid work and to encourage job creation. This aspect, as well as all those related to how the social protection floor can have an impact on gender equality, needs to be explicitly followed up and evaluated.