Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls

Panel 1: Social protection systems for gender equality and the empowerment of women and girls

Topic introduction (UN Women)

Social protection (or social security) are policies and programmes that are designed to reduce and prevent poverty, inequality and social exclusion over the life course; typical examples are child benefits, maternity protection, old age pensions.

Trends and challenges

- There has been progress in expanding social protection, but significant gender gaps and biases remain.
- Women are overrepresented among the 71 per cent of the world’s population that has only partial or no access to social protection. The global gender gap in access to old-age pensions, for example, stands at 10.6 percentage points.
- Even where women are relatively well covered by social protection, they continue to face disadvantages vis-à-vis men. In the European Union, for example, women’s pensions are on average 36.6 percent lower than men’s.
- Women also remain poorly covered for gender-specific risks, such as maternity. For example, only 41 per cent of the world’s mothers with new-borns receive a maternity benefit, with regional coverage being as low as 16% in Africa.

Priorities for action

a) Closing gender gaps in coverage and access

- Currently, 740 million women make their living in the informal economy—with no or very limited access to social protection.
- Non-contributory social protection—that is not tied to previous participation in formal employment—has been one of the key drivers of narrowing gender gaps in access to social protection.
- Data shows, for example, that across Latin America, women have benefited disproportionately from the introduction of non-contributory social pensions.
- Take Bolivia where overall pension coverage was very low in the mid-1990s (35 cent). By 2013, this had gone up to 96 per cent and gender gaps had practically disappeared.
- In Africa, too, countries like Botswana, Mauritius and Namibia have long had universal social pensions; they were recently joined by Kenya where a universal social pension was launched earlier this year.
- Conditional cash transfers for families with children have also seen a remarkable expansion across developing regions; by putting money directly in the hands of caregivers (usually mothers or grandmothers) they have also reached women disproportionately.
- While the expansion of non-contributory social protection is hence an important and necessary step in the right direction, it is not exempt of problems.
- In many cases, programmes remain narrowly targeted and benefit levels low (often too low to move women and their families out of poverty).
• Conditionalities, such as taking children to health checks and ensuring school attendance can also be problematic particularly where public services are inaccessible or of low quality.

b) **Improving adequacy and gender-responsiveness**

• To address gaps in benefit levels, for example, pension systems can grant contribution credits that compensate for time spent out of the labor force to care for children or other dependents.
• In addition to maternity leave, parental leave policies are needed that provide clear incentives for fathers to contribute their fair share to childrearing.
• And social protection benefits need to be regularly adjusted for inflation, so that they don’t lose their purchasing power and with it the purpose to enhance women’s income security.

c) **Harnessing linkages through greater linkages and coordination**

• Finally, there is a clear need for strengthening the linkages between social protection, on the one hand and public services and infrastructure on the other through greater coordination both across sectors and across levels of government can go a long way.
• In Rwanda, for example, it was the combination of social protection—in the form of community-based health insurance—with the expansion of health posts and investments in well-trained community health workers that allowed for significant improvements in maternity care which, in turn, contributed to impressive reductions in maternal mortality.
• Conditional cash transfers which tend to raise demand for public services, also need to be accompanied by parallel investments in infrastructure and services.
• Without viable transport options, they are forced to walk long distances to reach schools and health centers.
• Where services are under-staffed or considered unsafe, women and girls may be reluctant to use them, wait long hours to be attended or face discrimination and abuse by providers.
• In all cases, they will struggle to fulfill program conditions and lose valuable time that could otherwise be spent on productive activities, education or rest.