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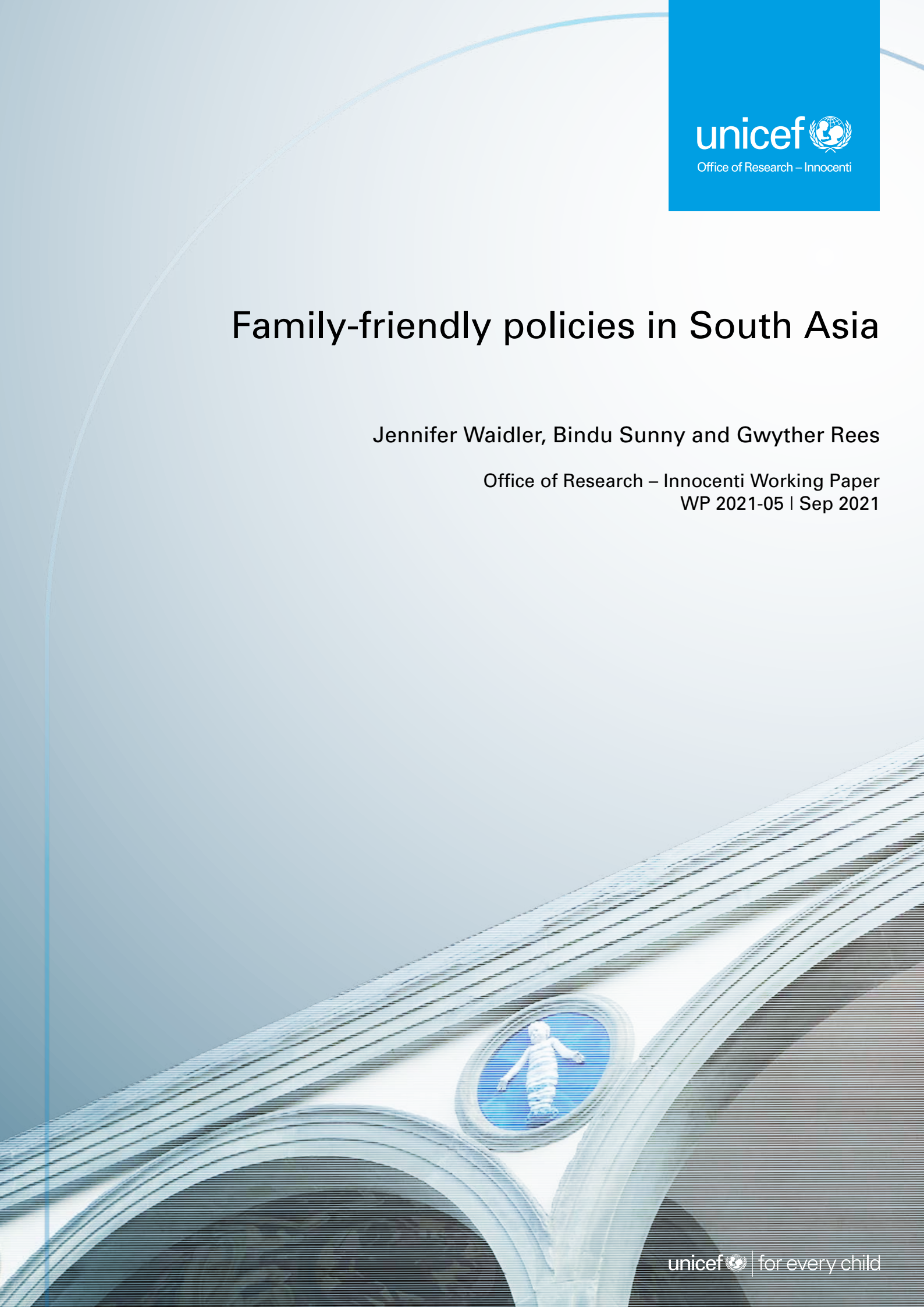
Family-friendly policies in South Asia

Jennifer Waidler, Bindu Sunny and Gwyther Rees

Office of Research – Innocenti Working Paper
WP 2021-05 | Sep 2021



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The Office of Research – Innocenti receives financial support from the Government of Italy, while funding for specific projects is also provided by other governments, international institutions and private sources, including UNICEF National Committees.

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The text has not been edited to official publications standards and UNICEF accepts no responsibility for errors.

For readers wishing to cite this document, we suggest the following form:

Waidler, J., Sunny, B. and Rees, G., *Family-friendly Policies in South Asia*, Innocenti Working Paper 2021-05, UNICEF Office of Research – Innocenti, Florence, 2021.

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FAMILY-FRIENDLY POLICIES IN SOUTH ASIA

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ACKNOWLEDGEMENTS

This working paper was commissioned by the UNICEF Regional Office for South Asia and was developed by the UNICEF Office of Research – Innocenti, with the support of the following staff in the regional office: Maha Muna, Bernadette Gutmann, Zivai Murira and Harriet Torlesse.

The project had an external expert advisory group and we are grateful for the expertise that the following members of the group contributed:

Dr. Garima Dadhich, Associate Professor at the Indian Institute of Corporate Affairs.

Janhavi Dave, International Coordinator at HomeNet International.

Dr. Surya Deva, Associate Professor at the School of Law, City University of Hong Kong, and member of the United Nations Business and Human Rights Working Group.

Dr. Arzu Rana Deuba, Founder and President, South Asian Women Development Forum.

Dr. Alok I. Ranjan, Country Lead, Nutrition, India Office of the Bill & Melinda Gates Foundation.

In addition to this advisory group, we are grateful to Charlotte Bilo, Researcher at the International Policy Centre for Inclusive Growth for acting as an external reviewer.

Staff in the UNICEF Country Offices in South Asia provided valuable support for the project. This includes the following staff members who served as lead reviewers for the report: Souad Al Hebshi, Afghanistan; Indrani Chakma, Bhutan; Vedprakash Gautam, Bangladesh; Geetanjali Master, India; Mehreen Muqaddisa, Pakistan; Ibrahim Naseem, the Maldives; Nilima Raut, Nepal; Louise Moreira Daniels and Rasika Somaweera, Sri Lanka.

Finally we would like to acknowledge the other reviewers from UNICEF's headquarters: Ruth Graham-Goulder, Social Protection Expert; Grainne Moloney, Senior Advisor, Early Childhood Nutrition; Chemba Raghavan, Early Childhood Development Specialist; Erica Wong, Early Childhood Development Consultant; Christopher Kip, Corporate Alliances Specialist, Child Rights and Business; Shreyasi Jha, Senior Gender Advisor; Ramya Subrahmanian, Chief, Research on Child Rights and Protection; Zahrah Nesbitt-Ahmed, Gender and Development Manager; and Dominic Richardson, Chief, Social and Economic Policy Analysis.

CONTENTS

1. INTRODUCTION

Bringing up children is a core human activity. It requires care, time and resources. Yet, too often, all over the world, parents and other primary caregivers are left to struggle with this fundamental task without enough support. The burden of responsibility tends to fall disproportionately on women. Often parents have to make impossible choices between earning enough money for their family and giving children the care that they need. These issues are particularly prominent in the child's early years before statutory schooling.

The concept of 'family-friendly policies' has emerged as a way of thinking about and addressing these issues. There is no agreed definition of the concept, but it is generally conceived as a set of policies that help parents/caregivers to reconcile various aspects of work and family life. Such policies may differ from one region and location to another depending on, amongst other things:

- Demographics, including the definition of what a family is, and its function
- The characteristics of the labour market and the workplace
- The social and cultural context, including attitudes, expectations and norms
- The economic context

This report, produced in collaboration with UNICEF Regional Office for South Asia (ROSA), addresses the issue of what family-friendly policies could look like in the South Asian context. It considers how these policies can be responsive to the particular characteristics and circumstances of countries in the region – including multi-generation families, family units built around adolescent mothers (and sometimes fathers), a large informal employment sector, and migration for work both within and outside countries. It also tackles the question of how family-friendly policies might need to evolve in the face of the COVID-19 crisis. It looks at the issue from the perspective of children's rights, women's rights, and human rights more generally.

The aims of the research underlying the report are:

1. To develop a clear and practically useful way of thinking about family-friendly policies relevant to the country contexts of South Asia.
2. To examine the current state of family-friendly policies in the countries of the region, identifying strengths and gaps.
3. To make recommendations on ways forward for developing and strengthening family-friendly policies in the region and beyond.

This report begins with a review of previous work on family-friendly policies; a discussion of the specific features of the demographic, economic and social context in South Asia; and a clarification of concepts and definitions. It then examines three dimensions of family-friendly policies in the region – the workplace (Chapter 2), non-contributory social protection (Chapter 3) and childcare (Chapter 4). The concluding chapter draws together and summarizes the key strands and themes in the preceding chapters and makes a set of recommendations for the development of family-friendly policies within South Asia.

1.1 The concept of family-friendly policies

The phrase 'family-friendly policy' is not new. In an example from almost two decades ago, the OECD (2002) produced a study of parents in paid work in Australia, Denmark and the Netherlands. It considered three categories of policy – childcare, child-related parental leave, and taxes and benefits that 'can help create a better balance between work and family-life'.

This concept can be applied to two groups with different responsibilities – governments and employers/businesses.[1] In terms of government actions (which can include national, regional and local) the term 'policies' in this context encompasses laws, regulations, social policies and service provision. Governments can introduce mandatory duties on employers. They can also adopt taxation and benefits policies (including social protection) and provide direct services such as free or subsidised childcare that can assist families.

Employers can be more family-friendly in a range of ways that help employees to balance family and work commitments, including:

- Flexible work, job sharing options, the potential to temporarily or permanently switch to part-time working, the possibility to work from home.
- Maternity/paternity leave in the period before and after childbirth.
- Leave for family responsibilities (child illness, elder care, etc.).
- Other benefits (e.g., family-friendly events, bursaries for children of employees, crèche and breastfeeding facilities at the workplace, and childcare provision).

Businesses also have responsibilities beyond those as employers – for example, in terms of the supply chains that they are part of (UNICEF, 2019a). Corporate respect for human rights along the global value chain is key to ensure decent working conditions for all workers and access to family-friendly benefits. The responsibility extends beyond the immediate employers of the most vulnerable workers, up to the higher ends of the chain, often located in rich countries.

Recently, there has been a renewed interest in this topic, in the face of growing evidence of a 'global childcare crisis' (Samman et al., 2016). UNICEF (2019b) argues that it may be helpful to think about the issue in terms of 'time, resources and services' and has highlighted four aspects of policy that could be improved:

1. Paid parental leave, for both mothers and fathers, to care for young children.
2. Universal access to affordable, accessible and quality childcare, from the end of parental leave to children's entry into the first grade of school.
3. Support for breastfeeding mothers, including paid breastfeeding breaks and adequate facilities to accommodate breastfeeding or expressing of breast milk at work.
4. Child benefits, and adequate wages, to help families provide for young children.

1 <https://ctb.ku.edu/en/table-of-contents/implement/changing-policies/business-government-family-friendly/main>.

A study by UNICEF Office of Research – Innocenti (Chzhen, Gromada and Rees, 2019) showed that, even in high-income countries, policies often fail to cater for the needs of parents/caregivers in the above ways. For example, while paid leave available to mothers (statutory maternity and parental leave entitlements combined) exceeded the equivalent of half a year's paid leave in 20 out of 41 rich countries, it is less than 10 weeks in four others, and there is no such entitlement in the US. Paid paternity leave entitlements only exceeded a week in about half of the countries.

Despite this progress, there is still a need to refine the concept of family-friendly policies and consider how it might need to be defined differently depending on social, economic contexts. It is evident, for example, that a policy such as paid parental leave is more adapted to a context where a high proportion of parents are in paid work in the formal sector than to one where many people work in the informal sector.

The COVID-19 crisis has raised new issues about family-friendly policies as employed workers have faced new challenges in balancing work and family life in the face of lockdowns, closures of schools and childcare centres, social distancing from other family members who may act as carers of children, and so on. COVID-19 has put a spotlight on women's unpaid care work in the home and the challenges of balancing this with earning a livelihood, given additional responsibilities associated with continuing children's learning at home. It has highlighted the need to reconsider many unspoken assumptions about how family and work life are organized.

It is within this dual context of: (a) the need to consider the meaning and potential of family-friendly policies within context; and (b) the challenges presented by the COVID-19 crisis; that this research has been developed to present a picture of family-friendly policies in the South Asian region and a roadmap for the future.

The work adopts a broad starting point for thinking about family-friendly policies encompassing three broad areas, similar to those identified in the OECD report in 2002. It considers the workplace and childcare as two key domains in which family-friendly policies need to be considered and developed. These two areas of support enable parents and other caregivers to balance their caring and earning responsibilities. The third area of policy we consider is non-contributory social protection, or social assistance. Effective social assistance can act as a safety net for families under pressure, reducing the need to do paid work at all costs, and ensuring that basic needs are met. This broad conceptualization is important for considering the range of possible policies that are relevant in the South Asian context. The report considers the roles of governments, employers, businesses and other key factors. The study adopts a gender-sensitive lens to the analysis in order to consider differential impacts on men and women.

1.2 The potential benefits of family-friendly policies

Family-friendly policies have at least three types of potential benefits. The direct beneficiaries will be parents and other caregivers. Such policies will enable them to better manage the balance of caring and earning responsibilities. In turn, children will benefit from receiving a higher quality of care and economic security. In the longer term family-friendly policies also have the potential for broader indirect economic and social benefits.

In terms of the benefits to parents and caregivers, family-friendly policies have strong connections with internationally agreed goals and aspirations. We consider some general provisions here and discuss some more specific aspects where relevant in the following three chapters.

Several Sustainable Development Goals (SDGs) are particularly pertinent to family-friendly policies.

- Goal 8 (decent work and economic growth) has relevance for the workplace issues covered in this report.
- Goal 1 (no poverty) is relevant to the theme of social protection.
- Goal 3 (health and well-being) including support for breastfeeding, and the general well-being of parents.
- Goal 5 (gender equality) touches on issues such as unpaid care work, insecure labour markets and the informal economy.

The cascading benefits of family-friendly policies will also benefit children in terms of nutrition, protection and development. This will contribute to Goals 1 and 3 above. Improving the quality of early years childcare, across home and other settings, can also contribute to achieving the school-readiness indicator 4.2.1 of SDG 4.

Implementing family-friendly policies may also be good for the economy. The World Bank estimates that family-friendly policies such as improved childcare services can provide a substantial boost to national economies through facilitating parents' engagement in the labour market and through increased employment in the childcare sector (Devercelli and Beaton-Day, 2020).

1.3 Rights-based perspectives on family-friendly policies

Beyond the above benefits, family-friendly policies can also be viewed within a broader philosophical and structural framework considering rights that have been agreed and endorsed at national and international levels.

From a child-centred perspective, one key consideration is how family-friendly policies can contribute to the respect for children's rights as outlined in the United Nations Convention on the Rights of the Child. Article 18 of the convention is particularly relevant, being concerned with parents' roles in the upbringing and development of the child. It places responsibilities on States Parties to:

- ''… render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and … ensure the development of institutions, facilities and services for the care of children.''
- ''… take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.''

The provision of social security (Article 26) and an adequate standard of living (Article 28) are also relevant to topics covered in this report. Family-friendly policies can support other rights such as adequate nutrition (part of Article 24), and protection from abuse (Article 19) (Heymann et al., 2017).

Family-friendly policies can also contribute to gender equality. The Convention on the Elimination of All Forms of Discrimination against Women has a central relevance and includes key provisions regarding maternity rights (Article 4), employment and social security (Article 11), and (in the introductory section) parental roles and shared responsibility in the upbringing of children. From that perspective it is important to bear in mind that the notion of 'family' itself is complex and can mask intra-household gender inequalities.

More broadly, it has been argued that family-friendly policies can be framed within a human rights perspective. Normative frameworks such as the United Nations Guiding Principles on Business and Human Rights, while not specifically referring to family-friendly policies, ''provide a useful conceptual backdrop for business to avoid harm and promote positive impact through improved business policies and practices'' (UNICEF, 2019). Similarly, the Children's Rights and Business Principles guide companies on a range of actions they can take to respect and support children's rights, such as contributing to the elimination of child labour and providing decent work for young workers, parents and caregivers (UNICEF, United Nations Global Compact and Save the Children, 2012).

It is implicit in the above rights frameworks that it is important to consider inequalities in family-friendly policies. This includes recognizing the gender dimension of these policies and the ways that burdens of family responsibilities commonly fall far more heavily on women than men. It also includes considerations of discrimination and injustices based on various factors including gender, sexual identity, sexuality, class, disability, ethnicity and religion. We have incorporated these considerations throughout the report and the work that underpinned it.

1.4 The demographic, economic and social context in South Asia

South Asia is not a homogeneous region. There are substantial demographic, social and economic differences both within and between countries.

The eight countries that make up the region are of vastly different sizes, ranging from populations of less than a million in the Maldives and Bhutan to well over a billion in India (*see Table 1.1*). The population is predominantly in rural areas in all countries, although time-trend data show that the urban population is growing with, for example, the percentage of the population in India living in rural areas falling from 72 per cent in 2000 to 66 per cent in 2019 (same source as Table 1.1). Nevertheless, the majority of people in the region live in rural areas, or in other isolated contexts, and this factor needs to be taken into account in terms of providing services.

There are differences in the proportion of the population that are children – over two fifths aged 0 to 14 years in Afghanistan to less than one fifth in the Maldives – and in fertility rates. Child mortality rates also range widely from less than 10 per 1,000 live births in the Maldives and Sri Lanka to over 60 in Afghanistan and Pakistan (*see Table 1.1*).

Table 1.1: Demographic indicators

Countries	Total population (millions)	Population age 0–14 (millions)	Pop 0–14 as % of total pop	% rural population	Fertility rate	Mortality rate under 5 (per 1,000 live births)
Afghanistan	38.0	16.2	42.5	74.5	4.6	62.3
Bangladesh	163.0	44.4	27.2	63.4	2.1	30.2
Bhutan	0.76	0.19	25.3	59.1	2.0	29.7
India	1366.4	363.7	26.6	66.0	2.2	36.6
Maldives	0.53	0.11	19.9	81.5	1.9	8.6
Nepal	28.6	8.5	29.6	60.2	2.0	32.2
Pakistan	216.6	75.9	35.1	80.3	3.6	69.3
Sri Lanka	21.8	5.2	24.0	63.3	2.2	7.4

Source: World Development Indicators (2020), latest years available.

There are also differences in household constitution (*see Table 1.2*), although limited information is available on this aspect for Bhutan and Sri Lanka. The proportion of households with children varies from less than 70 per cent in India to over 90 per cent in Afghanistan. Female-headed households are non-negligible in most countries of the region with the exception of Afghanistan. Of the households with children, those defined as couples with children make up half or less. Single-parent households represent less than 10 per cent of all households except in Nepal (15 per cent). Three-generation households (not all including children under the age of 18) represent between 25 per cent to 35 per cent of households. There is small proportion of 'skip generation' households (grandparents and grandchildren without parents), although numerically that is quite substantial in some countries.

Table 1.2: Types of households with children

Countries	% of hhs with at least one member under 18	Average hh size	Female head of hh (% of hhs)	Couple with children	Single parent with children	Three generation[a]	Skip generation[b]
Afghanistan	94.8	8.0	1.7	49.8	1.0	32.2	0.1
Bangladesh	83.0	4.5	12.5	46.9	6.0	25.9	1.3
Bhutan	-	-	28.2	-	-	-	-
India	69.4	4.6	14.6	41.5	6.2	29.4	1.0
Maldives	77.6	5.4	44.3	23.9	9.0	35.9	0.6
Nepal	74.7	4.2	31.3	27.6	15.0	29.6	1.7
Pakistan	86.2	6.8	10.9	38.6	6.4	33.3	0.2
Sri Lanka	-	3.8	29.3	-	-	-	-

Source: UNDESA Population Division (2020), latest years available. Except Sri Lanka: household size (HIES/DHS, 2016); female head of household (DHS, 2016).
Notes: (a) Three-generation households do not necessarily include children under the age of 18. (b) Skip-generation households consist of grandparents and their grandchildren, but none of the parents of the grandchildren.

The economic context and gross domestic product (GDP) per capita also vary substantially (*see Table 1.3*). Afghanistan is classified as a low-income country by the World Bank; Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka as lower-middle-income; and the Maldives as upper-middle income. Sri Lanka is very close to the threshold between lower- and upper-middle. Agriculture generates more than one fifth of GDP in Afghanistan, Nepal and Pakistan.

Table 1.3: Economic indicators

Countries	GDP per capita	Agriculture, % GDP
Afghanistan	520	20.5
Bangladesh	1698	13.1
Bhutan	3243	15.9
India	2010	14.6
Maldives	10331	5.6
Nepal	1033	25.3
Pakistan	1482	22.9
Sri Lanka	4102	7.9

Source: World Development Indicators (2020), latest years available.

Another key feature of the demographic and economic context in South Asia is inward and outward migration (ILO, 2018). Four South Asian countries (Afghanistan, Bangladesh, India and Pakistan) are in the top 20 countries in the world in terms of migration. In particular outward migration levels are substantial. Migration out of South Asia has increased substantially in recent years, particularly towards the Gulf states, and totalled over 38 million South Asian nationals living abroad in 2017. This feature is highly relevant to understanding the context in which children live in the region and to family-friendly policies.

The social context in the region also needs to be considered. Gender inequalities, in particular, have a large part to play in patterns and amounts of working and caring done by women and men. The countries of the region generally rank low on gender equality indexes such as the Gender Inequality Index and the Global Gender Gap Index (GGI) (*see Table 1.4*). In fact, none of the seven countries with GGI rankings are in the top 100 countries globally for economic participation and opportunity. More details on these work-based inequalities are provided in Chapter 2.

One of the key factors underlying these inequalities are social norms around gender roles. Although there are differences in norms and attitudes both between and within countries in the region, in general, gender-based division of labour and restrictions on women's social and economic freedoms are still commonplace in South Asia.

Table 1.4: Indicators of gender equality

Countries	Gender Inequality Index, rank	Global Gender Gap Index (GGI), rank	GGI Economic Participation and Opportunity, rank
Afghanistan	157	-	-
Bangladesh	133	50	141
Bhutan	99	131	130
India	123	112	149
Maldives	82	123	131
Nepal	110	101	101
Pakistan	135	151	150
Sri Lanka	90	102	126

Source:
1. United Nations Development Indicators, Statistical Annex, 2020, Table 5.
2. World Economic Forum (2020), Global Gender Gap Report 2020. Geneva: World Economic Forum.

1.5 COVID-19 and family-friendly policies

The COVID-19 crisis presents a new set of challenges for the development of family-friendly policies. In the short term the complexities of lockdowns, physical distancing and closure of services have created new difficulties for parents and other caregivers striving to juggle work and family life. There is growing evidence of gender imbalances due to these factors. For example, in India, during the initial period of the lockdown in April 2020, employment fell sharply for both women and men. However, by August 2020, male employment had mostly recovered while female employment was 9.5 per cent lower than before the pandemic (Deshpande, 2020). The closure of schools and childcare centres also led to increased unpaid care work, a role that continues to be assumed disproportionally by women (Nesbitt-Ahmed and Subrahmanian, 2020).

In the longer term, the expected effects of labour market insecurity, job losses and economic contraction (Ismail, 2020) will place many people in more precarious economic situations and may make it more difficult to achieve improvements in people's entitlements related to work. It could also possibly lead to an increase in the proportion of the workforce in low-paid and informal jobs. The inflow of remittances from overseas workers has also been disrupted and this will have impacts on individual households and on economies (UNICEF, 2021).

Regional economic growth was predicted to reduce by over 7 per cent in 2020 (World Bank, 2020). The predicted economic crisis will also limit governments' abilities to finance improvements. At the same time the crisis is leading to a re-evaluation of many aspects of life. For example, the idea of flexible and home-based working has become more of a reality, at least for some workers in the formal sector, and these options could foreseeably remain permanently available to working parents. Although many of the longer-term repercussions of the crisis are as yet unclear, we endeavour to consider these issues throughout this paper.

1.6 Material gathered for this study

This project benefited from dialogue with, and inputs from, UNICEF staff and a range of other key professionals and stakeholders in the South Asia region; literature reviewing; analysis of secondary data; and the collection of case study materials through documentary reviewing and key informant interviews. The bulk of the research was conducted between April and December 2020. An external advisory group, formed by experts from the region, provided valuable ideas and feedback throughout the project including through several online meetings and the review of working papers.

1.7 Scope of the project

This report focuses on families (*see Box 1.1*) with at least one child below school age. This is 5 years old in Nepal, Pakistan and Sri Lanka; 6 years old in Bangladesh, Bhutan, India and the Maldives; and 7 years old in Afghanistan.[2] We adopt this definition because parents and other caregivers face a specific set of challenges during the pre-school period irrespective of the age of the child. However, future work on family-friendly policies should consider a broader age range as parents continue to face challenges balancing family and work responsibilities after their children have started school.

2 <https://data.worldbank.org/indicator/SE.PRM.AGES>.

Box 1.1: Definitions and key words

Child: In line with the United Nations Convention on the Rights of the Child, we consider any person under the age of 18 years old to be a child. This can include adolescents who are also parents.

Family: 'Family' is a complex concept. For the purposes of this report the term 'family' refers to any group of related people including at least one child below school age. This may incorporate one or more parents (not limited to biological parents), other caregivers and other family members across multiple generations living in one or more households. It includes on the one hand, a single parent with one child; and, on the other, multi-generational households. It can also refer to a situation where the parent themselves is also still a child (under 18 years old).

Parent/caregiver: We use this term throughout the report to refer to the person or people who have the primary caring responsibility for the child. This may be more than one person, is not necessarily a birth parent and may not be a relative. This term is not used in this report to refer to secondary caregivers, e.g., a nanny, a childminder or a relative who provides additional caring support from time to time but does not have primary caring responsibility. It is worth noting that the primary caregiver may change a number of times during childhood. For example, a birth parent may migrate for work and leave their child in the care of a grandparent who then becomes, at least temporarily, the primary caregiver.

Work: The International Labour Organization (ILO) defines work as "any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use."

Employment: We also adopt the ILO definition here. Persons in employment are defined as all those of working age who, during a short reference period, were engaged in any activity to produce goods or provide services for pay or profit.

Workplace: We take a broad view of the workplace to include not only the main location where work is undertaken but also the broader 'world of work' including for example, commuting to and from work, rest periods and work-related travel. This is in line with the ILO Convention 190 regarding violence and harassment at work. The workplace can be a location provided by an employer, but it can also be in a public space (e.g., street-based work) or in a private location (e.g., home-based work).

Social protection: A set of policies and actions which enhance the capacity of the poor and vulnerable to escape poverty and better manage risks and shocks. Social protection comprises both **social insurance** (or social security) and **social assistance**. Social insurance benefits depend on previous contributions (from employers, employees, or both) and protect beneficiaries against a diverse set of risks (such as old age, unemployment, sickness, maternity). Social assistance transfers, on the other hand, are non-contributory and often target the poorest individuals in a society.

South Asia: Includes eight countries – Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka.

2. WORKPLACE

Family-friendly policies in the workplace are key to ensuring that parents and other caregivers can reconcile work and family responsibilities and can therefore also contribute to child well-being (UNICEF, 2019). This chapter describes and analyses current family-friendly policies in South Asia, making comparisons with international standards and statistics in other regions.

2.1 Characteristics and trends in paid work in South Asia

Table 2.1 provides an overview of work-related statistics in South Asia and other world regions. South Asia has:

- A labour force participation rate of just over 50 per cent, the second lowest globally.
- Fewer than a quarter of women in the labour force, the third lowest rate.
- A majority of the workforce employed informally (88 per cent).
- A labour force underutilization rate of around 11 per cent, in the low- to mid-range.
- A youth not in employment, education or training (NEET) rate of over 30 per cent, the second highest.
- Relatively low levels of wage and salaried employment (29 per cent), the highest rate of own-account workers (56 per cent) and a relatively high level of contributing family workers (13 per cent).
- Rates of extreme and moderate working poverty of around 9 per cent and 30 per cent, respectively, the second highest combined rate of working poverty.

These statistics create a picture for South Asia of relatively low rates of paid work participation with high gender differentiation, low pay and high levels of informal employment.

Figures 2.1 to 2.4 show trends in these statistics over recent decades in South Asia:

- There has been a decline in labour force participation rates, of a roughly equal magnitude for females and males, since before the COVID-19 pandemic. The gender balance in the labour force has been relatively constant.
- Labour force underutilization and youth NEET rates were very similar in 2019 to those in 2005. There was some short-term decrease in NEET rates in the early 2010s.
- The rate of extreme working poverty decreased from 37 per cent to 9 per cent. Rates of moderate working poverty have also fallen. In total, working poverty rates have reduced from 73 per cent in 2000 to 39 per cent in 2019.
- Wage and salaried employment have increased from 21 per cent over the labour force in 2000 to 29 per cent in 2019. Meanwhile the proportion of contributing family workers has fallen from 19 per cent to 13 per cent. The proportion of own-account workers has also fallen a little.

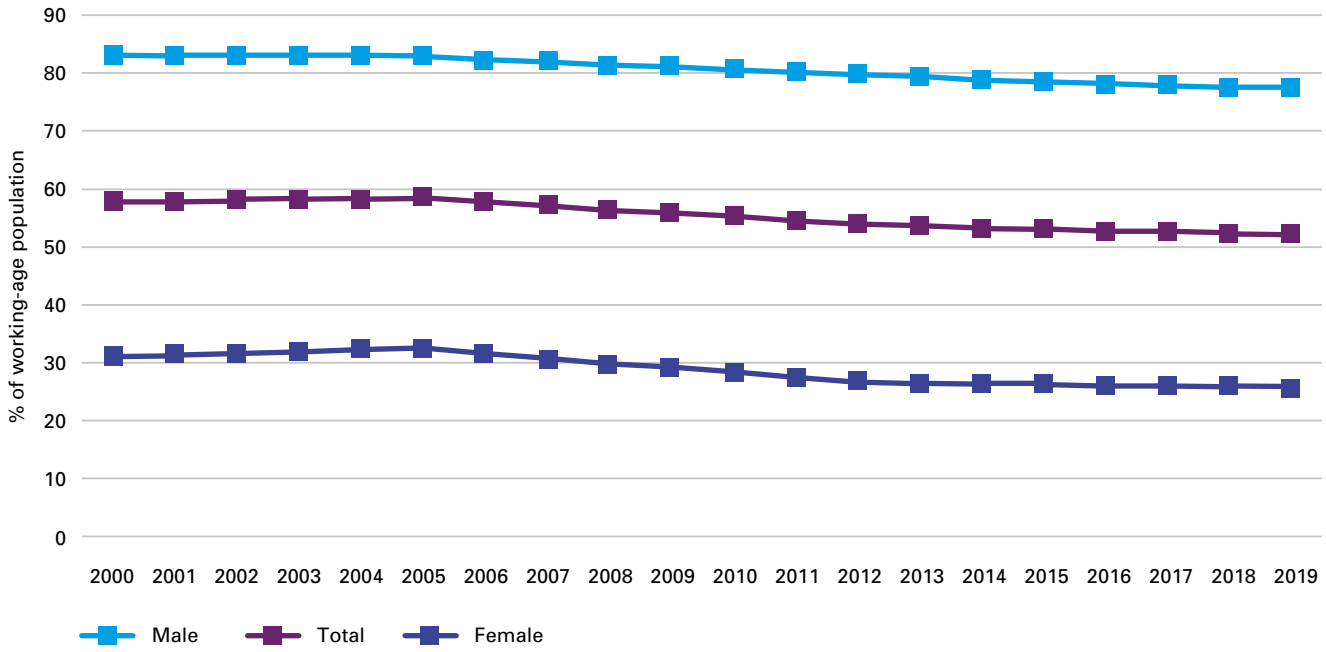
2.2 Working life in South Asia: Patterns and trends

Table 2.1: South Asia in context, 2019 (per cent)

	South Asia	South East Asia & Pacific	East Asia	Arab States	North Africa	Sub-Saharan Africa	Latin America & Caribbean	North America	North, Southern, Western Europe	Eastern Europe
Labour force participation rate, total	50.8	67.3	67.3	51.3	45.7	67.7	64.0	62.4	58.0	58.9
Labour force participation rate, female	23.2	56.2	59.6	18.0	22.1	62.8	52.0	56.6	52.1	51.6
Labour force participation rate, male	77.0	78.7	74.9	77.6	69.5	72.7	76.7	68.3	64.1	67.3
Labour underutilization (composite)	10.9	9.8	10.0	17.3	25.3	21.5	19.9	5.5	15.4	7.7
NEET rate, youth	30.5	18.2	16.7	34.2	26.9	19.0	21.6	13.7	10.5	14.2
Extreme working poverty rate	9.4	2.9	0.7	7.9	1.2	35.9	2.4	-	0.0	0.0
Moderate working poverty rate	29.5	11.6	4.6	7.5	8.3	25.4	4.3	-	0.0	0.1
Wage and salaried employment	28.9	51.6	56.4	82.3	62.5	23.5	62.5	92.8	85.1	88.2
Employers	2.3	3.1	1.6	3.4	7.0	2.3	4.4	2.6	4.1	1.9
Own-account workers	55.5	32.9	29.3	11.6	20.9	53.0	28.5	4.5	9.9	8.8
Contributing family workers	13.4	12.4	12.8	2.7	9.7	21.3	4.6	0.1	0.8	1.1

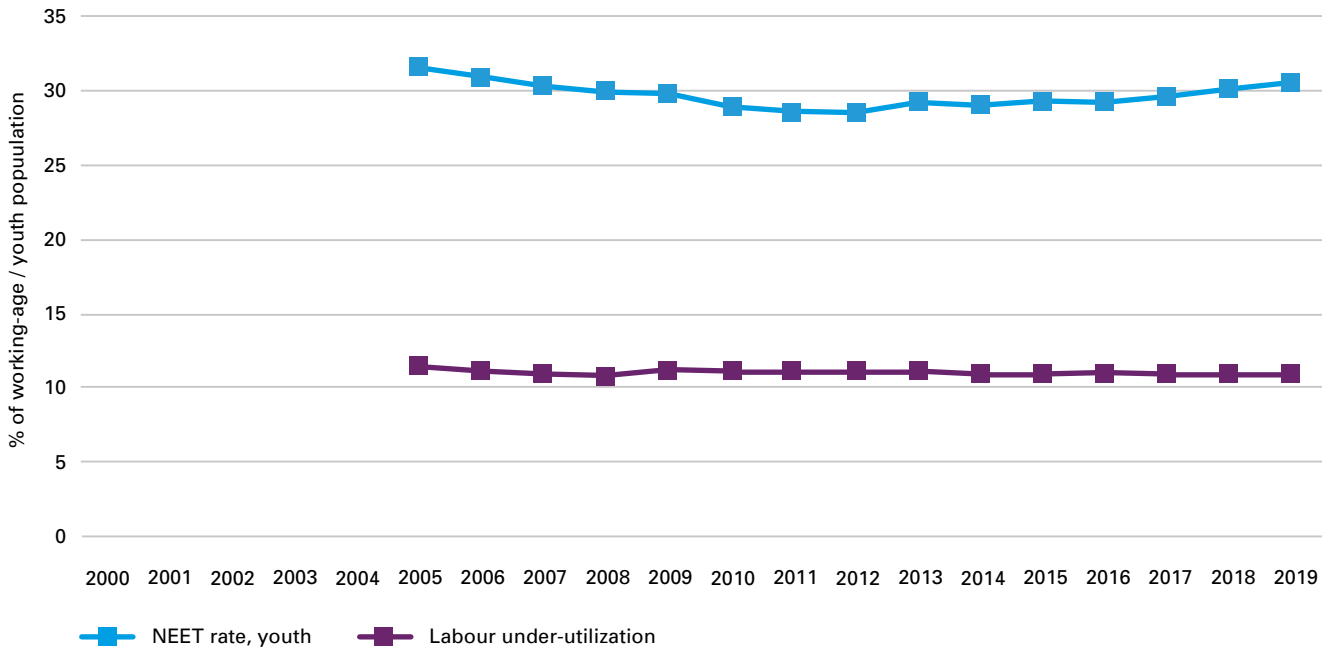
Source: International Labour Office, *World Employment and Social Outlook: Trends 2020*, International Labour Office, Geneva, 2020.

Figure 2.1: Trends in labour force participation in South Asia, by gender



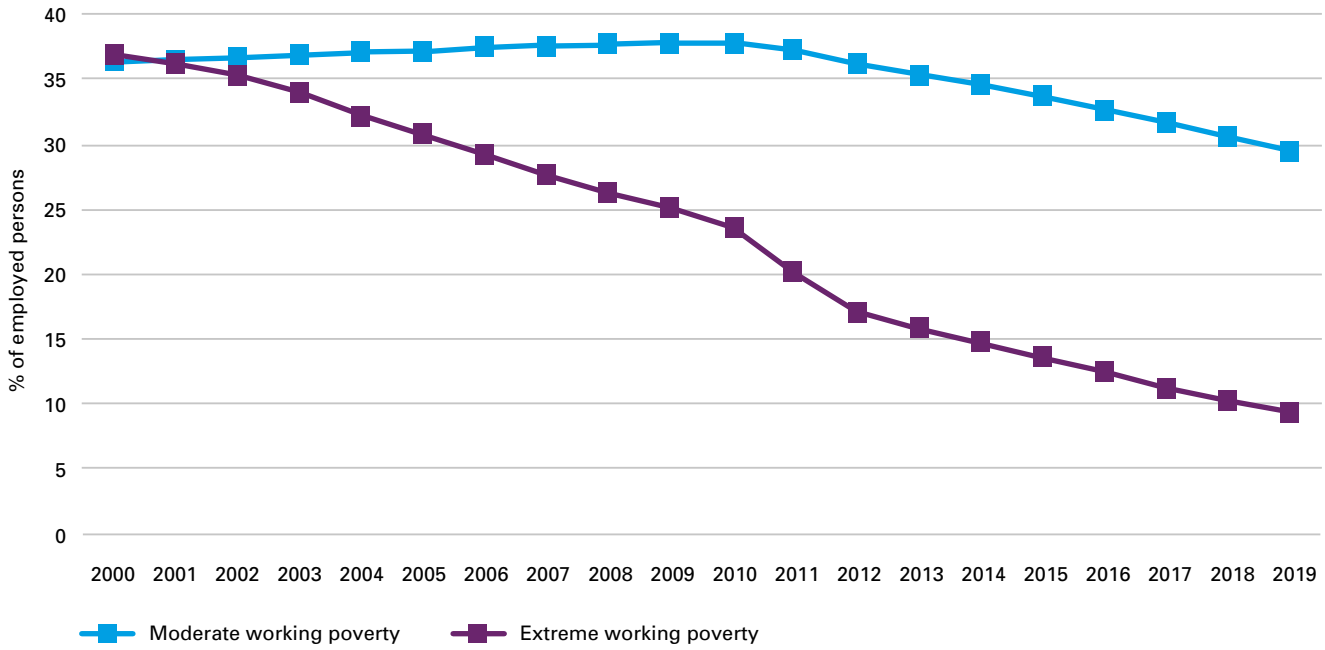
Source: International Labour Office, *World Employment and Social Outlook: Trends 2020*, International Labour Office, Geneva, 2020.

Figure 2.2: Trends in labour underutilization and youth NEET rates in South Asia



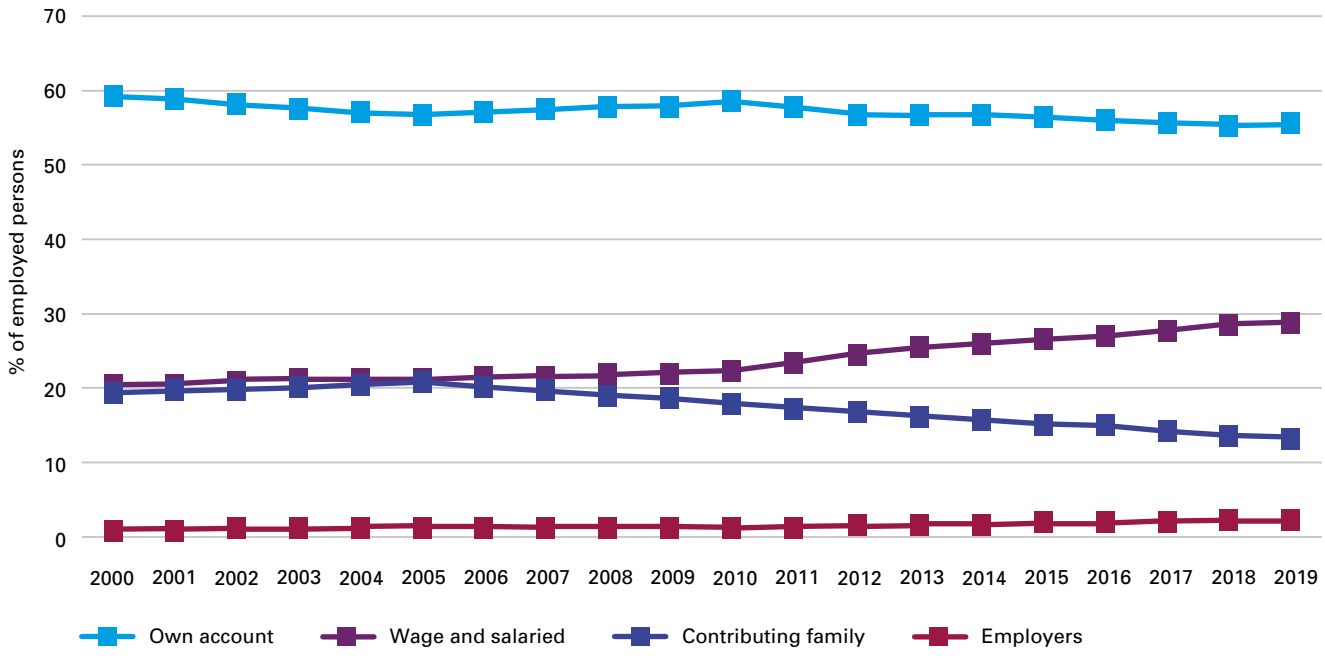
Source: International Labour Office, *World Employment and Social Outlook: Trends 2020*, International Labour Office, Geneva, 2020.

Figure 2.3: Trends in working poverty in South Asia



Source: International Labour Office, *World Employment and Social Outlook: Trends 2020*, International Labour Office, Geneva, 2020.

Figure 2.4: Trends in categories of work in South Asia



Source: International Labour Office, *World Employment and Social Outlook: Trends 2020*, International Labour Office, Geneva, 2020.

One of the key features emerging from these statistics is the relatively low level of female labour force participation (below 25 per cent). There is substantial diversity in these rates across the region (*see Table 2.2*). In 2020, rates varied from 20 per cent in India to 83 per cent in Nepal. Nepal and Bhutan had rates above the average for low-to-middle-income countries (LMICs), the Maldives was close to the average, and the other five countries in the region were substantially below the average.

There are also differences in trends. Female labour force participation in the Maldives more than doubled between 1990 and 2005, although it appears to have been fairly stable since. There have been smaller increases over the past three decades in Afghanistan, Bangladesh and Pakistan. Rates have remained steady in Bhutan and Nepal. Meanwhile the rates have reduced by around 10 percentage points in India and Sri Lanka. Due to its population size, the rate in India is a key driver of the regional average.

Underlying norms relating to care work act as a barrier for women to do paid work. In South Asia there is still stigma attached to women working outside homes, and it is not uncommon that the most educated women stop working after getting married and having children. As opposed to other regions, many educated women in South Asia do not work (Najeeb et al., 2020) – which can be explained by the lack of social protection/ family-friendly policies (FFP) and quality of childcare infrastructure, but also by entrenched gender norms.

Table 2.2: Female labour force participation in South Asia, 1990–2019 (per cent)

Countries	1990	1995	2000	2005	2010	2015	2019
Afghanistan	15	15	15	16	15	19	22
Bangladesh	25	26	27	28	30	32	36
Bhutan	61	60	62	65	64	58	59
India	30	31	30	32	26	22	21
Maldives	20	28	37	37	40	45	42
Nepal	81	82	81	80	79	80	82
Pakistan	14	13	16	18	22	24	22
Sri Lanka	46	36	37	37	34	36	34
South Asia	29	29	30	31	27	24	24
LMICs	52	51	51	50	48	47	46

Source: Labor force participation rate, female (% of female population ages 15+) (modeled ILO estimate). Accessed on 21st June 2021 at: https://data.worldbank.org/indicator/SL.TLF.CACT.FE.ZS

There are substantial gender differences in NEET rates in the South Asia region, with 53 per cent of young women aged 15 to 24 being NEET compared to 6 per cent of young men.[3]

3 <www.ilo.org/global/about-the-ilo/multimedia/maps-and-charts/enhanced/WCMS_598674/lang--en/index.htm>.

The workforce in South Asia is predominantly employed informally (88 per cent) (see Box 2.1 for definitions of formal and informal employment). Rates of informal employment are a little higher for women (91 per cent) than men (87 per cent). Within this picture there are substantial gender differences in types of informal employment (*see Table 2.3*). In particular, 68 per cent of men are own-account workers compared to 45 per cent of women, while 38 per cent of women are contributing family workers compared to 10 per cent of men.

Table 2.3: Distribution of total, informal and formal employment by status in employment and gender (per cent)

	Employees			Employers			Own-account workers			Contributing family workers		
	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men
Total employment	26	21	28	1	0	2	58	45	62	15	34	9
Informal employment	20	17	21	1	0	1	62	45	68	17	38	10
Formal employment	71	70	72	1	0	2	28	30	26			

Source: Bonnet, Florence, Vanek, Joann, and Chen, Martha, Women and Men in the Informal Economy – A Statistical Brief, Women in Informal Employment: Globalizing and Organizing (WIEGO), Manchester, 2019.

There are substantial gender pay gaps in the region – ranging from 29 per cent in the Maldives to 41 per cent in Nepal (data not available for Afghanistan, Bhutan and Bangladesh) (UN Women, 2015).

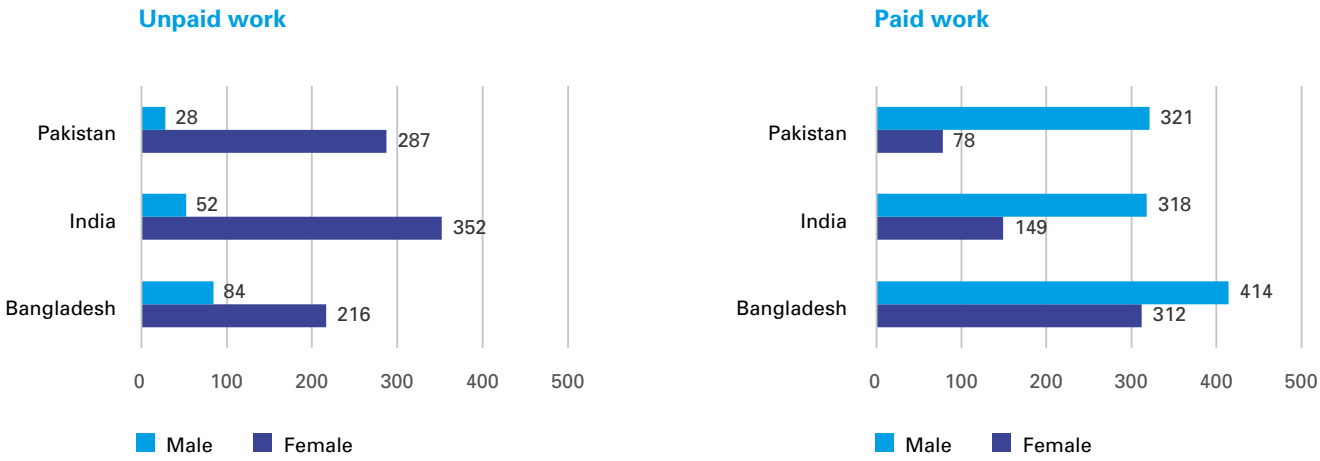
Box 2.1: Formal and informal employment

- Formal employment: Employment that is government regulated, such that workers are insured a wage and certain rights.
- Informal employment: Working arrangements are not formalized and therefore not subject (either in law or practice) to taxation, social security (e.g., old age pension) or employment benefits (including sick leave, maternity protection, etc.).

There are also differences in the locations and sectors of employment that women and men work in. For example, among six groups of non-agricultural informal workers in India – home-based, domestic, street vendor/market trader, waste picker, informal construction, and informal transport – women are most commonly home-based while men are most commonly in informal construction work. In fact, almost three quarters of the 28 million female workers in these groups are either home-based or domestic workers. This compares to less than one quarter of men, although there are numerically more male (24.7 million) than female (17.2 million) home-based workers. Specific issues for workers in different categories of informal work will be discussed later in the chapter.

The picture of low female labour force participation in the region is reflected in gender disparities in time spent in paid and unpaid work (*see Figure 2.5*). In Pakistan, for instance, women spend almost six hours per day, on average, on unpaid care and domestic work, and less than two hours on paid work, while men spend less than half an hour per day on unpaid work and more than five hours on paid work. These gender-based patterns of engagement in paid and unpaid work are also evident in India and Bangladesh. In all three countries, women spend more time on the combination of paid and unpaid work than men.

Figure 2.5: Time spent on unpaid care and domestic work and on paid work (minutes per day)



Source: UN Women, *Progress of the World's Women 2015–2016: Transforming Economies, Realizing Rights. Annex Tables*, United Nations Entity for Gender Equality and the Empowerment of Women, New York, 2015. <https://bit.ly/2TxnYo1>.
Note: This information is based on time use surveys, which can measure paid and unpaid work differently in different countries, so caution should be taken in comparing countries.

A study which included time use data for India and Nepal indicated that time spent by women on direct and indirect childcare in Nepal was comparable to that in India (Chopra et al., 2020). A study in Bhutan similarly showed patterns of women being much more engaged in household and care work, while men were more engaged in formal work (National Commission for Women and Children, 2019).

In summary, although there are differences between countries, work in South Asia is generally shaped by high levels of informality; and by substantial gender differences in the nature of work carried out, in engagement in the labour force, and in time spent on paid and unpaid work. These characteristics, in turn, are all highly relevant to the consideration of family-friendly workplace policies in the region.

The COVID-19 situation has introduced a new dynamic into this picture. The World Bank (2020) report that, as a result of the pandemic and its repercussions, there is severely reduced employment and incomes in the South Asia region, and that the informal sector has been hit particularly hard. At the same time there is evidence of high rates of transition from formal employment to informal employment.

2.3 Rights and standards

Several international declarations and conventions set out the rights that should be expected by all workers.

Article 23 of the Universal Declaration of Human Rights states that:

1. ''Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.
2. Everyone, without any discrimination, has the right to equal pay for equal work.
3. Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.
4. Everyone has the right to form and to join trade unions for the protection of his interests.''

Two other conventions make specific references to women's work-related rights. Article 10.2 of the International Covenant on Economic, Social and Cultural Rights, 1966 requires ''Special protection should be accorded to mothers during a reasonable period before and after childbirth. During such period working mothers should be accorded paid leave or leave with adequate social security benefits.'' Article 11 of the Convention on the Elimination of All Forms of Discrimination against Women requires States Parties to eliminate discrimination against women, including on the grounds of marriage or maternity, in the field of employment.

The ILO conventions have highlighted key requirements[4] in terms of workplace policies that are fundamental to ensure work-family balance:

1. Maternity protection measures, including:
   - paid maternity leave,
   - facilities and support for breastfeeding,
   - maternal and child health care,
   - health protection at the workplace for pregnant and nursing workers,
   - employment protection and non-discrimination.

4 ILO also highlight childcare and social protection which are covered in other chapters.

2. Parental leave (other than paid maternity leave), including:
   - paid paternity leave,
   - ongoing leave entitlements after the initial maternity/paternity leave periods.

3. Working arrangements, including:
   - controls on working time,
   - opportunities for flexible working,
   - options for part-time work.

4. Support for workers with family responsibilities to become and remain integrated, or to re-enter the labour force after an absence due to caregiving, including:
   - vocational training facilities,
   - counselling,
   - employment guarantee schemes and public works,
   - information and placement services.

The next section on work-based policies will consider the first three of these categories. The fourth will be discussed in the subsequent section on barriers to work.

2.4 Work-based policies

2.4.1 Maternity protections

Maternity protections were one of the earliest measures introduced by the ILO through the Maternity Protection Convention 1919 (No. 3). Maternity Protection Convention 2000 (No. 183) standards include 14 weeks of paid maternity leave with payments of at least two thirds of the salary, and countries are recommended to provide at least 18 weeks (ILO Recommendation 191) with payments equivalent to the beneficiaries' salaries. Convention 183 also stipulates international standards with regard to breastfeeding rooms and breastfeeding breaks. For instance, article 10 mentions women have the right to one or several breaks per day, or to a daily reduction of their working time to breastfeed. However, the modalities in daily reductions of worktime need to be stipulated by national legislation and practices.

Table 2.4 shows maternity leave policies' characteristics and access for each of the eight South Asian countries. All countries have adopted national legislation to offer paid leave to mothers of newborns. However, only India and Bangladesh comply with the ILO standard of 14 weeks, only India follows the ILO recommendation of 18 weeks (*see also Figure 2.6*), and none of the countries have ratified them. Some countries have more generous provisions for workers in the public sector or in certain industries. In Bangladesh, female staff working in the banking industry and in the public sector receive 24 weeks of maternity leave. In Bhutan, civil servants are entitled to six months of

paid maternity leave, whereas employees of Druk Holding and Investment companies (Government-owned holding companies) receive between three and six months of leave. Given that maternity leave policies often exclude women working in the informal, as well as the domestic and agricultural sectors, which are prevalent in the region, the percentage of women covered by law is small. In all countries, except for Sri Lanka, where coverage is higher, only 10 to 32 per cent of women are covered by maternity leave policies. In practice, due to the fact that legal provisions are not always adequately implemented and enforced (ILO, 2017), coverage is lower, with less than 10 per cent of women actually receiving maternity benefits (33 to 65 per cent in the case of Sri Lanka).

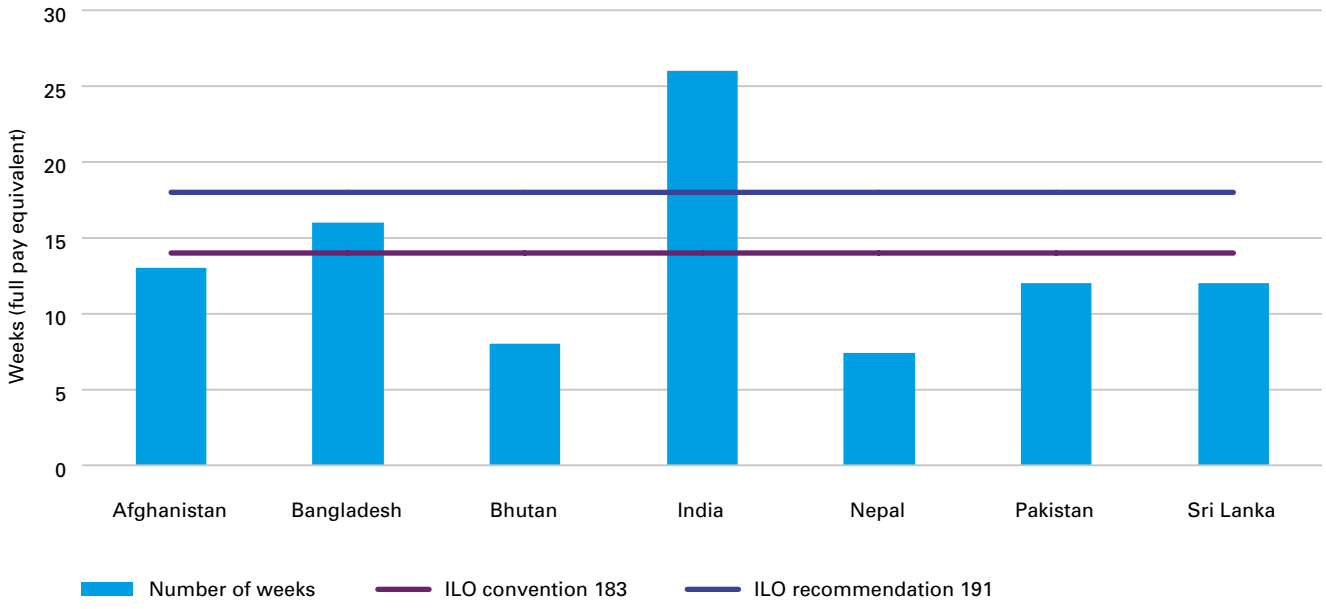
Legal provisions during pregnancy are also relevant. For example, in Afghanistan there are reduced lengths of working time and types of work during pregnancy. Article 123 of the Afghanistan Labor Code 1999 states that: "During the period of pregnancy and on the basis of a doctor's certificate, women shall be assigned to lighter work, while receiving the Wage and other rights applicable to their main jobs."

Table 2.4: Maternity leave, duration, coverage and legislation

Countries	Duration	Coverage in law, paid maternity leave	Coverage in practice, paid maternity leave	Amount of benefits (% of previous earnings)	Source of maternity benefit	Legal basis
Afghanistan	13 weeks	10–32%	-	100	Employer liability	Labor Law
Bangladesh	16 weeks	10–32%	-	100	Employer liability	Labor Act
Bhutan	8 weeks	-	-	100	Employer liability	Regulations on Working Conditions 2012
India	26 weeks	10–32%	0–9%	100	Social security	Maternity Benefit Act
Maldives	60 days		-	-	-	Employment Act
Nepal	7.4 weeks	10–32%	0–9%	100	Social security	Labor Act 2017
Pakistan	12 weeks (some provinces more)	10–32%	0–9%	100	Employer liability	Several Acts depending on province
Sri Lanka	12 weeks	33–65%	10–32%	6/7th or 100 depending on the sector	Employer liability	Shop and Office Employees Act; Establishments Code; Maternity Benefits Ordinance

Source: ILO (2017); World Bank (2020); ISSA (2019).
Note: There is missing information from Bhutan and the Maldives given that the Maldives is not covered in ILO or in ISSA (2019), whereas Bhutan is not covered in ILO reports.

Figure 2.6: Length of maternity leave



Source: Authors' elaboration based on ILO (2017).

Breastfeeding has beneficial impacts on a child's health, reducing infant mortality, incidence and severity of illnesses and contributing to cognitive development. It can also be beneficial for the mother by reducing the risk of cancer and spacing out births (Victora et al., 2015; Victora et al., 2016). UNICEF and the World Health Organization (WHO) recommend six months of exclusive breastfeeding followed by continued breastfeeding until the child is at least 2 years old. Family-friendly policies in the workplace are key to enabling women to breastfeed their babies.

In all countries, except for Bangladesh and Pakistan, mothers are guaranteed breastfeeding breaks by law (*see Table 2.5*). Afghanistan and Nepal do not specify a limit on the age of the child for when mothers can take breaks to breastfeed, while for the other countries the age limit ranges from 2.9 months in Bhutan to 12 months in the Maldives and Sri Lanka, and 15 months in India. Five countries – Afghanistan, India, the Maldives, Nepal, and Sri Lanka – guarantee paid breaks to women to breastfeed their children, through either paid maternity leave or breastfeeding breaks. Legislation is sometimes associated with higher breastfeeding rates, but not always: while Sri Lanka has the highest rates of exclusive breastfeeding and Pakistan the lowest, Bangladesh has relatively high rates of exclusive breastfeeding, even though women are not ensured this right by law. Again, this may be explained by the fact that these policies usually only cover women in the formal sector, but also by the fact that breastfeeding practices depend on many factors, including cultural attitudes, whether women take their babies to work, etc.

Table 2.5: Breastfeeding policies and practices

Countries	Are mothers of infants guaranteed paid breastfeeding breaks at work?	Are working mothers guaranteed paid options to facilitate breastfeeding for at least 6 months?	Exclusive breastfeeding in infants <6 months (%)
Afghanistan	New mothers are guaranteed breastfeeding breaks with no explicit limit on the age of the child	Either paid maternity leave or paid breastfeeding breaks guaranteed	57.5
Bangladesh	No guaranteed breastfeeding breaks at work	No paid maternity leave and no paid breastfeeding breaks guaranteed	65
Bhutan	New mothers are guaranteed breastfeeding breaks until the child is 2.9 months old	No paid maternity leave and no paid breastfeeding breaks guaranteed	51.4
India	New mothers are guaranteed breastfeeding breaks until the child is 15 months old	Either paid maternity leave or paid breastfeeding breaks guaranteed	58
Maldives	New mothers are guaranteed breastfeeding breaks until the child is 12 months old	Either paid maternity leave or paid breastfeeding breaks guaranteed	63
Nepal	New mothers are guaranteed breastfeeding breaks with no explicit limit on the age of the child	Either paid maternity leave or paid breastfeeding breaks guaranteed	65.2
Pakistan	No guaranteed breastfeeding breaks at work	No paid maternity leave and no paid breastfeeding breaks guaranteed	47.5
Sri Lanka	New mothers are guaranteed breastfeeding breaks until the child is 12 months old	Either paid maternity leave or paid breastfeeding breaks guaranteed	82

Source: World Policy Center (2014). https://www.worldpolicycenter.org/topics/gender/policies
United Nations Children's Fund, Division of Data, Analysis, Planning and Monitoring (2020). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2020.
International Labour Organization (2014), *Maternity and Paternity at Work. Law and Practice Across the World.* Geneva: ILO.

How parental leave programmes are financed is important, as they can have an impact on incentives when hiring certain types of workers. Only India and Nepal have maternity leave programmes financed though social security contributions, meaning that contributions are shared by employees and employers and administered by the Government, while the rest have an employer liability system, which puts the burden on the employers and can disincentivize the hiring of female workers. This also means self-employed workers are likely to be excluded from maternity and other family-friendly benefits.

In terms of employment protections, only four of the eight countries in the region – India, Bangladesh, Pakistan, and the Maldives – have laws protecting the job of mothers throughout paid maternity leave (*see Table 2.8*).

2.4.2 Paternity and parental leave

The ILO argues that an exclusive focus on maternity protections in the absence of broader work-related family-friendly policies, including parental leave for women and men, risks reinforcing existing gender inequalities (ILO, 2014).

Table 2.6 shows whether countries in South Asia have adopted paternity leave policies, as well as whether working women and men are guaranteed leave for their children's everyday health needs. Only Bhutan and the Maldives have paid leave for both parents, whereas only Bhutan, Bangladesh and Nepal have adopted paternity leave legislation, assuring leave for 5, 10 and 15 days, respectively.

Table 2.6: Paternity leave and leave for health needs of children

Countries	Paternity leave	Are working women and men guaranteed leave specifically for their children's everyday health needs?
Afghanistan	Yes, 10 days	No
Bangladesh	No	No
Bhutan	Yes, 5 days	Yes, paid leave for both parents
India	No	No
Maldives	Yes, 3 days	Yes, paid leave for both parents
Nepal	Yes, 15 days	No
Pakistan	No	No
Sri Lanka	No	No

Source: International Labour Organization (2014), *Maternity and Paternity at Work. Law and Practice Across the World*. Geneva: ILO.
World Bank (2020). Women, Business, and the Law, https://wbl.worldbank.org/en/wbl.
ISSA. s. f. (2019). *"Social Security Country Profiles"*, International Social Security Association, Geneva, accessed May 2021.

2.4.3 Working arrangements

The ILO defines family-friendly time as one of the five dimensions of decent working time (ILO, 2019). Policies relating to working time can include overtime work, shift work, part-time work arrangements including job sharing, staggered hours, compressed working weeks, hours averaging schemes, flexi-time arrangements and work sharing, and teleworking. All of these policies could potentially make the workplace more family-friendly and enable workers to more effectively balance their paid work and family commitments.

These types of workplace policies have emerged as important in response to the COVID-19 pandemic. Many workplaces have closed but certain types of employment are adaptable to home working. The closures of schools and childcare facilities in many countries, together with restrictions on movements and family gatherings, have meant that parents' usual childcare options are not available. This has meant that many parents who usually work outside the home have been forced into a position of working from home and caring for children at the same time. Given the existing gender imbalances in time spent in unpaid work, it seems inevitable that this burden will fall disproportionately on women.

The possibilities of teleworking and other flexible working policies are, however, dependent on the type of work. While there is a growing information technology industry in parts of South Asia, in general the nature of paid work in the region is not adaptable to teleworking strategies, with the exception of relatively high-paid workers. For example, the World Bank (2020) estimates that in India fewer than 10 per cent of workers below the 70th percentile of the earning distribution can telework. The actual figure is likely to be lower than this given limited access to digital technologies at home.

2.5 Barriers to paid work

In addition to policies that may be more or less helpful to working parents and other workers with caring responsibilities for children, a number of other factors may also create barriers to entry into the paid workforce, barriers to mobility within the workforce, or make it more likely that people will leave the workforce. One of these factors, in all regions of the world, is cultural attitudes, including ideas about gender-based roles in relation to caring and earning.

2.5.1 Gender-based barriers

To a varying degree across the region there are restrictions on opportunities to do certain types of work and protections on fair pay for work. Gender-based restrictions of this kind are relevant to family-friendly workplace policies in that they may represent another barrier to entry into the workforce for women. Table 2.7 summarizes legislation on gender differentials in pay and types of work across the region. There are gender-based equal pay protections for equal work in three of the eight countries. In five countries there are restrictions on the types of industries in which women can work. In four countries there are restrictions on night working for women which may also limit women's job opportunities and abilities to balance work and family responsibilities. This set of restrictions is probably one of the explanations for the gender differences in engagement in paid and unpaid work in the region.

Table 2.7: Pay and equal opportunities

Countries	Does the law mandate equal remuneration for work of equal value?	Are women able to work in the same industries as men?	Can women work the same night hours as men?
Afghanistan	Yes	No	No
Bangladesh	No	No	Yes
Bhutan	Yes	Yes	Yes
India	No	No	No
Maldives	No	Yes	Yes
Nepal	Yes	Yes	Yes
Pakistan	No	No	No
Sri Lanka	No	No	No

Source: World Bank, *Measuring Laws and Regulations Affecting Occupational Segregation and the Gender Wage Gap*, Women, Business and the Law, 2020, <https://wbl.worldbank.org/en/data/exploretopics/wbl_gpd>, accessed November 2020. Data for Afghanistan have been updated with inputs from UNICEF Afghanistan Country Office.

Table 2.8 summarizes the legal protections that exist in the countries of the region in terms of discrimination and sexual harassment at work. The ILO Convention 190 recognizes the right of everyone to a world free from violence and harassment, including gender-based violence. Only five of the eight countries have legislation that prohibits discrimination in employment based on gender. On the other hand, there is legislation against sexual harassment at work in all countries and criminal penalties for this kind of offence in seven countries. Nevertheless, as in all parts of the world, sexual harassment in the workplace is a major issue. Large-scale statistical studies of this issue in the region are scarce, but a national survey of women in Bangladesh (Bangladesh Bureau of Statistics, 2016) indicated that 33 per cent felt that sexual violence was likely to occur in the workplace. Further, 25 per cent and 22 per cent felt that emotional and physical violence, respectively, were likely to happen at work.

Issues of harassment and gender-based violence extend beyond a narrow definition of the workplace. Barriers to working may also exist, particularly for women, in relation to issues of safety on transport to and from work, particularly when using public transport. Studies in specific cities and areas have indicated high rates of sexual harassment of women in public spaces including on public transport. A study in Sri Lanka found that 90 per cent have been subject to sexual harassment on buses and trains (United Nations Population Fund, 2017). A study in Lahore (Women Development Department – Punjab, United Nations Women – Pakistan and the Aurat Foundation, 2018) found that 82 per cent of women commuters had faced harassment at bus stops and a similar percentage felt unsafe; while about 90 per cent of respondents travelling on metro and buses had experienced sexual harassment. A study in Nepal described sexual harassment of women on public transport ‘ubiquitous’ (Neupane and Chesney-Lind, 2014).

Table 2.8: Workplace discrimination of women

Countries	Is dismissal of pregnant workers prohibited?	Does the law prohibit discrimination in employment based on gender?	Is there legislation on sexual harassment in employment?	Are there criminal penalties or civil remedies for sexual harassment in employment?
Afghanistan	Yes	Yes	Yes -Regulation on Prohibition of Women Harassment -Law on Elimination of Violence against Women	Yes *Criminal and Civil:* Law on Elimination of Violence against Women; Regulation on Prohibition of Women Harassment
Bangladesh	No	No	Yes Supreme Court of Bangladesh, Petition No. 5916 of 2008	No
Bhutan	Yes Labor and Employment Act 2007	Yes Labor and Employment Act 2007	Yes Labor and Employment Act, 2007	Yes *Criminal:* Labor and Employment Act of Bhutan, 2007
India	Yes Maternity Benefit Act	Yes Maharashtra Shops and Establishments (Regulation of Employment and Conditions of Service) Act, 2017	Yes The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013	Yes *Criminal and civil:* The Sexual Harassment of Women at Workplace Act, 2013
Maldives	Yes Employment Act	Yes Employment Act	Yes Sexual Harassment and Abuse Prevention Act (16/2014)	Yes *Civil:* Sexual Harassment and Abuse Prevention Act (16/2014)
Nepal	No	Yes Labour Act 2017	Yes Workplace Sexual Harassment (Prevention) Act, 2071	Yes *Criminal and civil:* Workplace Sexual Harassment (Prevention) Act, 2071
Sri Lanka	Yes Shop and Office Employees Act	No	Yes Penal Code, Sec 345	Yes *Criminal:* Penal Code, Sec. 345 *Civil:* Penal Code, Sec. 345
Pakistan	No	No	Yes The Protection Against Harassment of Women at the Workplace Act 2010; Pakistan Penal Code, Sec. 509(ii)	Yes *Criminal:* Pakistan Penal Code, Sec. 509(ii) *Civil:* The Protection Against Harassment of Women at Workplace Act 2010, Secs. 4(4)(ii)(e), 4(8) and 11(3)

Source: World Bank, *Measuring Laws and Regulations Affecting Occupational Segregation and the Gender Wage Gap*, Women, Business and the Law, 2020, <https://wbl.worldbank.org/en/data/exploretopics/wbl_sj>, accessed November 2020.
Data for Afghanistan have been updated with inputs from UNICEF Afghanistan Country Office.

2.5.2 Education, training and related support

Education, training and support are relevant to family-friendly workplace policies in three ways. First, as noted by the ILO, parents who have left the workforce to care for children for a period of time may require support to re-enter paid work. Second, younger parents, particularly women, may have experienced disruptions to their education due to pregnancy and childcare responsibilities. Moreover, school completion by girls may be compromised by the fact that they are often expected to take more caring and household responsibilities, as compared to boys (Singh and Mukherjee, 2015). A lack of qualifications and skills may act as a barrier to them entering the workforce at a later point. Third, even after gaining work, gaps in qualifications can act as a barrier to gaining more secure work – for example, moving from informal to formal employment. The persistently high NEET rates for young people in the region are notable in this respect (*see Figure 2.2*).

2.6 Workplace benefits for informal workers

Around eight in every nine workers in the region is in informal employment. Most of these workers do not have access to social protection at all (including family-friendly benefits) or are only partially protected. This is not surprising considering the term 'informal employment' is defined in terms of employment relations and protections, whereas working arrangements are not formalized and therefore not subject (either in law or practice) to taxation, social security (e.g., old age pension) or employment benefits (including sick leave, maternity protection, etc.) (ILO, 2019). Given this lack of protection, informal workers are more likely to work in unhealthy conditions, receive lower and more volatile salaries and lack bargaining power to claim basic rights. The effects of informal employment are also highly heterogeneous, with those in temporary or casual labour or subsistence self-employment (like home-based workers or contributing family members) facing high levels of poverty (ILO, 2019; Bonnet et al., 2019). Moreover, a more detailed look at the nature of informal employment reveals substantial differences by gender, with women being more concentrated in home-based and domestic work settings (*see Boxes 2.2 and 2.3 for further discussion*).

Consequently, in past decades, governments and organizations around the world, such as non-governmental, civil society or international organizations have implemented a series of initiatives to extend coverage of social security benefits to informal workers. There are different approaches to this depending on the context and types of employment. In India, under the Ayushman Bharat Yojana programme (previously Rashtriya Swathya Bima Yojana), the Government fully subsidises contributions to health insurance for many types of informal workers and their families, including domestic workers, construction workers, street vendors, rural workers, beedi workers, and rag pickers (Jain, 2012; ILO, 2019). Women who are registered as main beneficiaries can receive maternity benefits; organizations, however, are advocating and working towards extending this right to all female beneficiaries.

Another common approach in the region, especially in India, is the establishment of *workers' welfare boards*. These boards ensure some minimum level of protection for informal workers by financing workers' benefits with a percentage of benefits from projects. The funds collected are used to cover workers for employment injury, access to health care, pensions, as well as payment of maternity benefits for women. This model has mainly been applied to the construction sector, but there are efforts to expand it to other sectors or types of employment, such as home-based workers (Sinha, 2013; ILO, 2019). Box 2.4 summarizes some successful alternative initiatives from other regions that extend benefits to informal workers.

Box 2.2: Home-based workers

Home-based workers ''are workers who produce goods and/or provide services for the market in their own home or in a structure attached to their own home'' (HSNA, HNSEA, WIEGO 2021, p. 2). Globally, an estimated 260 million workers are home-based, representing 8 per cent of the global workforce. Homeworkers are a subset of home-based workers and are classified as dependent workers. A big share of homeworkers produces goods for global supply chains as sub-contracted piece-rate workers.

In South Asia, homeworkers are likely to face invisibility, isolation, vulnerability, vague employment status and precarious socioeconomic status. In South Asia, a higher percentage of working women outside agriculture are homeworkers compared to men. One of the main reasons why a big share of women work in their homes are gender norms, which limit women's mobility outside of the home, and assign disproportionate responsibility for unpaid care work to women.

This does not mean, however, that women represent the majority of home-based workers in every country. Given the low female labour force participation, men outweigh women in almost every sector. In Bangladesh, more than 60 per cent of home-based workers are men, according to data from 2009–2010. In Nepal, the share of women in home-based work was approximately half of that in 2008. In India, based on the Periodic Labour Force Survey 2017–2018, there are 17.19 million female home-based workers (representing 16.4 of total female employment) and 24.66 million men (accounting for 6.9 per cent of total male employment). In Pakistan, home-based work represents 28 per cent of women's total employment, while for working men the share of home-based work is only 2 per cent. Women in Pakistan also account for 94 per cent of piece-rate workers.

Source:
Raveendran, Govindan, *Home-Based Workers in India: A Statistical Profile*, Statistical Brief No 23, 2020
Akhtar, Sajjad, *Home-Based Workers in Pakistan, A Statistical Profile*, Statistical Brief No 26, 2020.
HSNA, HNSEA, WIEGO (2021). Homeworkers in Global Supply Chains. A Platform of Demands to the European Commission in the context of the proposed legislation governing Sustainable Corporate Governance in Global Supply Chains. HomeNet South Asia (HNSA), HomeNet South East Asia (HNSEA), Women in Informal Employment: Globalizing and Organizing (WIEGO).
Harvey, Jenna, *Homeworkers in Global Supply Chains: A Review of Literature*. WIEGO Resource Document No. 11, WIEGO, Manchester, 2019.

Box 2.3: Domestic workers in Bangladesh and Nepal

Reliable data on the number of domestic workers are not available, as a big majority of domestic workers have no written contract. Most are employed by multiple employers while others, many of them adolescent girls, live in the home of a single employer. Domestic workers are exposed to a wide range of risks, including sexual abuse and violence.

Laws
In Bangladesh, domestic workers are not protected by labour law. The Bangladesh Labour Act, 2006, explicitly excludes domestic workers, which also means exclusion from maternity leave entitlements. The Domestic Workers Protection Policy 2015 makes provision for 16 weeks of paid maternity leave. However, this policy is not legally binding and domestic workers have little income security or protection from risks.

In Nepal, minimum wage does not apply to live-in domestic workers. The Social Security Act 2017 is focused on the formal sector: though the Act has a clause to develop a social security system for informal workers, there has been limited progress. Domestic workers are, therefore, not effectively covered under the labour inspection system or the social security system.

Access to maternity benefits and childcare
In Bangladesh, most workers do not have access to paid maternity leave, with some workers being given maternity leave without pay. Workers were heavily reliant on family members to provide childcare, and women with young children usually drop out of the labour market until one child is able to take care of the younger siblings.

In Nepal, most workers stop working once they become pregnant and find it difficult to return to work after childbirth. Although the law (The Social Security Act 2017) provides domestic workers with paid maternity leave from employers regardless of the number of days worked, part-time workers are frequently excluded given the difficulties in allocating liability for maternity leave pay to a specific employer.

Impacts of COVID-19
The COVID-19 pandemic has significantly worsened the lives of domestic workers in South Asia. Many have lost their jobs and now find it difficult to pay rent or buy food. Returning to work has also become difficult due to the closure of borders and less availability of public transport. A large number have had to return to their home villages, as they face eviction by landlords.

Source:
WIEGO, IDWF, National Domestic Workers Union, *The Costs of Insecurity: Domestic Workers' Access to Social Protection and Services in Dhaka, Bangladesh,* WIEGO Policy Brief No 19, 2020.
Moussié, Rachel, *Domestic Workers, Risk and Social Protection in Nepal.* WIEGO Policy Brief No 20, 2020.

Box 2.4: Extending benefits to informal workers: examples from other regions

Maternity insurance to domestic workers in South Africa: In 2003, domestic workers were granted maternity and unemployment benefits through the Unemployment Insurance Amendment Act. Employers and domestic workers each contribute one per cent of the monthly salary into a fund. The implementation of the law was accompanied by the provision of financial and human resources to train and employ additional labour inspectors to strengthen control mechanisms. By April 2009, 579,000 employers had registered their workers.

Self-employed micro-entrepreneurs in Brazil: Micro-entrepreneurs, defined as self-employed persons who have no more than one employee and earn up to a maximum annual income threshold, are provided with access to a basic pension, disability and survivor benefits and health and maternity protection. A new law simplified registration and payment by combining tax payments and social security contributions for the entrepreneur into one flat payment but, in addition, rates charged to micro-entrepreneurs are lower than to other small enterprises. This regime also facilitated the formalization of workers: 10.6 million workers (one quarter of all employees in Brazil) were registered under this regime in 2017.

Establishing contribution categories for the self-employed in Tunisia: In Tunisia, the self-employed are grouped into 10 income brackets based on their occupational group and the size of the firm or farm. The contribution rates are based on the average incomes for each occupation. Benefits provided are the same as for employed workers and include old age, disability, survivorship, illness and maternity benefits.

Achieving quasi-universal coverage of child benefits in Argentina: Contributory and non-contributory schemes reached a total of 11.35 million children (87 per cent of the total child population) in 2016. The non-contributory scheme Asignacion Universal por Hijo (AUH) was introduced to cover informal workers after the decrease in coverage of contributory schemes following the recession of the 1990s and early 2000s which consequently led to an increase in informal employment. Both schemes are implemented by the same Government agency (ANSES) and the AUH is financed from a range of ANSES revenue, including fines and surcharges, income from institutional investments, employer and employee contributions, and a tax on personal assets.

Source:
ODI/UNICEF, *Universal Child Benefits: Policy Issues and Options,* Overseas Development Institute and UNICEF, London and New York, 2020.
ILO (2019). Extending social security to workers in the informal economy: Lessons from international experience.

2.7 Discussion

The high level of informality in the South Asian workforce has major consequences for the concept of family-friendly workplace policies. The percentage of women in paid work in South Asia who have maternity protections is below 10 per cent in most countries (ILO, 2014). Unprotected workers – often the self-employed, those working in agriculture, domestic and casual workers, or those employed informally – not only lack maternity protection but are also more vulnerable to poverty, ill health due to unsafe working conditions, as well as low and volatile incomes (UNICEF, 2016; Lund, 2012).

In 2015, the ILO issued a recommendation (number 204) regarding the transition from the informal to the formal economy, which explicitly states that governments should progressively extend maternity protection and social security to all workers in the informal economy. Countries can develop strategies to increase coverage of maternity benefits to women in the informal sector, which includes transitioning from employer liability systems to social insurance, extending benefits to informal workers through initiatives as welfare boards (as shown above), or by providing non-contributory social protection (cash transfers) financed through general revenues (ILO, 2016).

As mentioned above, most parental leave programmes in South Asia are financed solely by the employer. On the contrary, social insurance schemes are usually funded through employer and employee contributions, sometimes complemented by government funds, and apply the principle of solidarity and risk pooling, which means everybody (not only females of reproductive age) have to contribute. Transitioning from an employer liability system to social insurance will reduce incentives to discriminate against parents, between genders, and provide more protection to mothers. While social insurance usually covers workers in the formal sector, these schemes can be adapted to include all types of workers, such as the self-employed (ILO, 2016).

In addition to limited maternity leave cover, rights and support for breastfeeding at work are not yet guaranteed in all countries in the region. Moreover, paternity leave entitlements are either limited or not available and restrict the potential for women and men to take on a more equitable amount of caring for very young children. There are only provisions for paid leave for children's health care in two countries. All of these factors create challenges for working parents, even in formal employment situations. Flexible working arrangements such as teleworking may only also be a possibility for a minority of workers in the region, most of whom are relatively high-paid.

In addition to the gaps in these family-friendly workplace policies, there are barriers to entering and returning to the workforce, particularly for women who have children. This includes variable rights to equal pay and treatment. A further consideration in terms of family-friendly workplace policies are provisions in terms of education, training, and related supports.

A comprehensive approach to family-friendly workplace policies therefore requires measures to enhance the rights of informal workers and/or to increase levels of formal employment; additional provisions to ensure gender equality in all aspects related to the workplace; and the availability of education, training, and support for parents, predominantly mothers, who have been caring for children and who wish to return to the workforce or to enter it for the first time.

3. NON-CONTRIBUTORY SOCIAL PROTECTION[5]

The previous chapter has shown that family-friendly policies in the workplace, usually dependent on the ability of employers and employees to make social insurance contributions, only benefit a small share of workers, mainly in the formal sector. Another way in which families can benefit from family-friendly policies is through non-contributory social protection (also referred to as social assistance, or social safety nets): policies and programmes aimed at preventing and reducing poverty and vulnerability. These interventions are financed though general revenues and not from previous contributions from beneficiaries. Programmes like cash transfers help families smooth consumption, achieve better living standards, and improve human capital (Honorati, Gentilini and Yemtsov, 2015; Bastagli et al., 2016).

The right to social protection – including both contributory (social insurance) and non-contributory (social assistance) – is recognized in several international instruments and conventions. The Universal Declaration of Human Rights (1948) guarantees the right to social security and claims everyone has the right to a standard of living adequate for the health and well-being of themself and their family, including food, clothing, housing and medical care and necessary social services. Similarly, the International Covenant on Economic, Social and Cultural Rights (1966) establishes everyone's right to social security. More recently, the ILO's Social Protection Floors Recommendation (2012) provides guidance for achieving universal coverage of social protection, including offering income protection to all children and mothers. The overall focus is on preventing and alleviating poverty, vulnerability and social exclusion through the implementation of national social protection floors to ensure minimum levels of protection within a system that is also providing higher levels of protection.

Expenditure on social protection in South Asia is low, which is reflected in programmes with small transfer values (unable to lift people out of poverty or achieve all the desired outcomes). For instance, expenditure on programmes providing regular cash transfers and financed though general taxations is lower than 0.5 per cent of GDP in all countries except the Maldives and Nepal (with expenditures slightly below 2 per cent), who have begun to build more inclusive and ambitious social protection systems (UNICEF, 2020a). Coverage of social protection is also low, excluding a big percentage of the population who does not benefit from any social protection programme. Although there is no data on how many children in the region are benefiting from non-contributory social protection, Arruda et al. (2020) have estimated that only 10 per cent of children benefit from most of the programmes.

3.1 'Family-friendly' social protection

In this chapter we analyse those non-contributory social protection programmes in the region that are 'family-friendly', that is, those providing cash or other transfers (food, subsidized health care, etc.) to pregnant and lactating women, as well as to parents and caregivers with young children. Even if these programmes are not attached to a formal employment contract, they can help caregivers to take better care of their young children by compensating for a loss in earnings during pregnancy or while raising young children. Our inclusion criteria take as a starting point the definition of 'child

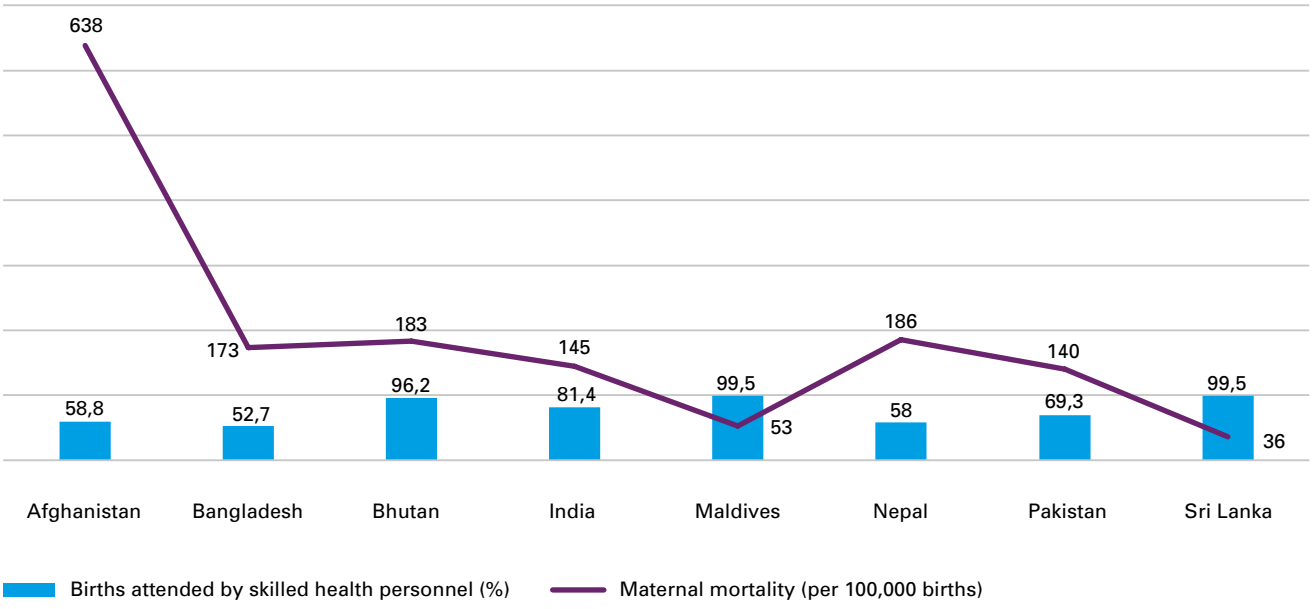
5 Technical note: From a recent mapping done in the region of all existing, national, and non-contributory social protection programmes by Arruda et al. (2020) (51 in total), we have selected those considered family friendly, that is those explicitly targeting children or pregnant and lactating women, or incorporating child and gender sensitive features in their design. After this initial selection, we have reviewed all existing published reports and studies of these programmes, as well as cross-checked the information with social protection experts in the region. We have also reviewed impact evaluations that assess programmes' impact: for this, only studies using a rigorous evaluation design have been considered (that is, using a proper control group to assess effects of the intervention).

sensitive' social protection ('programmes aiming to maximize children's development outcomes and minimize potential unintended side effects on them') proposed by Esser, Bilo and Tebaldi (2019), which builds on UNICEF's approach to integrated, gender-responsive and inclusive social protection. We also draw on a methodology developed by Machado et al. (2018), who define child sensitive programmes as those taking children into account within their design, and classify them into five categories: 1) programmes explicitly targeting children or pregnant/lactating women, 2) programmes supporting children's access to education, 3) programmes supporting children's access to nutrition, 4) programmes supporting children's access to health, and 5) benefits that increase with the number of household members/children.

From this initial classification, we only analyse those programmes from category 1 (programmes explicitly targeting children or pregnant/lactating women), and category 5 (benefits that increase with the number of household members/children). We exclude programmes supporting children's access to education given that our report only covers pre-school children up to 6 years old; we also exclude programmes supporting children's nutrition and health given that this is out of the focus of the report, even though programmes explicitly targeting children or pregnant/lactating women will most probably result in improvements in their health and nutrition.

It is important to mention that programmes reviewed in this chapter were introduced as a response to unacceptable numbers of maternal and infant deaths, and high levels of poverty and malnutrition, not necessarily as a way to ensure parents and caregivers can achieve a good family-work balance or to allow them to spend more time with their children during the first months of life. Figure 3.1 shows maternal mortality and percentage of births attended by skilled health care personnel. These vary greatly by country, with Sri Lanka and the Maldives having almost no unattended births and relatively low maternal mortality, and Bangladesh, Nepal and Afghanistan with less than 60 per cent of births attended by skilled health care personnel. Levels of child malnutrition are very high in South Asia: more than 30 per cent of children under 5 years of age are stunted, and 40 per cent of all children in the world experiencing stunting are in South Asia (UNICEF, 2020a).

Figure 3.1: Maternal mortality and access to skilled health care personnel



Source: World Health Data Platform (2020), latest available years.

The list of programmes included in this chapter is based on a recently published report (Arruda et al., 2020) which mapped all existing national non-contributory programmes in South Asia.[6] From here, we have gathered further information on each programme, both through the review of published reports and papers, as well as though consultations with social protection experts in the region.

We have identified six countries with programmes that meet the criteria explained above: Bangladesh, India, the Maldives, Nepal, Sri Lanka, and Pakistan. No programmes were identified in Afghanistan and Bhutan, although the latter is about to introduce a maternity benefit to all mothers who are not working or not entitled to receive maternity benefits in their workplace. An innovation with respect to other social protection programmes is that this one explicitly targets all women who are not entitled to at least six months of paid maternity leave, recognizing the right of every women to paid leave, including informal sector workers. Table A1 in the Appendix shows a summary of the main characteristics of the programmes, the eligibility criteria (who can apply for them), their effective coverage (how many people receive the benefit in each country), benefit level or size, targeting criteria (how is the selection of beneficiaries done), programme challenges (related to implementation and design), and impacts known (if evaluations of these programmes are available).

3.2 Non-contributory maternity benefits

First, looking at non-contributory 'maternity benefits', or cash transfers reaching pregnant and lactating women in the informal sector, we have identified six programmes: one in Bangladesh, one in Nepal, two in India, and two in Sri Lanka. **Bangladesh's Maternity Allowance for the Poor Lactating Mothers (MAPLM)** provides monthly cash transfers to poor mothers during their lactating period. Beneficiaries can receive the benefit for a long period of time (three years), though they are only allowed to apply if they are over 20 years of age and only for the first and second baby (Finance Division, Ministry of Finance Government of the People's Republic of Bangladesh, 2017). Similarly, **India's Janani Suraksha Yojana (JSY)** provides cash transfers to poor pregnant and lactating women conditional upon either in-facility delivery or the attendance of skilled health care personnel at birth. Although women are also encouraged to attend prenatal and postnatal care, no cash incentive is offered for that purpose (Lim et al., 2010). To complement the JSY, India has recently implemented a cash transfer for mothers during their breastfeeding period, the **Pradhan Mantri Matru Vandana Yojana (PMMVY)**, which is nearly universal and targets all first-time pregnant women over 18 years of age and lactating mothers (except those working in the public sector or receiving similar benefits). The programme only covers the first pregnancy and provides cash transfers to mothers, conditional on prenatal check-up, child registration and vaccination. Nepal has also a programme which is universal among all mothers (up to two children per family): the **Aama or Safe Motherhood Programme**, which allows beneficiaries deliver for free in a health facility as well as provides cash transfers to pregnant women to pay for transportation to attend four prenatal visits and one post-natal visit. In **Sri Lanka**, the National Supplementary Food Programme or Thriposha provides all pregnant and lactating mothers, as well as children under 5 years of age identified as malnourished, supplementary food consisting of maize, soybeans, whole milk powder, vitamins and minerals, while the **Nutritional Allowance for Pregnant and Lactating Mothers (NAPLM) Scheme** gives all pregnant women who apply 10 vouchers to be spent on food, distributed over 10 months, from the third month of pregnancy till the child is 4 months old.

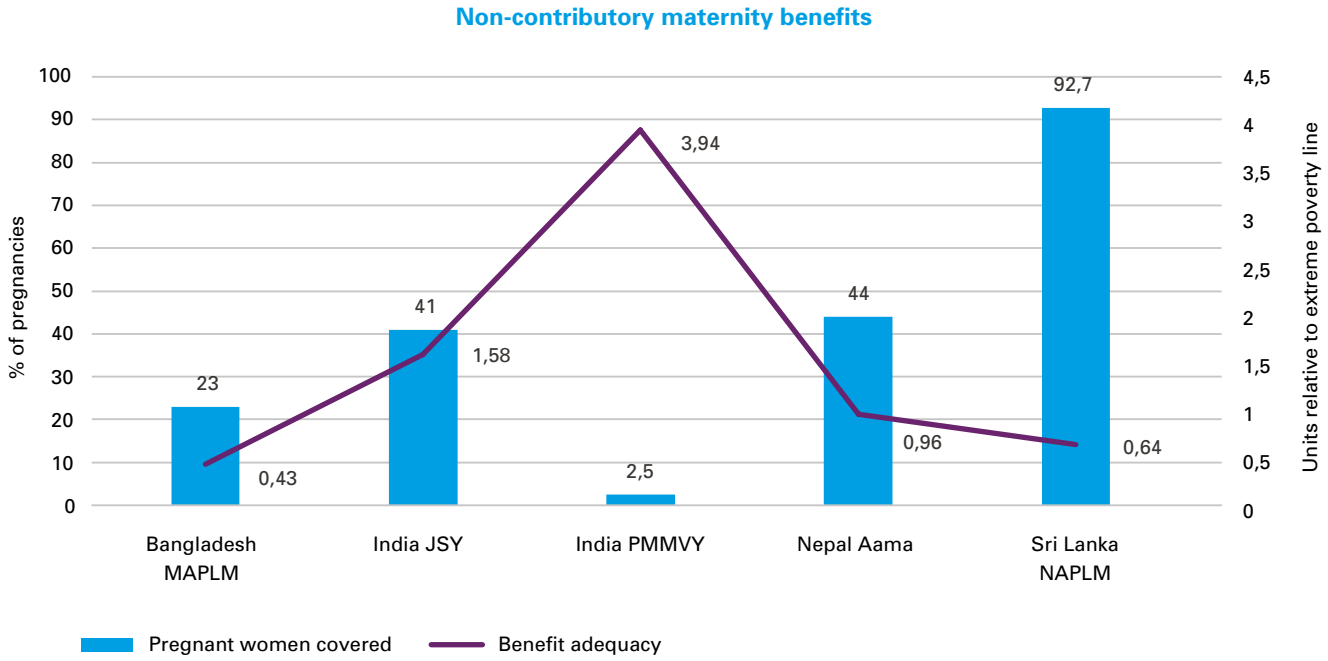
6 Additionally, Tebaldi and Bilo (2019) analysed the extent to which these programmes have been designed in a gender-sensitive way.

Figure 3.2 summarizes these programmes in terms of coverage (percentage of pregnant women covered) and benefit adequacy (benefits as a percentage of the extreme international poverty line of US$1.9 per person per day purchasing power parity). Thriposha is not included in the graph as benefits are in kind and the coverage of pregnant women could not be assessed. The figure shows that India's JSY and Bangladesh's MAPLM, despite being targeted programmes, cover a relatively high percentage of all pregnant women (which means a higher percentage of poor pregnant women). Universal or quasi universal programmes, with the exception of NAPLM in Sri Lanka which is able to reach almost all pregnant women, are not universal in practice: India's PMMVY and the Aama programme in Nepal cover approximately 2.5 and 44 per cent of pregnant women, respectively. The two programmes in India are intended to complement each other, given that the JSY focuses on skilled delivery and PMMVY on cash incentives for antenatal care (ANC) and post-natal care (PNC) visits. This has not been the case, however, due to the fact that they are administered by different ministries, among other reasons.

Design and implementation features explain low coverage of these programmes, especially the universal ones: in India, low awareness, weak capacity at the different implementation levels, and a cumbersome application process (Gautam, 2018), including the requirement to have a husband's card which results in the exclusion of unmarried women and single mothers (Government of India, 2017), leads to a low percentage of women applying for the programme. Nepal's Aama programme is designed at the central level but implemented at the district level, which results in some implementers being better able to cope with problems better than others, such as delays in disbursement of funds, complexity of design and lack of understanding of the policy (Powell-Jackson et al., 2009; Gopalan and Varatharajan, 2012). The reason why Sri Lanka has achieved such a high coverage is probably the high rates of prenatal care and skilled delivery (almost 100 per cent), as pregnant women can apply for the programme when they visit the health facility and confirm they are pregnant.

With the exception of the PMMVY for which no evaluations are available yet, the other four programmes are not generous enough to cover the cost of delivery or assure an adequate diet for mothers and their babies, with benefits being below or slightly above the monthly extreme poverty line per capita. In India, for instance, women still incur significant out-of-pocket payments: in rural Odisha, the average cost of pregnancy and delivery care is about US$110 (US$70 in urban areas), while the JSY incentive was able to cover only 25.5 per cent (14.3 per cent in urban areas) of this cost (Powell-Jackson and Hanson, 2012). This partly explains modest impacts found until now; for instance, the JSY and Aama programme have resulted in increased deliveries at health facilities (although effects vary by region) but modest or no increases in prenatal and postnatal care visits (Gopalan and Varatharajan, 2012). The MAPLM programme, on the contrary, resulted in some increases in ANC and PNC care but no effects were observed on skilled delivery (Finance Division, Ministry of Finance Government of the People's Republic of Bangladesh, 2017).

Figure 3.2: Coverage and benefit adequacy of non-contributory maternity benefits



Source: Authors' elaboration based on programme documentation from each country. For more information on programmes and calculation of coverage and adequacy, see Appendix, Table A1.

3.3 Non-contributory child benefits

Second, we look at social protection programmes benefiting families with children, either directly (programmes for children who meet certain criteria) or indirectly, by including gender- or child-sensitive design features in social assistance programmes targeting poor families. These programmes were introduced with the aim of overcoming high levels of extreme poverty and malnutrition in the region. This report has identified one programme in India (**Public Distribution System**), one in Nepal (the **Child Grant** programme), one in the Maldives (**Single Parent Allowance**), one in Pakistan (**Benazir Income Support Programme** or **BISP**), and the **Samurdhi** programme in Sri Lanka. India's Public Distribution System (PDS) is the largest food distribution programme in the world (Arruda et al., 2020). It distributes food and non-food items (usually wheat, sugar, rice and kerosene, though some states offer additional items) to poor people and those in need at subsidised rates (IPC-IG and UNICEF ROSA, 2020). Nepal introduced the child grant in 2009 and originally targeted children under 5 years of age in the remote and mountainous Karnali Zone and children in poor Dalit households, a vulnerable ethnic group which suffers from exclusion and discrimination, but now it is gradually expanding to become universal (Garde, Mathers and Dhakal, 2017; UNICEF, 2016). The Maldives' Single Parent Allowance (SPA) was implemented due to the increasing rates of divorce in the country and the subsequent challenges faced by single parents caring for children.[7] The BISP is the most important social assistance programme in Pakistan and the largest cash transfer programme in South Asia, providing unconditional cash transfers to extremely poor families and reaching around 5.4 million women and 14.9 million children (17 per cent of all children aged 0 to 17 years) (Cheema et al., 2020). BISP has a clear gender-sensitive design in that

7 The other social assistance programme targeting families with children is the Foster Care Scheme, which we do not include in this review for reaching only 147 children and the fact that only foster parents are eligible.

beneficiaries are exclusively women. Finally, Sri Lanka's Samurdhi programme provides cash transfers to poor families.

Figure 3.3 provides statistics on coverage and adequacy for the child and household benefits. India's food distribution system has the highest coverage, reaching around two thirds of the population; however, as benefits are in kind it was not possible to assess benefit adequacy in relation to the poverty line.

Starting with the Maldives' SPA, the restrictive categorical criteria (only single parents can receive the grant), lack of awareness of the programme due to an ineffective communication strategy and problems in implementing the means test (based on self-declared income), results in less than 4 per cent of children in the Maldives benefiting from cash transfers (Drucza and Tran, 2020). However, transfers are significantly more generous than the other three programmes.

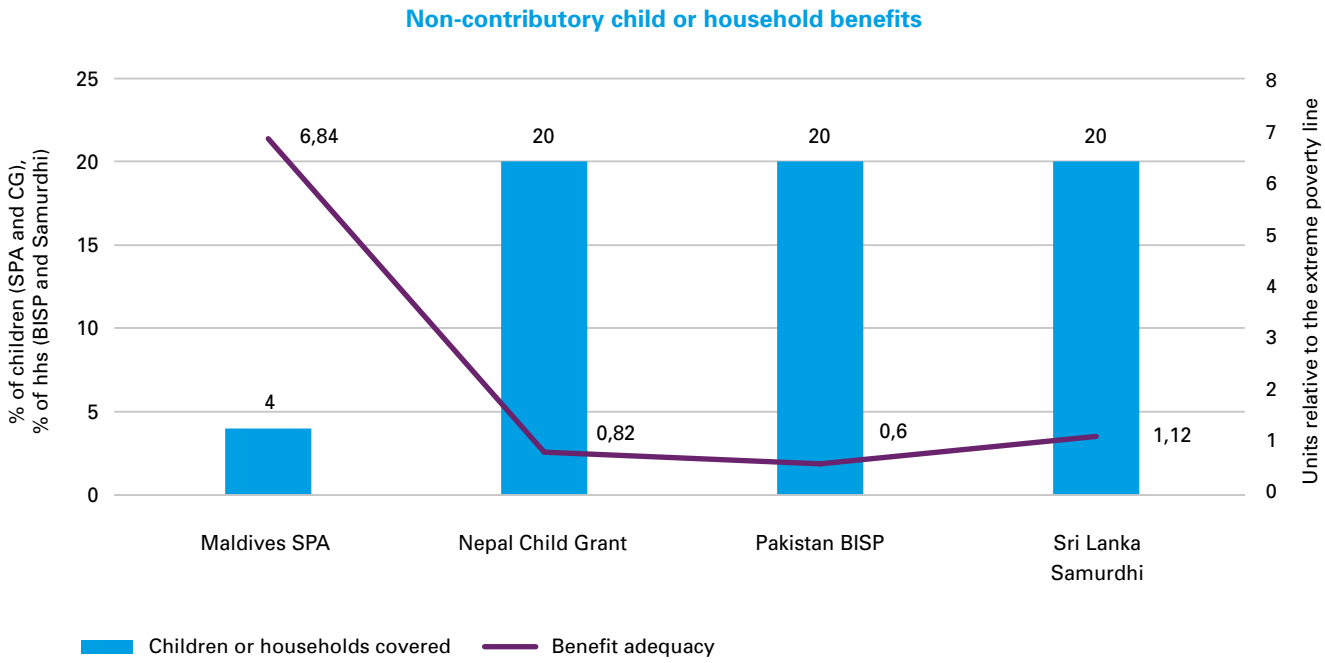
Despite the categorical targeting of Nepal's Child Grant (by region and ethnic group), the programme reaches around 20 per cent of children under 5 years of age and is gradually expanding every year to new regions with the aim of becoming universal (UNICEF, 2016). Some challenges include delays in the application process, infrequent payments and low capacity at the local level to implement the programme (Garde, Mathers and Dhakal, 2017; Hagen-Zanker, Mallett and Ghimire, 2015).

Pakistan's BISP reaches 20 per cent of households, and despite difficulties associated with proxy means tests to determine eligibility, a majority of BISP beneficiaries were very poor, poor, or vulnerable. Some challenges include delays in the disbursement of the transfer and difficulties in making use of the grievance mechanism (Cheema et al., 2020).

In Sri Lanka, the limitations of implementing a means-tested Samurdhi programme in a poor setting with low implementation capacity resulted in high exclusion errors, with many poor families not receiving the benefit (UNICEF, 2020b).

The three flagship social assistance programmes (Child Grant, BISP, Samurdhi) have very low benefit adequacy, explaining why impacts haven't been greater. In Nepal, evaluations show that beneficiaries have increased expenditure on food, medicines, and other basic goods as a result of the grant, but child outcomes have not significantly improved (Garde, Mathers and Dhakal, 2017; Hagen-Zanker, Mallett and Ghimire, 2015), although another evaluation found improvements in nutritional indicators (Renzaho et al., 2019). In Pakistan, a recent evaluation showed the programme led to a reduction in poverty and multi-dimensional poverty and malnutrition among girls, as well as improvements in consumption levels and women's empowerment (Cheema et al., 2020). In Sri Lanka, one study found some improvements in short-term and long-term nutrition indicators (Himaz, 2008).

Figure 3.3: Coverage and benefit adequacy of non-contributory child and household benefits



Source: Authors' elaboration based on programme documentation from each country. For more information on programmes and calculation of coverage and adequacy, see Appendix, Table A1.

3.4 Post-COVID-19 scenario

The COVID-19 pandemic is causing unprecedented damage to the global economy, leading to loss of jobs and incomes, and South Asia is no exception. Informal workers are hit harder, given their low wages and therefore savings on average, and the impossibility for most of them to work during a lockdown. Health, economic, and social crisis like this one exacerbates existing inequalities, leaving the more vulnerable, such as people with weak labour market attachment, informal workers and women more unprotected than before.

Some South Asian countries have responded to the COVID-19 crisis by either expanding existing social protection schemes and/or introducing new emergency programmes (for a good overview of all the emergency programmes introduced in the South Asian region see UNICEF (2020a) and IPC-IG and UNICEF ROSA (2020). Only three of the programmes described in this chapter have expanded as a response to the pandemic, either by increasing the value of transfers or extending the coverage to reach more beneficiaries. These include the BISP in Pakistan, the Samurdhi in Sri Lanka, and the Public Distribution System in India, as discussed earlier. Other countries have allocated resources to other programmes or introduced new emergency programmes for the unemployed (as is the case in Bhutan). Nevertheless, Pakistan and Sri Lanka have taken the most comprehensive measures, allocating 0.41 per cent and 0.33 per cent of GDP for COVID-19 relief, respectively (UNICEF, 2020a).

In Pakistan, BISP is transitioning to a new programme called Ehsaas Kafaalat, which introduces changes to improve the payment process, increases the size and frequency of payments, and expands coverage (Government of Pakistan, 2019). During the first months of the COVID-19 pandemic,

benefits increased by 1,000 to 3,000 Pakistani Rupees for four months and increased coverage to reach more than 13 million households through the Ehsaas Emergency Cash (UNICEF, 2020a), which relies on BISP infrastructure and the National Socio-Economic Registry of Pakistan. This emergency initiative is part of an overall strategy to transform the social protection system in Pakistan (*see Case Study 1*). In Sri Lanka, those on the waiting list of the Samurdhi, Senior Citizens' and Disability Allowances were incorporated into the schemes and an additional transfer of LKR 5,000 was provided to recipients for two months. In total, more than 2.5 million individuals were reached. Sri Lanka is also giving a payment to most informal economy workers who applied (UNICEF, 2020a). India's PDS was also expanded to respond to the COVID-19 emergency: food allocations to Antyodaya Anna Yojana (AAY) households (the ultra-poor) were complemented with an additional 5 kg of wheat or rice per individual and 1 kg of preferred pulses for three months (IPC-IG and UNICEF ROSA, 2020).

Given the severity and duration of the COVID-19 crisis, however, it is unlikely these initiatives will compensate for the decrease in living household income, especially if emergency programmes last for only a few months or do not increase payments significantly. Given that informal sector workers do not qualify for social insurance (contributory) programmes, and that non-contributory social protection often reaches the most vulnerable and excludes working households or households living in urban areas, universal benefits can act as a social protection floor when crises hit the majority of the population (Save the Children, 2020).

3.5 Discussion: a case for universal benefits

Universal benefits can also help reduce high levels of poverty and child deprivation. Using data from 14 middle-income countries, a recent report found that spending 1 per cent of GDP on universal child benefits could lead to a 20 per cent reduction in poverty for the whole population (ODI/UNICEF, 2020). South Asia has the lowest expenditure on social protection on children in the world after North Africa and the Arab States. This is reflected in low coverage or small payments of non-contributory programmes, as discussed above.

Investing in universal child benefits could improve the beneficial impacts of social protection, given that poverty targeted schemes are often ineffective in reaching the most vulnerable, as well as being difficult to implement. We have shown that the implementation of most of the programmes covered in this chapter is weak, translating into high exclusion errors of poverty-targeted transfers (transfers not reaching intended beneficiaries), lack of programme understanding or awareness, and difficult application processes, all contributing to low take-up (qualified individuals not applying for benefits). In a study of 38 social protection schemes, including Pakistan BISP and Sri Lanka's Samurdhi, Kidd and Athias (2020) found that many poverty-targeted schemes fail to reach the intended beneficiaries, including by error households that should not qualify for being above the poverty threshold, and excluding the poorest of the poor, for reasons including outdated data and systems and difficulties in measuring poverty. Other advantages of introducing universal benefits include increasing birth registration rates (as targeting all children would encourage parents to register their children) and fostering a stronger social contract, as giving benefits to the whole or nearly the whole population can increase trust in the government and improve the willingness to pay taxes (ILO, 2021; Save the Children, 2020). Increasing government revenues is key to improving universal services and social protection programmes, which further improves trust, leading to a virtuous cycle (Kidd et al., 2020).

Covering all children under 18 years of age from the outset of a programme can be unfeasible, but a gradual approach in expanding the age range could be followed. South Asia has some maternity and child benefits in place which are universal or quasi-universal, including Nepal's Child Grant, Sri Lanka's voucher scheme (NAPLM), or the soon to become Accelerate Mothers and Child Health (AMCH) in Bhutan. Countries could start by gradually expanding age eligibility (like the proposal in Sri Lanka, which would increase the duration of the programme by almost two years, *see Case Study 2*), or by offering benefits to the whole eligible population in the most deprived areas and gradually roll-out the programme to less vulnerable regions (like in the case of Nepal). Given the high levels of malnutrition in the region, having universal programmes that start when pregnancy is confirmed and continue until the child is 2 to 3 years old would cover the critical 'first 1,000 days' of the child, during which 70 per cent of chronic malnutrition takes place (UNICEF, 2020b). In Bangladesh, discussions are taking place to expand the MAPLM to cover children up to 6 years old, as well as to introduce complementary or 'plus' components to the programme to improve children's health (such as nutrition counselling). However, six different ministries need to work together for this to happen, and no immediate plans have been made yet.

Expansion of programmes should come together with an improved implementation capacity and management information systems, in order to better reach beneficiaries and have updated information of programme functioning. This can lead to better data – an area where the region lags behind: for instance, there is no availability of age-disaggregated information of social protection coverage, neither of the percentage of women receiving maternity benefits. The region also lacks rigorous impact evaluations of many of its social protection programmes.

Finally, the situation in Afghanistan is worrisome, with 93 per cent of the population now being below a poverty line of approximately US$2 purchasing power parity (PPP) per capita per day and 37.2 per cent suffering from extreme food insecurity (Burratini, Arruda and Osório, 2020). Its social protection system remains very limited,[8] with a high reliance on money from donors and small-scale programmes, and no Government social protection programme for children or women (Hall, 2014; Arruda et al., 2020). In fragile countries like this one, investing in a universal programme could be the first step towards building a national social contract and making everyone feel part of the nation state (Kidd et al., 2020).

8 There are, however, some social protection initiatives to protect very vulnerable households: the Maintenance and Construction Cash Grants (MCCG) and the Social Inclusion Grant (SIG) are cash for work and unconditional cash transfers, respectively, targeting the most vulnerable households in high internally displaced persons or returnee communities, as part of a broader programme in the country (Citizens' Charter National Priority Programme).

Case Study 1: Improving Pakistan's social protection system though the ambitious Ehsaas Strategy

Context
Pakistan faces high levels of poverty and inequality and performs low in key SDG indicators such as child nutrition, gender equality, and educational attainment. More than 75 per cent of the population are living under the poverty threshold of US$5.50 a day (PPP), while multidimensional poverty is as high as 55 per cent and varies significantly by region (Government of Pakistan, 2019). In 2018, slightly more than 34 per cent of adolescents were enrolled in secondary school, and the share of female to male labour force participation ratio was only 27 per cent (World Development Indicators, 2020). Tax-based Government programmes attempting to reduce poverty and improve these indicators are numerous, with 198 social assistance institutions/programmes. However, these are implemented by different institutions and ministries, many of them at a decentralized level, and with low budgets, creating a fragmented system. In response, the Government of Pakistan has recently launched the 'biggest and the boldest pro-poor and pro-equality programme ever launched' (Government of Pakistan, 2019), a multi-stakeholder initiative which aligns 134 policy initiatives and unites 34 agencies of the federal Government under a newly introduced Poverty Alleviation and Social Safety Division.

Ehsaas initiative
The strategy is an ambitious long-term plan with four main goals: (1) enable the environment for poverty reduction through addressing elite capture and working for equality of opportunity; (2) reach at least 10 million families with social safety nets; (3) finance access to health care for 10 million families and provide scholarships to 5 million students; (4) create livelihoods and jobs for the poor (especially women), through financial and digital inclusion. In the short term, the second goal is prioritized given expected economic hardship as a consequence of structural adjustments taking place in the country and the COVID-19 pandemic.

The Ehsaas Strategy introduces a series of reforms to improve the efficacy of poverty-targeted programmes. These are developing a new national socioeconomic database to improve targeting, increasing budget allocation to enhance scope and coverage of safety nets, and improving the payment process and frequency of payments through, among others, a strengthening of institutions involved in social protection programming.

A focus on women and girls
The prevailing social norms and structural inequalities that women face result in many of them not being able to successfully benefit from social protection programmes. For example, fewer than one in 10 BISP beneficiaries (the flagship social assistance programme which is targeted to poor women) are literate and the vast majority are financially excluded. This results in a low understanding of the program, lack of resources to use grievance mechanisms in case of payment delays or being mistakenly ineligible, etc.

Ehsaas is intended to improve the lives of poor women. For instance, the Government will explore ways to recognize the work of rural women and cover domestic work under legislation, as well as enhance women's control of resources in the household through community programmes that provide women with income opportunities. Furthermore, the new Ehsaas introduces a child and mothers' nutrition programme, university scholarships, and a conditional cash transfer to incentivize school attendance. Monitoring and evaluation of these programmes will be gender-disaggregated and will seek to assess the impact on women's empowerment. Findings will inform any needed reforms in the future.

Source: Government of Pakistan, *The Multi-sectoral and Multi-stakeholder Ehsaas Strategy*, Government of Pakistan, Islamabad, 2019.

Markhof, Yannick, *Pakistan's Social Protection Response to the Covid-19 Pandemic: The Adequacy of Ehsaas Emergency Cash and Road Ahead*, Working Paper No. 188, International Policy Centre for Inclusive Growth, Brasília, 2020.

Case Study 2: Expanding a universal nutritional allowance programme for pregnant and lactating mothers in Sri Lanka

In 2015, Sri Lanka transformed a means-targeted nutritional allowance programme (until then provided only to women beneficiaries of the poverty-targeted scheme Samurdhi) into a universal programme for all pregnant and lactating. Pregnant women receive a package of 10 vouchers, to be used once per month, worth approximately US$11 each, to buy nutritious food. Having a universal programme reaching women and children at a critical point in their life is an important step towards strengthening Sri Lanka's social protection system; however, the duration of the benefit (from month three of the pregnancy until three to four months post-delivery) may not be enough to impact nutritional indicators.

The UNICEF office in Sri Lanka is working with the Government to expand the age of eligibility of the scheme and strengthen its operational delivery. The plan is to ensure that mothers continue to receive the support until their children reach their 2nd birthday. If reforms begin in 2021, the total number of children covered by 2023 would be 790,000 (reaching approximately 15 per cent of households, if we assume one beneficiary per household). Given a tight fiscal space and other constraints in starting a new programme, expanding an existing programme which is already universal for a certain age group constitutes a strategic first step towards the ambitious goal of establishing a universal child benefit in Sri Lanka, progressively realized.

Considering the potential to make a significant difference to children's lives, the level of investment required is modest. The cost of the programme would rise from a current expenditure of 0.04 per cent of GDP, to 0.07 per cent of GDP in 2021, reaching 0.12 per cent of GDP in 2023 to remain stable then. Moreover, two reforms in delivery mechanisms are proposed: a transition to an electronic voucher and the development of an electronic management information system (MIS). The first one would allow beneficiaries to make purchases more frequently, instead of having to spend all the voucher credit at once (which has also implications on the kind of food that is purchased). The second one would result in a modern national digital MIS, leading to efficiency gains in delivery and monitoring, and enabling the introduction of a complaints and grievance mechanism, and allowing the programme to be more shock-responsive.

Source: UNICEF, *Expanding and Reforming the Voucher Scheme for Pregnant and Lactating Women in Sri Lanka. A Proposal for the 2021 Budget*, UNICEF, Unpublished, 2020.

UNICEF, *Investing In the Future: A Universal Benefit for Sri Lanka's Children*, UNICEF Sri Lanka Working Paper, 2020b.

Additional insights have been provided by Louise Moreira Daniels, Chief of Social Policy, UNICEF Sri Lanka.

4. CHILDCARE

4.1 Introduction

Working families constantly face the dilemma of striking a balance between providing childcare while engaging in paid employment that contributes to their well-being and that of their household. The burden of the conflict between earning and caregiving lies disproportionately on women, who are most often the sole providers of unpaid care services within the household (UN Women, 2016). The COVID-19 crisis has placed further demands for caregiving on women, exacerbating this situation.[9]

Women's caregiving roles, especially childcare, are entrenched in tradition and patriarchal values which affects and are affected by women's economic engagement. Unpaid childcare work in the region is linked to women's labour market status, and more specifically to the hours, location, type, forms and stability of work undertaken, which further limits the possibility for women to transition into the formal sector (Chopra, Saha, Nazneen and Krishnan, 2020). Further, inaccessibility to childcare forces women to engage in informal employment that is attractive on account of being 'flexible', home-based, with low thresholds for entry. However, informal work also has its downfalls of being low paid; highly unstable; and with no job security, social recognition or access to social security, which further marginalises women and inhibits their transition into the formal sector (Alfers, 2015; ILO and WIEGO, 2019). This makes understanding the extent and forms of childcare in the region critical in unlocking women's potential to contribute effectively to their overall development.

It is argued that high-quality childcare provision can provide the 'triple dividend' societies need to ensure a solid foundation for early childhood development and a safe space for children to thrive while mothers engage in work that she desires, at a place and timing of her choice, while also contributing to her own economic empowerment and well-being of her family (UN Women, 2015). Family-friendly policies that place childcare at the centre can have a transformative effect in alleviating social inequality and addressing gender inequality, while boosting overall development.

International commitments to deliver on early childhood development focus on meeting target SDG 4 which ensures that by 2030: ''all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.''

This chapter will examine the extent and forms of childcare provision, specifically from the perspective of working families engaged in the formal and informal sector in South Asia. For the purpose of this report, we will be using a narrower definition of early childhood development and childcare provision for children below primary school age (0–6 years) instead of the conventional age group of 0–8 years.[10] Childcare, paid or unpaid, falls under the broader framework of care work, which includes household maintenance, caring for children/elderly/sick/disabled and voluntary services to other members of the household or community. Childcare provision from the perspective of employment, both formal and informal, including reviews of labour laws and legislative frameworks, will be considered as part of this review.

9 Caring in the time of COVID-19: Gender, unpaid work and social protection <www.unicef-irc.org/blog/112>.

10 ECCE is the provision of early childhood care (health, nutrition, hygiene, sanitation and protection) and education (stimulation, education, guidance and developmental activities) services that caters to children from 0–8 years of age. Other terms that are used synonymously include Early Childhood Development (ECD), Early Childhood Care and Development (ECCD) or Early Childhood Education and Care (ECEC). The United Nation's Convention on the Rights of the Child defines ECD to apply from 0–8 years of age.

4.2. Childcare in South Asia

Access to quality childcare and positive stimulation, especially in the formative years, provides the foundation for children to reach their development potential. However, in the Asia-Pacific region, gross enrolment ratios for children below 3 and pre-primary ages (ages 3–6 years) are low at 27 per cent and 67 per cent, respectively, with limited data on early years provision available for the region (International Labour Organization, 2018). In South Asia, childcare varies largely by form (formal, informal, non-formal), location (home-based, centre-based, work-based, community-based), provider type (public or non-state including community-based, faith-based or for-profit private providers), registration status (registered/unregistered) and duration (half-day, school day or workday) (UNESCO ECD Asia, 2016). Provision may be regulated or unregulated; fee-based, depending on the provider type (state or non-state) and the extent of formality in provision (including the provision of certified child-rearing spaces, structured content, trained personnel). Higher levels of formality and non-state provision may incur higher out-of-pocket expenditure for families. Based on the provider type and locus of provision, non-parental childcare provision may be broadly categorised as follows (*see also Figure 4.1*):

- **Home-based care:** This includes direct or supervisory forms of paid or unpaid home-based childcare (Folbre, 2006),[11] which may be provided in the child's or caregiver's home by a member of the extended family, older sibling, neighbour or domestic worker (Alfers, 2015; Chopra et al., 2020; Kotikula, Hill and Raza, 2019). Inter-generational transfers of home-based childcare are common (Chopra et al., 2020) with older women and siblings providing childcare support. Studies from other regions have shown that older children, especially girls, with younger siblings are more likely to miss or drop out of school sooner than girls without younger siblings (Frost and Rolleston, 2013), which suggests that older children, especially girls, face higher opportunity costs on schooling and perpetuating entrenched gender norms in unpaid care provision.

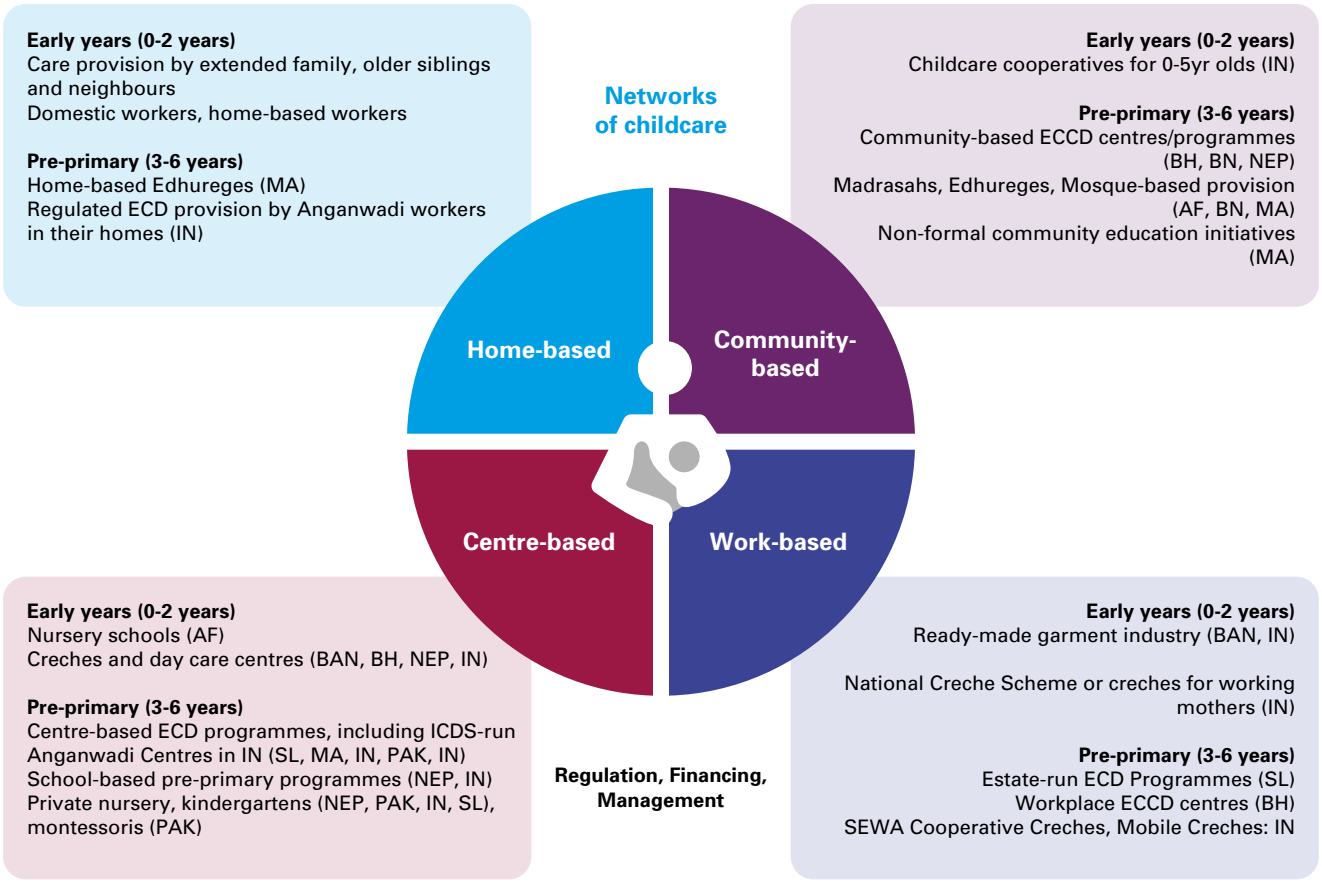
- **Community-based care:** Forms of community-based childcare provision are often set up within, and mostly by civil-society organizations, who come from the community and help identify/set up the physical space, recruit local teachers to run free or highly subsidised centres. In some cases, these centres are better staffed and able to provide quality ECD support for children (UNICEF, 2015).

- **Centre-based care:** Includes regulated/unregulated nurseries, crèches or day care centres provided by government, non-governmental organizations (NGOs) or private providers that provide a more formalized structure of childcare provision. Crèches or day care centres provide care for children under 6 years of age, up to 12 hours of care each day, for five or more days per week. Provisions of shorter, abridged, ad hoc forms (hourly/daily) of care during holidays or emergencies are also prevalent, though more common in urban than rural settings (Tribune, 2013).

- **Work-based care:** Includes employer-based childcare provision in the formal (Infosys in India, Unilever and Engro Corporation in Pakistan (IFC, 2018)) as well as informal sectors (cooperative childcare centres by Self Employed Women's Association or SEWA, mobile crèches in India, plantation-based childcare in Sri Lanka) that operate during employees' working hours (ILO and WIEGO, 2019).

11 Folbre distinguishes two types of childcare provision: direct versus indirect or supervisory care. Direct childcare is caring directly for the pastoral and stimulatory needs of the child, including bathing, feeding and playing; supervisory care is one that involves child-minding and oversight to ensure protection from harm, while simultaneously performing other tasks.

Figure 4.1: Networks of childcare provision in South Asia



Source: Authors' elaboration.

4.3 Demand and supply for childcare in South Asia

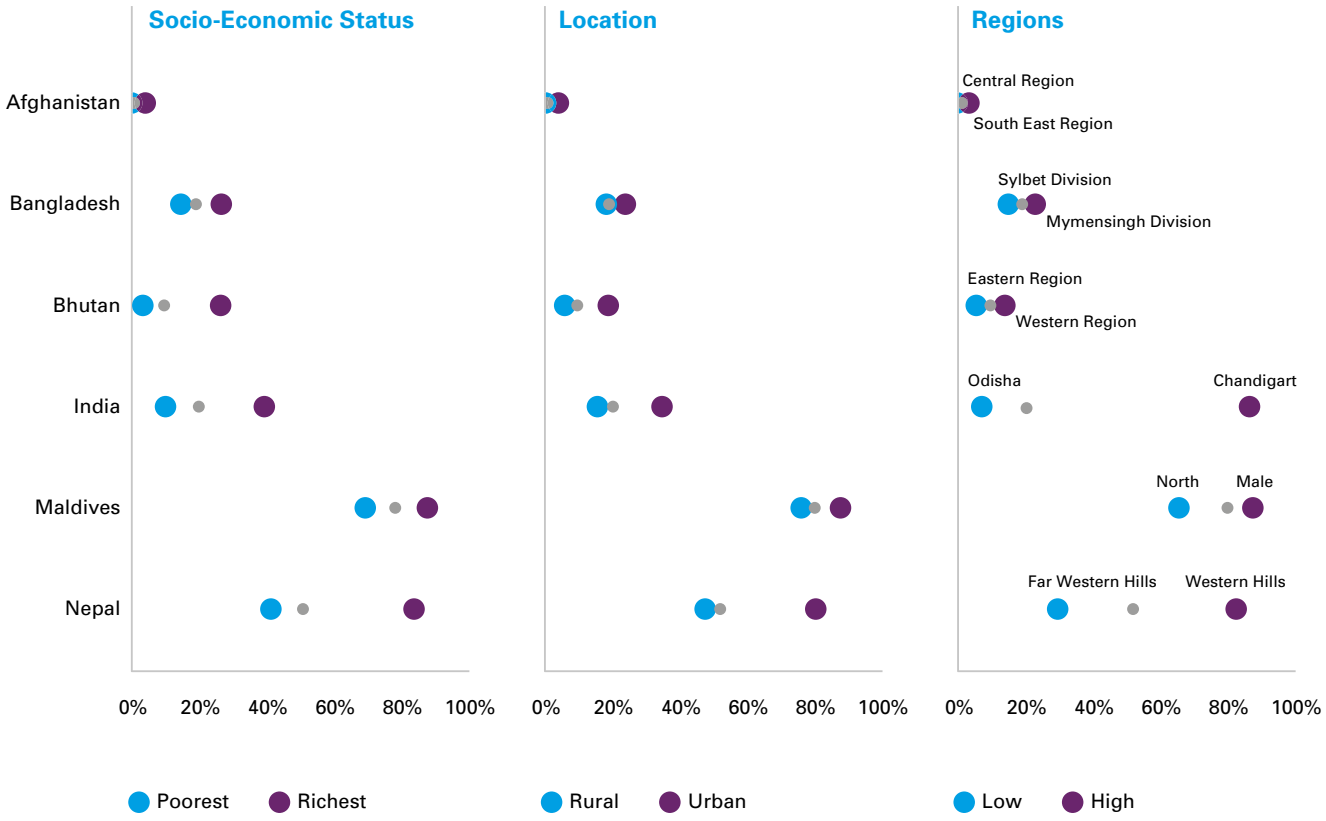
This section looks at accessibility to and affordability and quality of Early Childhood Education (ECE) and ECD. We recognize that ECE (or ECD) and childcare, though they overlap, do not perform the same function, as access to ECE or ECD by children does not necessarily mean childcare needs of parents are met. However, given data on access to childcare is lacking, this provides a partial picture of the access of children to education in their early years, and the options for parents to send their children to an educational institution for some hours a day or some days a week.

4.3.1 Accessibility

Globally, access to childcare services is still limited with enrolments in early childhood education programmes for children in early years (under 3 years of age) and pre-primary ages (3–6 years), at 18.3 per cent and 57 per cent, respectively (ILO, 2018). There are lower levels of access in the Asia-Pacific region. In South Asia, enrolment data for children under 3 years of age is unavailable, but access to pre-primary education is on the rise, though remains low overall (*see Figure 4.2*). Gross enrolment ratios (GERs) for children aged 36–59 months in early childhood education is less than 20

per cent in three countries (India, Bhutan and Bangladesh), at 50 per cent in Nepal and 78 per cent in the Maldives. Demand for pre-primary education does not vary by gender, though variations in enrolment are more evident in urban than rural areas, and across regions.

Figure 4.2: Percentage of children aged 36–59 months who are attending early childhood education, by socioeconomic group and country



Source: ICF, 2020; National Sample Survey Office, 2018; UNICEF, 2020.
Notes: (a) Sample sizes for India were small and should be taken as indicative. (b) Grey dots represent national averages.

Proximity to ECD centres is also a marker for equitable access and reduces daily commute time and costs spent on transportation. In Sri Lanka, around half of children (55 per cent) between 2 and 5 years old lived within a 1 km radius of the ECD centre they attended, with around 5 per cent living further away (greater than 5 km) from the ECD centres (Ministry of Women and Child Affairs, 2016). However, about 52 per cent and 56 per cent of pre-school aged children in rural and estate sectors,[12] respectively, compared to 32 per cent in urban centres were not enrolled in ECD centres, which indicates inequities in access based on where one lives. The Integrated Child Development Services (ICDS)-supported Anganwadi centres in India, combining ECD with nutrition and health support, are operated in close proximity to or co-located in government primary schools, though concerns around accessibility on account of long

12 Sri Lanka is divided into three areas: urban, rural and estates. Estates are plantations of 20 acres or more having 10 or more resident labourers. All other areas of the countryside are categorised as rural areas.

distances to schools have been raised by families (Mobile Creches, 2020). Access to early years childcare provision needs to be considered, measured and disaggregated for the most disadvantaged, especially those marginalised on the basis of their caste, class, religion, disability, and location. Children of migrants or seasonal workers, who are on the move and unable to access a continuum of care will need to be integrated into the existing system for better coverage.

4.3.2 Affordability

In a study of 86 per cent of United Nations member states, provision of free and compulsory pre-primary education was strongly associated with an average increase of 16 per cent in pre-primary net enrolment rates, after adjusting for per capita GDP and levels of urbanisation (Milovantseva, Earle and Heymann, 2018). However, only three of the eight countries (Afghanistan, Bangladesh and Nepal) in the region have guaranteed provision of at least one year of free pre-primary education within their legal frameworks (UNESCO Institute for Statistics, 2019),[13] with Nepal being the only country introducing two years of free and compulsory pre-primary education. This suggests that the onus of financing childcare in the region, especially in the first three years of a child's life, rests primarily on households. In Bangladesh, access to community-based ECD centres did not guarantee uptake as women, especially in the informal sector, reported to have considered it unaffordable and unviable (DFID and Work and Opportunities for Women (WOW), 2020). For women working in the ready-made garment (RMG) industry in Bangladesh, the lack of affordable childcare options forces many of them to leave their children behind in the village to be cared for by extended family, while they migrate to the city to work (UNICEF, 2015).

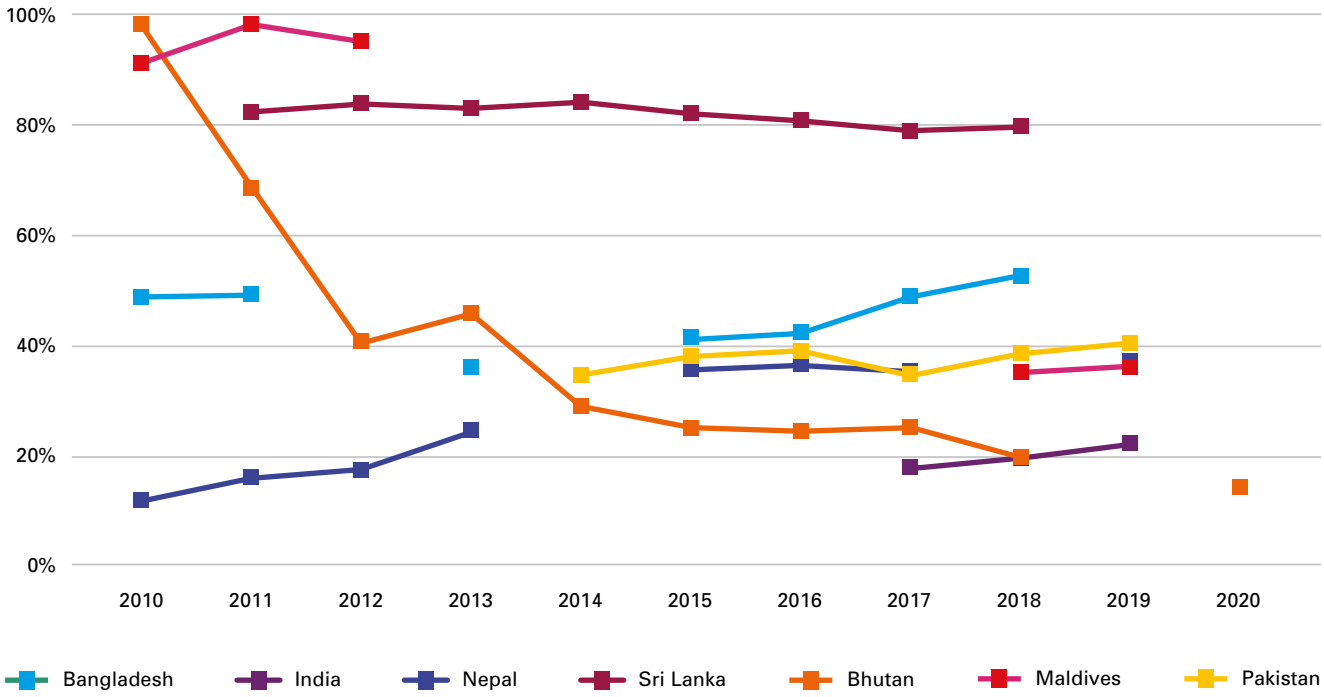
A growing presence of non-state childcare providers in South Asia has also introduced concerns around affordability and equitable access (*see Figure 4.3*) to these services. In Sri Lanka, the majority of centres are owned and managed by non-state actors, including private (70 per cent), and religious and NGOs (10 per cent), with minimal state involvement (Ministry of Women and Child Affairs, 2016). This results in 89 per cent of all ECD centres being fee-levying with monthly fees per child varying from Rs. 500 to 999 (Ministry of Women and Child Affairs, 2016) or 7 per cent to 14 per cent of household income for the poorest 20 per cent of households[14]. Efforts to ease the financial burden on households and increase uptake of services have been undertaken in India through the revamped community-based National Creche Scheme, which provides access to highly subsidised on-site or near-home crèche facilities for low-income working mothers. Monthly costs for crèche facilities range between Rs. 20 to 200 per child,[15] making it affordable and viable for low-income families to consider.

13 Afghanistan and Bangladesh guarantee one year of free pre-primary education; and Nepal being the only country that guarantees two years of free pre-primary education.

14 With the median household income for the poorest 20 per cent of households being at Rs. 14,843 (Sri Lanka HIES, 2016), a family with 2 children under 5 years could spend up to Rs. 2,000 per month on fees alone. Additional indirect costs, like transportation, have not been included here.

15 Monthly user charges per child amount to Rs. 20 (for families below the poverty line), Rs. 100 (families with monthly income up to Rs. 12,000) or Rs. 200 (for families whose monthly income exceeds Rs. 12,000).

Figure 4.3: Percentage of private enrolments in pre-primary education in South Asia



Source: UNESCO UIS, 2020

4.3.3 Quality

Quality provision of care in the early years through adequate stimulus and engagement can foster cognitive development and place children on an upward trajectory of growth. However, the extent of ECD provision in the region has been limited, with the low uptake prompting fewer studies examining issues of quality care provision. The ICDS Programme, India's flagship programme on ECD provision through Anganwadi Centres (AWCs)[16] has been criticised for quality and service delivery gaps. A longitudinal study among pre-school children in three states in India showed that poor quality infrastructure, outdated curriculum and pedagogical content, along with the lack of overall monitoring and supervisory personnel undermined the delivery of quality ECD services (Kaul et al., 2017; Tripathy, M., S.P. Kamath, 2014).[17] Moreover, AWWs (Anganwadi Workers) were least prepared or trained to provide ECD services with limited access to educational resources or in-service training opportunities.[18]

16 ICDS was designed to provide an integrated continuum of childcare provision, combining early childcare needs (supplementary nutrition, immunisation, health referral services) with education (stimulation, school preparedness and learning).

17 With access to limited physical infrastructure, AWCs were run from rented accommodation, school premises, make-shift facilities in the outskirts of the village or even in the homes of the care workers. More than half of the centres (54 per cent) in the study had insufficient seating for children, no or limited access to toilets and sanitation facilities.

18 The report is based on a five-year longitudinal study on a cohort of 14,000 four- to eight-year-old children in three states (Assam, Rajasthan and Telangana) in India.

Recruitment and retention of qualified and trained staff is another important measure of quality in childcare provision. In Nepal, the increase in access to Government-funded pre-primary education through community and school-based centres was not accompanied by improvements in quality provision, which was mostly poor. There were high pupil-teacher ratios, low levels of qualified and trained staff, low facilitator recruitment, remuneration and retention and lapses in monitoring systems for establishing and maintaining quality assurance (UNESCO, 2016). A study of 96 day care centres in Sri Lanka revealed that the quality of childcare provision was mediocre, with over half of the centres not being adequately equipped with trained personnel and high staff-student ratios (Herath, Punchihewa, Herath and Herath, 2013). Non-availability and low levels of trained teachers in India is quite common with 65 per cent of co-located pre-primary classes not having a teacher (Kaul et al., 2017). In addition to this, inadequate infrastructure and over-reliance on rote and repetitive learning are some of the reasons for the poor performance of pre-primary schools

Efforts to design childcare interventions that respond to the needs of working families is a critical measure of quality. Most forms of ECD provision are shorter in duration and do not provide a continuum of care that responds to the needs of working families. In Bangladesh, the majority of community-based day care and ECD centres for children aged 3–5 years run sessions for a maximum of two and a half to four hours every day (Synergos, 2020) without additional care support mechanisms in place. In India, the duration of care provision in AWCs is for two to four hours, which least benefits low-income working families in the informal sector, who work long, erratic hours (Palriwala and Neetha, 2010). In response to this gap, the recently revamped National Creche Scheme (Ministry of Women and Child Development, 2015) in India aims to address childcare needs of both urban and rural working women. The programme provides a comprehensive provision of day care (including sleeping facilities) along with supplementary nutrition, immunisation, health check-up and monitoring, along with early stimulation activities for children under 3 years of age and structured curriculum for pre-school children. Being co-financed by federal and state governments, the highly subsidised crèche facility will cater to working mothers for a duration of 7.5 hours per day for 26 days per month.[19] This ensures a seamless provision of care for children and working families.

Monitoring and regulation of childcare is an important mechanism to ensure providers are held accountable to meet established quality standards. India's National Creche Scheme proposes a multi-tiered (community, district level), multi-platform (local crèche committees, District Monitoring committees, mobile/web-based performance tracking) monitoring mechanism between parents, administrators and District Child Protection Units to enhance transparency and accountability in service provision. Sri Lanka's National Guidelines for Child Day Care Centres is a bold and innovative effort to monitor and regulate the provision of 1,200 day care facilities across the country (Ministry of Women and Child Affairs, 2019; National Child Protection Agency, 2016). As part of the National Day Care Centre Policy, efforts to implement and monitor the quality and performance rating system to publicly identify and reward high-performing providers, will promote transparency, accountability and quality provision that benefits all involved, including parents, providers and children.

19 Each crèche will have one crèche worker and one crèche helper to provide care for up to 10 children (aged 6 months to 3 years) and 15 children (ages 3–6 years). Minimum qualifications for crèche workers will be Class XII and that of the helper, Class 10, with training received from government-approved training centres within three years of recruitment. Other facilities in the crèche would include access to light and well-ventilated rooms, a provision of food which is cooked in an on-site kitchen, play equipment, drinking facilities and access to child-friendly toilets.

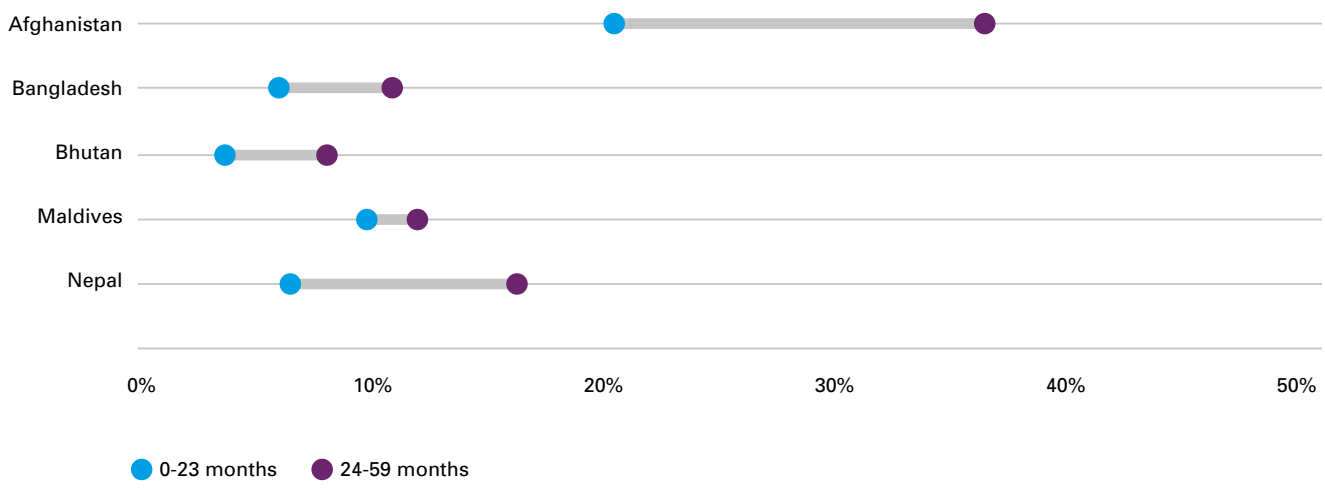
4.4 Invisibility of unpaid care and women: women's employment and linkages with childcare

Over the last three decades, female participation in the labour force has been low and quite varied across the region (*see Chapter 2*). Low levels of education, highly entrenched patriarchal norms and traditional values are factors that contribute to low levels of women's engagement in the labour force and greater feminisation of the informal sector and provision of unpaid care. As mentioned above, a majority of the workforce is employed in the informal sector, with a higher rate of 91 per cent for women. Many women are in low-paid, unorganized work, including self-employed, home-based or unpaid family workers (Bonnet, Vanek and Chen, 2019), who are actively contributing to the economy, with low or no return on effort. Growing urbanisation, rural-urban migration flows and the subsequent impact on family structures reduces the extended childcare support that families customarily relied on.

The complex interlinkages between childcare and women's work, especially for low-income families within a context of low-paying jobs and lack of access to alternative childcare places a disproportionate burden of the work-care balance on women. The relationship between childcare and women's paid work is mediated by several factors, including household structure and access to alternative paid work and care arrangements for both men and women leaving working mothers less time for direct, rather than indirect supervisory childcare (Chopra et al., 2020).[20] This inequality is further exacerbated in low-income, female-headed, single-parent households (as in Bhutan, Nepal, the Maldives and Sri Lanka where 20-40 per cent of households are female-headed) (Ministry of Women and Child Affairs, 2016; United Nations, Department of Economic and Social Affairs, 2019) where high levels of male out-migration and social norms dictates the feminisation of unpaid childcare provision. Limited access to extended familial support compels women to seek out informal care arrangements, through neighbours and friends or leave their child unattended at home (*see Figure 4.4*) which puts children at risk of being targets of violence, exploitation, and harm. Older (children aged 2–5 years) relative to younger children (under 2 years) were more likely to be left behind with minimal supervision, though in Afghanistan, one in five children under 2 years of age were left unattended at home. This makes the need to examine childcare options from the perspective of working women and their work contexts imperative to advance the well-being of both children and working mothers.

20 A four-country study examining time spent on childcare showed that mothers in India and Nepal spend two to three hours a day in direct childcare provision in comparison to at least five hours a day in supervisory care (IDS, 2020, Nepal), with less time available for personal care, leisure or employment. Intensity of care varied by seasonality (school holidays, exams, festivals) and location with greater childcare intensity when children are not in school, and for women in urban than rural areas where access to extended familial support is limited.

Figure 4.4: Percentage of children under age 5 left alone or left in the care of another child younger than 10 years of age for more than one hour at least once during the past week



Source: UNICEF, 2020 (based on MICS, latest available years).

4.4.1 Employer-provided childcare in the formal sector

Provision of quality, worker-friendly childcare support at the workplace has several benefits to employees and employers. Firstly, the provision of childcare at the workplace can improve women's entry, attendance, productivity, and retention in the workforce for longer durations of time (DFID and Work and Opportunities for Women (WOW), 2020; IFC, 2019). This can enhance their job security, reduce pay volatility, and enhance the livelihoods of their families. Secondly, increasing worker productivity and staff retention can boost returns not only for business but also for employers to actively engage in corporate social responsibility. Finally, providing suitable on-site childcare options for workers allows women to relieve or 'neutralize' their family-based and social networks (older women, older children) to take up other employment or educational options instead (Ranganathan and Pedulla, 2018).

In South Asia, an increasing trend in employer-based provision of childcare closely aligns with the need to 'recognize, reduce and redistribute' (International Labour Organization, 2018) unpaid care responsibilities of women in order to increase women's labour force participation, economic empowerment and overall well-being of women, children and their families. Labour policies and legislative frameworks in four of the eight countries in the region (Afghanistan, Bangladesh, India and Pakistan in Table 4.1) mandates employers to ensure on-site childcare provision at the workplace, though three out of the four (excluding Afghanistan) requires a minimum threshold of women employees to trigger enforcement. Two countries, Nepal and Sri Lanka, have considered introducing similar legislation, though recent obfuscation of wording (Sri Lanka) or reversal of legislation (Nepal in 2017) limits any direct responsibility on employers, which drastically hinders enforcement. Further, limited or complete lack of national-level monitoring and enforcement capacity measures challenges compliance with these regulations. In Pakistan, capacity to monitor and ensure compliance in labour standards is limited with only 547 inspectors (of whom 17 were women inspectors) responsible for 350,000 factories across the country (Human Rights Watch, 2019). In Bangladesh, employers set

up make-shift childcare facilities that passed client quality standards during buyer visits, but were considered non-functional, operationally unviable, unaffordable or used as storage space (Awaj Foundation, 2019). Of the 3,255 RMG factories surveyed only 66 per cent were in compliance with government regulations for provision of on-site childcare facilities with only 13 per cent of workers interviewed reporting centres to be functional with quality provisions of care. Box 4.1 shows an initiative by UNICEF to encourage employers of the RMG in Bangladesh to comply with legislation and offer maternity protection to unskilled women. However, addressing supply side constraints and acknowledging employers' role in providing childcare is a critical point of consensus.

Even when childcare is provided, demand-side barriers may prevail on account of low employee awareness on their right to childcare benefits or poor perceptions of work-based childcare to be unsafe and unsuitable for children (Awaj Foundation, 2019). Lack of transportation or long, and at times hazardous, commutes to work and erratic work hours are also other barriers that parents face in considering employer-based childcare as a viable option (UNICEF, 2015). Many factories had age-restrictions (exclusion of three- to six-year-olds in Bangladesh or children under 1 or 3 years of age in India) or only allowed one child from each family at the on-site crèche (Cividep India, 2016; UNICEF, 2015). This leaves a "care schism" that makes work-based childcare untenable for working families. Some non-governmental organizations help to fill this gap by facilitating childcare services for poor working women. Box 4.2 discusses some grassroot initiatives taken in Bangladesh to support RMG sector workers, through provision of childcare both inside and outside factories.

Conducting regular assessments of workers' childcare needs can help employers better understand how to design childcare interventions which are beneficial for all. Building capacity to monitor and enforce legislation will build employer accountability and ensure workers' rights are met. Modifying current legislation to be gender neutral and not conditional on the employment of women alone may not only expand the notion of childcare provision for all working families, but may reduce workplace discrimination on the recruitment of women and enhance the roles of fathers in contributing to child rearing responsibilities which challenges existing gender norms and redistributes unpaid childcare at home. Encouraging employer investments in child-friendly workplaces that prioritises employee well-being and provides a win-win situation in increasing worker attendance (Ranganathan and Pedulla, 2018), worker productivity and retention, can in turn boost business and well-being for all.

Box 4.1: UNICEF Mothers@Work programme

Women working in the RMG industry in Bangladesh receive inadequate maternity protection despite being entitled to it by legislation. They also have limited childcare options, even though by law companies with more than 40 female employees should provide childcare in the workplace. Among the estimated 4 million workers in the RMG sector, up to 54 per cent are women of reproductive age. High employee turnover due to difficulties in reconciling family and work remains a matter of concern for many garment factories in Bangladesh.

UNICEF and partnering organizations established the Mothers@Work programme in 2017 to support maternity protection and breastfeeding promotion for unskilled female factory workers in peri-urban and urban slum areas. The initiative formulated Seven Minimum Standards (including childcare provision, breastfeeding breaks, paid maternity leave and safe-work provision) which reflects Bangladesh labour laws and the global framework on maternity protection. These minimum standards guide employers to ensure the rights of women and children are respected in the workplace. By early 2020, a total of 90 RMG factories in the country had adopted the approach, and UNICEF's goal is to reach a total of 1 million female RMG workers by 2025, and 2 million by 2030.

Source: UNICEF, *The Ready-made Garment Sector and Children in Bangladesh*, UNICEF, New York, 2015.
UNICEF, *Bangladesh's Mothers@Work Model: Partnering with the Garment Sector to Promote Breastfeeding on the Factory Floor*, UNICEF, Unpublished, 2020.

Box 4.2: Grassroot initiatives to offer childcare services to workers of the Garment Industry

Wages for unskilled workers in the textile sector in Bangladesh and other countries in the region are low, which means private childcare is unaffordable for parents. Many garment workers are migrants coming from rural areas and living in slums, therefore lacking access to basic facilities as well as an extended network of support. Although Bangladeshi law dictates that garment factories of more than 40 female workers are required to have space assigned for a crèche, in practice these are not appropriate for the care of children, as they are not filled with teachers or caretakers, toys are not given to children, and there is no attention paid to child skills development. The result is that most mothers do not use workplace crèches, or they quit their job for a certain amount of time while the child is small, until they reach an age when somebody else can take care of them.

As a response to the lack of childcare options for working mothers, charity organizations and NGOs aim to fill this gap. For example, TRAID is a charity organization in the UK funding child centres in Dhaka, Bangladesh. The centres provide quality care, nutritious food and education to children of very poor garment workers, mainly single mothers.

Another example is the Shobujer Ovijan Foundation (SOF), working with factory management to put in place day care centres inside the factories for children aged 0–3 years. A special room is filled with materials that allow children to learn and play, and a trained caregiver supervises children while supporting their physical, social, and cognitive development. This space also allows women to breastfeed. Given the need for care for older children (children aged 4–6 years), SOF also established a community-based day care centre outside the factories. Since then, and with the financial support of organizations like Global Fund for Children, SOF has established 47 day care centres inside garment factories, as well as four community-based day care centres.

Source:
Ray, Pramita, *Needs Assessment for Childcare Facilities in Bangalore's Garment Industry*, Cividep, Bangalore, 2020.
Website: Supporting the Children of Garment Workers - TRAID.
Website: Bringing daycare to Dhaka | Global Fund for Children.

Table 4.1: Labour legislation on employer-based childcare provision in South Asia (information not available for Bhutan and the Maldives)

Countries	Legal obligation for employers to provide childcare	Labour Laws
Afghanistan	Labor Code (Article 126)	Article 126: "(1) Administration shall be obliged to establish a nursery and kindergardern for the children of its female Employees. (2) The care of and attention to children, conditions for admission, training and nursing in nurseries and kindergartens shall be regulated in accordance with the relevant legislative document."
Bangladesh	Bangladesh Labour Act, 2006 (Section 94)	In every establishment, where 40 (forty) or more female workers are ordinarily employed, one or more suitable rooms shall be provided and maintained for the use of their children who are under the age of 6 (six) years. These rooms will provide adequate accommodation, must have adequate lighting, ventilated and maintained in a clean and sanitary condition, and will be under the charge of women trained or experienced in childcare.
India	Maternity Benefits Act 1961, amended in 2008; Factories Act 1948, amended by the Factories (Amendment) Act, 1987; Employees" State Insurance Act 1948, varied by Act 45, 1984; The Unorganised Workers' Social Security Act, Act No 33, 2008; Mines Act 1952; Plantation Act, 1951; Inter-State Migrant Workers Act, 1980 NREGA 2005	In every factory where more than 30 women workers are ordinarily employed a suitable room or rooms for the use of these women's children under 6 years of age shall be provided and maintained. Such rooms shall provide adequate accommodation, be adequately lighted and ventilated, be maintained in a clean and sanitary condition and be under the charge of women trained in the care of children and infants.
Nepal	Labour Act 1991 Labour Rules 1994	Where 50 or more female workers and employees are engaged in the work, the owner of the enterprise shall have to make provisions of a healthy room for the use of children of such female workers and employees. However, the 2017 Labour Act amendment removed these provisions.
Pakistan	The Labour Protection Policy 2006 and Labour Policy 2010 refer to the provision of day care facilities for the children of working mothers. Day care facilities have also been ensured for children of working mothers under the Factories Act 1934.	According to the section 33Q, the Provincial Government can make rules requiring a factory wherein more than 50 women are employed, a suitable room shall be reserved for children, under the age of 6 years, belonging to these women.
Sri Lanka	No. 32 of 1939 Maternity Benefits Ordinance Act, Section 12A	"The employer of more than a prescribed number of women workers in any trade shall establish and maintain ... a creche for children five years of age, and shall allow any such worker who has in her care a child or children under five years of age, to leave such child or children in such creche during the hours when she is required to work for the employer."

4.4.2 Childcare in the informal sector

Around 91 per cent of women in South Asia work in the informal sector, compared to 87 per cent of men (Bonnet et al., 2019), particularly as home-based, self-employed or unpaid family workers. Within the informal sector, non-agricultural types of informal employment remain a significant source of income for women, with around 77 per cent of women working in the region. Childcare options for informal workers are limited and, in most instances, non-existent (Chopra et al., 2020; ILO and WIEGO, 2019). This forces women to quit their jobs or take their children to work alongside them, which may pose a risk to children's health and overall development. Women working in the informal sector report three main approaches to addressing childcare: combining work and care, relying on extended family or community; and sending children to centre-based care services (Chopra et al., 2020).

Combining work and unpaid care among home-based workers

In conservative societies, like in Afghanistan, Pakistan and Bangladesh (Kotikula et al., 2019; The Asia Foundation, 2020; World Bank, 2019), where socio-cultural norms of 'purdah', restrictive mobility and men's disapproval towards women's employment impedes women's freedom to undertake work outside of the household, home-based work is a preferred form of employment. Home-based workers form a critical part of the supply-chain for the manufacturing sector (apparel, shoes, domestic garment industry) and are often employed on a short-term, per-order or seasonal basis, with no other benefits provided. Though combining work and care provides a level of flexibility for home-based workers, the unregulated form of employment locks women into low-paying, low-value jobs with limited opportunities to transition into the formal sector (World Bank, 2018). Moreover, declining productivity on account of childcare responsibilities may also result in lower earnings (Moussié and Alfers, 2018) which undermines efforts to combine earning with caring.

Relying on home-based care

Informal workers also rely on the provision of home-based childcare through family and non-family social networks. This includes the work of unskilled domestic workers who work in private homes to relieve other women (more often higher-skilled and from middle-high-income households) from undertaking childcare responsibilities. While domestic workers provide vital childcare provision for other working mothers, sometimes in another city or country, they leave their own children behind to be cared for by extended family or friends (Alfers, 2016) creating ripples of paid and unpaid care provision. Domestic workers are unorganized workers, often coming from disadvantaged communities (minority ethnic groups, low-income, backward caste) who are excluded from national labour legislation with no entitlements to benefits, decent work conditions or protection. Efforts to advocate for the rights and protection of domestic workers is critical in advancing the care needs of all.

The COVID-19 pandemic has seen the closure of many workplaces, with formal and informal workers losing jobs and fewer workers employed in sectors that are amenable to working from home. The closures of schools and childcare facilities in many countries, together with restrictions on movements and family gatherings, have meant that parents' usual childcare options are also not available. This has meant that many parents who usually work outside the home have been forced into a position of working from home or staying unemployed while caring for children at the same time. This burden has fallen disproportionately on women (Petts, Carlson and Pepin, 2020).

Employer, community and centre-based care

Women informal workers seek non-family childcare provision to enable them to work, as long as it complements their work, is accessible and affordable (ILO and WIEGO, 2019). However, few countries offer labour legislation that mandate employer-based care provision for informal workers. In India, informal workers in the building and construction sector have relied on the enforcement of the Factory Act of 1948,[21] that mandates employers in unorganized sectors to ensure provision of crèches at the workplace. Mobile Creches works with employers at construction sites and urban informal settings to provide quality and responsive childcare and supervision while parents are at work (Mobile Creches, 2020). Co-operative care models (*see Box 4.3*) provide a platform for informal workers to organize and collectively bargain issues of interest (wages and benefits, professionalisation of workers) while providing a viable alternative of care that responds to the realities of working parents (ILO and WIEGO, 2018).

Box 4.3: SEWA Childcare Cooperative

SEWA is a trade union with around 2 million female informal workers which set up a Child Care Workers' Cooperative in 1986 in India's region of Ahmedabad. The cooperative administers 13 childcare centres covering 350–400 children aged 0–6 years. Children receive integrated childcare services, including basic education and social skills, adequate nutrition and basic health services. As workers can only be paid up to a certain amount, the cooperative receives money from other SEWA cooperative structures, donor funds and public subsidies such as those provided under the Rajiv Gandhi National Creche Scheme.

Source: ILO and WIEGO 2019.

4.5 Discussion

Accessible, affordable and quality non-familial childcare is paramount to unlocking the needs and potential of women, and working families, to secure work and stay gainfully employed while they contribute to their economic and overall well-being. While huge strides have been made with global commitments and investments towards ECD, the discourse around childcare and education have been largely polarised between the provision of health and nutritional interventions and the educational focus of pre-primary education and school readiness. This "care schism" significantly fragments the broader discourse around childcare and development and lays to bare a sizeable gap in essential childcare provision that is traditionally relegated to households, who are often unprepared, under-resourced and unavailable to provide.

21 A number of different acts and legal frameworks in India have mandated employers (for the formal/informal sector) to provide crèches at the workplace. This includes the Factories Act, 1948 (which requires every factory that employs more than 30 women workers to provide on-site crèche facilities); The Beedi and Cigar Workers (Conditions of Employment) Act, 1966; the Plantation Labour Act, 1951; the Contract Labour (Regulation and Abolition) Act, 1970; the Inter-State Migrant Workmen (Regulation of Employment and Conditions of Service) Act (1979 or 1980); the Construction Workers Act (Regulation of Employment and Conditions of work) 1996; and the National Rural Employment Guarantee Act 2005 also require provision of crèche facilities for children under the age of 6.

Meeting the care needs of children under 3 years of age needs to be acknowledged, addressed and distinguished from those in the pre-primary age group (children aged 3–6 years) through increased provision in the community, school, and workplace. Regulation of care centres and provision of financial support to aid professionalisation, upskilling and accreditation of informal care workers to join the care workforce will help address issues of unpaid care work. This will also help transitioning these workers from informal to formal employment with dignity, through better wages, working conditions and job security. Better evidence through research on unpaid care and specific targets to measure and track progress in the provision of quality childcare provision will help unveil the 'hidden' aspects of care and work. Bridging the 'care schism' will position low-income families to have the right start for their children (SDGs 4.2, 2, 3) while reducing unpaid care for women (SDG 5.4) and alleviating income, social and gender inequalities (SDGs 1, 5, 10) in labour participation that propels upward social mobility, especially for women, and advances opportunities for all children to grow, learn and thrive equally in society.

5. CONCLUSIONS

In this concluding chapter we summarize the main points from the analysis in Chapters 2 to 4 and present a framework for identifying policies that can cater to the needs of all families in the South Asia region, irrespective of work status.

5.1 Summary

Family-friendly policies are generally conceived as a set of policies that help parents/caregivers to reconcile work and family life. This work adopts a broad approach and considers three areas of policy: workplace, childcare, and non-contributory social protection.

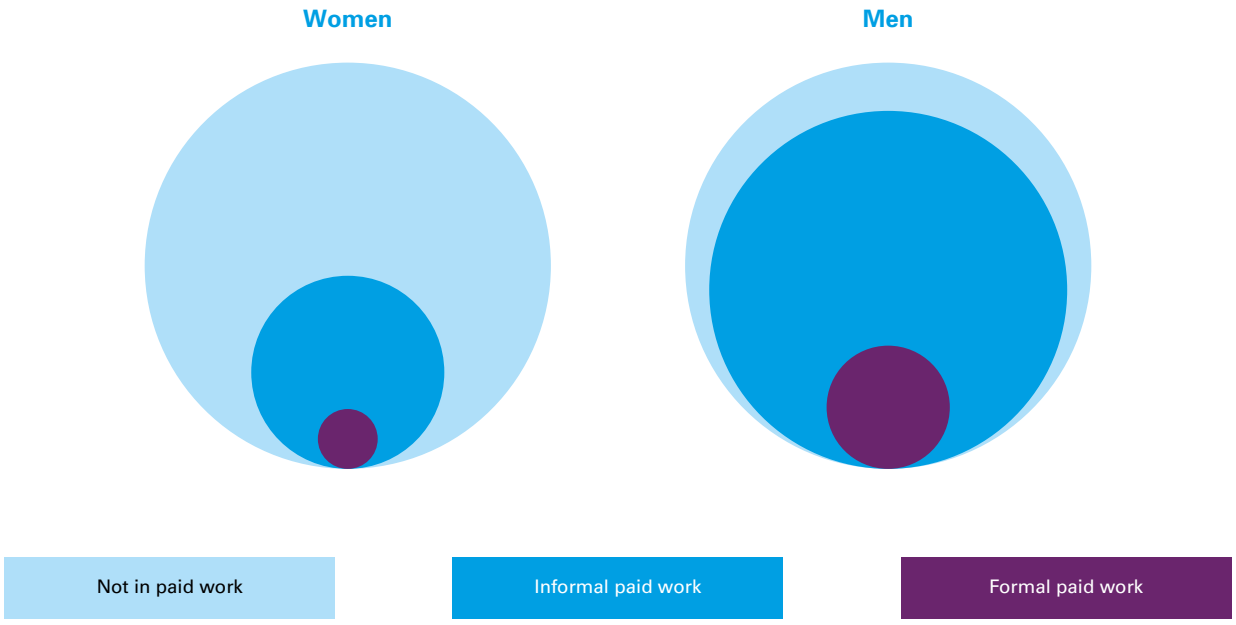
5.1.1 Workplace

Any discussion of family-friendly policies in South Asia needs to be informed by patterns of labour force participation and types of employment in the region. This includes the strong tendency towards informal employment and gender-based patterns:

- Only 23 per cent of women are in the labour force in South Asia, and 91 per cent of these women are in informal employment. This means that only around one in 50 women (2 per cent) are in formal employment.
- A similar calculation indicates that less than one in 10 men are in formal employment.

We can therefore visualise the current status of work in the region as three nested circles – all women/men in unpaid work (including childcare provision), informal paid employment and, all women/men in formal paid employment (*see Figure 5.1*).

Figure 5.1: Summary of paid work status of women and men in South Asia



Based on these patterns, family-friendly policies that focus on the rights of formal employees will only touch a small minority of families in the region. There is a need therefore to extend the discourse around family-friendly policies beyond the formal workplace. Most informal workers have partial or no access to social protection (including family-friendly benefits). Thus, they are more likely to work in unhealthy conditions, receive lower and more volatile salaries and lack bargaining power to claim basic rights. Informal employment is highly heterogeneous, with those in temporary or casual labour or subsistence self-employment (like home-based workers or contributing family members) facing high levels of poverty. The type of informal employment also varies significantly by gender, with women being overrepresented in home-based work. One of the main reasons why a big share of women work in their homes are gender norms, which limit women's mobility and assign disproportionate responsibility for unpaid care work to women. Homeworkers face invisibility, isolation, vulnerability, and vague working status.

While the discussion of family-friendly policies should not be restricted to the formal sector, employment laws and standards nevertheless represent an important foundation. These provisions are patchy and variable across the region:

- *Maternity leave and support:* Only India and Bangladesh comply with the ILO standard of 14 weeks of maternity leave, and only India follows the ILO recommendation of 18 weeks. On average less than 10 per cent of women in employment are contributing to maternity cash benefits schemes. India and Nepal have maternity leave programmes financed though social security contributions (which are shared by employees and employers and administered by the Government). The other countries have an employer liability system, which puts the burden on the employers and can disincentivize the hiring of female workers. This also means self-employed workers are likely to be excluded from maternity and other family-friendly benefits.

- *Paternity and parental leave:* Only Bhutan, the Maldives and Nepal have adopted paternity leave legislation, assuring leave for five, three and 15 days, respectively. Only Bhutan and the Maldives have guaranteed parental leave provisions for children's everyday health needs.

- *Support for breastfeeding at work:* In all countries but Bangladesh and Pakistan, mothers are guaranteed breastfeeding breaks by law, although the period of entitlement varies substantially by country. Stronger legislation on breastfeeding is sometimes associated with higher breastfeeding rates, but not always. Rates also depend on the proportion of women in the formal sector, cultural attitudes and gender norms.

Policies regarding leave and breastfeeding support can be factors that enable parents, particularly women, with young children to continue in or return to work. There are also other factors that can act as gender-based barriers to paid work and a wider range of policies that may act as hindering or enabling factors.

- *Gender discrimination in employment law:* There are gender-based differences to several aspects of employment law in some countries across the region. There are gender-based equal pay protections for equal work in two of the eight countries. In five countries there are restrictions on the types of industries in which women can work. Only four of the eight countries have legislation that prohibits discrimination in employment based on gender.

- *Sexual harassment in and beyond the workplace:* The risk of sexual harassment within the workplace, including on the journey to and from work, can act as a significant barrier to women's paid employment. There is legislation against sexual harassment at work in all countries, but this does not mean that such harassment does not exist. While large-scale statistical studies are rare, there is evidence that substantial levels of sexual violence exist within workplaces. Additionally, studies in various cities and areas within the region have indicated high levels of sexual harassment of women in public spaces including on public transport.

Beyond these labour market policies, patterns of education and training can represent enabling or hindering factors for entering the labour force. Again, there is a gender dimension to this issue. Girls may be expected to take on more caring and household responsibilities than boys as they grow up and this may affect time available for, or completion of, schooling. There is a huge gender difference in NEET rates among young people in the region – amounting to 53 per cent of young women aged 15 to 24 compared to 6 per cent of young men. Irrespective of the generosity of workplace policies, differences in access to education and training can act as substantial barriers to entering the workforce.

As we show in Figure 2.5 there are large disparities on the total time spent by women and men in different types of paid and unpaid work, the latter including household and caring responsibilities. This is likely to reflect underlying social expectations and norms about gender roles. Changing formal workplace policies without addressing these underlying disparities will not lead to family-friendly solutions that enable both women and men to find a good balance between responsibilities for caring and earning.

A comprehensive set of family-friendly policies therefore needs to go well beyond specific rights for workers to also tackle the structural and social barriers to parents, and particularly women, entering or returning to paid employment.

5.1.2 Social protection

Another way in which families can benefit from family-friendly policies is though non-contributory social protection (also referred to as social assistance). Expenditure on non-contributory social protection (programmes financed though general taxation) is lower than 0.5 per cent of GDP in all countries except the Maldives and Nepal (with expenditures slightly below 2 per cent) who have begun to build more inclusive and ambitious social protection systems. In this report we have reviewed all nationwide social assistance programmes and selected those that we define as 'family-friendly', that is those that provide cash or other support to pregnant and lactating women, or to parents with young children (and excluding nutrition or education interventions).

- *Benefits for pregnant and lactating women:* This paper has identified six 'maternity benefits' government schemes for women in the informal sector or outside the labour force: Bangladesh (1), Nepal (1), India (2) and Sri Lanka (2). These programmes either provide cash transfers or vouchers to pregnant and lactating women or offer incentives to deliver in a health facility. Three are universal or quasi-universal, while three are targeted at poor women. The targeted programmes cover a relatively high percentage of pregnant women, while universal or quasi-universal programmes are generally not universal in practice. The low coverage is due to various factors including low awareness, weak implementation capacity and cumbersome application processes. Moreover, these schemes are not generous enough to cover the cost of delivery or assure an adequate diet for

mothers and their babies. Benefits are below or slightly above the extreme poverty line. This partly explains the mostly modest impacts found until now.

- *Child benefits and other benefits for families with young children:* Precise data on coverage of non-contributory social protection is limited, but Arruda et al. (2020) have estimated that only 10 per cent of children benefit from most social protection programmes. This paper has identified five government schemes focusing on children or families with children: India (1), the Maldives (1), Nepal (1), Pakistan (1) and Sri Lanka (1). Three of the flagship cash transfer programmes in the region (Nepal Child Grant, Pakistan BISP, and Sri Lanka Samurdhi) have very low benefit adequacy, explaining the generally low impacts found to date. Implementation of poverty-targeted transfers has been weak and difficulties in targeting lead to high exclusion errors. This is a reason why investing in universal child benefits could improve the beneficial impacts of social protection.

5.1.3 Childcare

Based on the provider type and locus of provision, childcare provision may be broadly categorised as: home-based care (paid or unpaid provision by a family member or domestic worker), community-based care (mostly by civil society organizations), centre-based care (provided by government, NGOs or private providers), and work-based care. Data on coverage of childcare centres is not available, but concerns exist around affordability, equitable access, and quality of these services. Low-paying jobs and lack of access to alternative childcare places a disproportionate burden of the work-care balance on women.

- *Childcare in the formal sector:* Labour policies and legislative frameworks in four of the eight countries in the region (Afghanistan, Bangladesh, India and Pakistan) mandates employers to ensure on-site childcare provision at the workplace but limited or lack of monitoring mechanisms and enforcement capacity measures challenges compliance with these regulations. As an example, out of 3,255 RMG factories surveyed in Bangladesh, only 66 per cent were in compliance with Government regulations for provision of on-site childcare facilities, with only 13 per cent of workers reporting centres to be functional. Demand-side barriers include low employee awareness on their right to childcare benefits and poor perceptions of work-based childcare.

- *Childcare in the informal sector:* Women working in the informal sector report three main approaches to addressing childcare: combining work and care (common in traditional societies with very patriarchal gender norms), relying on extended family or community, and sending children to centre-based care services (Chopra et al., 2020). Mobile crèches and cooperative care models are examples of initiatives to offer childcare options for women in the informal sector, though these are present mainly in India.

5.2 Implications

The implications of the analysis presented in this paper are that a comprehensive approach to family-friendly policy in South Asia requires a coherent approach across the workplace, childcare provision and social protection in order to meet the varying needs of all families with young children in the region. A narrow focus on improvements to conditions for those in formal employment will only benefit a small minority of families. In isolation from other measures, this approach may also have unintended negative effects (e.g., employers discriminating against employing women of reproductive age, or moving people to informal conditions to avoid compliance on existing legislation).

5.2.1 What should be done?

A comprehensive and coherent set of family-friendly policies for the region needs to:

a) provide opportunities and remove barriers to people moving into employment, and from informal to formal employment, while

b) also supporting people who cannot make these transitions.

As a result, our recommendations are structured around five questions that can be used to inform a coherent and balanced approach to the issues.

1. What should be available to all parents and households?

First, ensure that all parents and other caregivers in all households receive support, irrespective of their work status. This should include improved coverage and access to social protection for pregnant and lactating women and families with young children. As highlighted in Chapter 3, this requires improved communication of programmes and their eligibility criteria; simplified application processes; improved capacity at the different implementation levels; and significant increases in fiscal space. The aim should be to reach a higher number of beneficiaries of social protection while avoiding targeting errors. While the above recommended actions would improve the performance of non-contributory social protection in general, they are also relevant when talking more specifically about family-friendly social protection. South Asia has some maternity and child benefits in place which are universal or quasi-universal, and there are plans to expand or introduce new programmes in countries like Bhutan and Sri Lanka (*see Case Study 2*). Countries could start by gradually expanding age eligibility or by offering benefits to the whole eligible population in the most deprived areas and gradually roll-out the programme to less vulnerable regions. Efforts are also being taken to improve the institutional capacity of social protection systems and improve delivery and implementation of government schemes (Case Study 1 describes the case of Pakistan as an example). Families with young children should also have access to some form of early years quality childcare services if they wish to use these. Such services can relieve the pressures on parents, whether they are engaged in paid or unpaid work (within or outside the home) or attending education or training. They can also provide children with a wider range of stimulations and exposures that can be beneficial to their development.

2. What should be available to help people move into employment?

The analysis in this report has highlighted significant barriers to parents entering the labour market, particularly for women. One key area for attention is the provision of training/education opportunities to gain skills relevant to the job market and to secure decent employment. Secondary school enrolment rates[22] in the region average at 70 per cent, ranging from 55 per cent in Afghanistan to 100 per cent in Sri Lanka. The average lower secondary school completion rate in the region is 78 per cent.[23] The high youth NEET rates in the region, particularly for females, indicate that many young people are not gaining access to early and ongoing educational and training opportunities. This suggests the need for greater emphasis on providing ongoing, good quality, and relevant opportunities for women in particular to enable them to enter, re-skill and/or re-enter the workforce. There is also a need to tackle other barriers to engaging in employment, including poor and unsafe transportation alongside cultural norms which negatively impact the possibilities for women to work outside the home.

3. What should be available to all working parents (irrespective of formality)?

Immediately before and after the birth of a child, some form of maternity benefit or financial support should be available so that women should not have to continue in paid work during this period. Examples from countries in other regions of how workplace benefits can be extended to reach informal workers were provided in Chapter 2. All workers should be aware of their rights (to a minimum wage, to be part of a trade union, and to claim family-friendly benefits where applicable), and they should also be informed on how to access benefits and of future advantages of paying contributions. Some form of paternity leave for all fathers as well as ongoing flexibility for parents to choose not to have to work when their children have specific needs, such as during illness, should also be available. A second key component is access to quality childcare. There is a need for expanded provision and better access to government schemes and to childcare facilities. This should include meeting the needs of people who live in isolated places and have more difficulties in accessing services.

4. What should be available to promote a transition from informal to formal employment?

While formal employment should not be considered as the ideal solution for all circumstances, there is a need to ensure that barriers to gaining formal employment are removed so that each person can make a choice. The report has highlighted key barriers to making the transition into formal employment. Systems need to avoid creating disincentives for formal employment and gender discrimination. There should be a gradual transition out of employer liability systems, which puts all the burden on employers and reduces the incentives to hire women of reproductive age. This should go hand in hand with the removal of all workplace laws and practices that discriminate on the basis of gender.

22 <https://data.worldbank.org/indicator/SE.SEC.ENRR?locations=8S>.

23 <https://data.worldbank.org/indicator/SE.SEC.CMPT.LO.ZS?locations=8S>.

5. What should be available to formal employees?

Not all countries currently have legislation that ensures minimum recommended international standards such as ILO standards for maternity protections. Where such legislation does already exist, there is also a need for more inspections to ensure compliance. Governments should also consider going beyond minimum standards – for example, adopting paternity leave policies as an additional mechanism to ease the burden on families of newborns and to promote the involvement of fathers in children's upbringing from the outset. The question of how to manage workplace benefits also needs attention. There could be more involvement of the government to provide or administer workplace benefits, through administering social security contributions, financing childcare services, etc. There should also be less distinction between employees' access to benefits based on the type of employment or the size of the company they work for. Currently, in many cases, benefits and services such as breastfeeding rooms and crèches are only available for employees of big companies.

An integrated and balanced approach

The above five questions provide a broad picture of the challenges that need to be met in terms of enhanced family-friendly policies across the region, although the details and specific strengths and weaknesses vary from one country to another.[24] An additional challenge is to make progress in a way which is balanced and does not have unintended side effects. For example, if rapid progress is made with formal workplace entitlements this will increase inequalities in working conditions and could also further disincentivize the formalization of contracts. Each country in the region has different provisions, programmes and contexts. Each will therefore need to design a strategy that creates improvement in an integrated and balanced way for all families with young children.

Data gaps

To put in place most of the above recommendations, as well as to monitor the implementation of family-friendly policies, better data are needed. South Asia lacks data on some key statistics, including total coverage of child and maternity policies. Moreover, to date, very few rigorous impact evaluations of social protection programmes have been conducted. There is also a need to track the extent of childcare provision, including information on affordability, accessibility and quality of childcare in addition to existing indicators on ECD provision. Research on employers' perspectives on barriers to provide childcare services would also help gauge supply-based constraints.

24 <https://www.unicef.org/rosa/reports/reaching-more-families-helping-more-children>.

5.2.2 Who needs to act?

The above approach requires coordinated action by a number of key stakeholder groups.

Government

While there is clearly a leading role for national governments in introducing legislation and setting policies, standards and expectations, there is also a role for government at other levels. In some countries in the region, some laws are made regionally. Local governments at municipality level can also play a part where local laws may impact on various work sectors. They may also have responsibility for aspects such as public transport systems and safety. Public inspection services and other bodies also have an important role to play, as do government statistical agencies who can gather and publish the data needed to monitor the situation and implementation of policy.

Employers/Businesses

All public sector and private sector employers have responsibilities not only to follow the minimum legal standards specified but also to consider, from a human rights perspective, the specific needs of their workforce. This may include enhanced policies and services beyond which it is possible to make mandatory for all employers. There is evidence that implementing family-friendly policies can, in the long term, boost business effectiveness and productivity. Beyond their duties to employees, businesses also have responsibilities in terms of supply chains in which they are engaged. This is particularly important for larger and multinational businesses who may be able to exert their influence to encourage the improvement of standards for both formal and informal workers employed within their supply chains. In fulfilling these roles, business should refer to the United Nations Guiding Principles on Business and Human Rights and to the Children's Rights and Business Principles (*see Section 1.3*).

Civil society

A wide range of other stakeholders – chambers of commerce, NGOs, trades unions and other interest groups – can play a role in promoting and advocating for workers' rights and family-friendly policies and in developing and implementing pilot initiatives that may then become more widely adopted. The case studies contained in the report provide a number of examples of this potential. International organizations and academia can help in collecting more data and expanding the research on the topic to better inform policy decisions.

5.3 Concluding comments

5.3.1 A context-sensitive approach to family-friendly policies

This paper has proposed a new way of thinking about family-friendly policies that is relevant to South Asia. Two key patterns in the region, which influence and are influenced by family-friendly policies, are the very high rates of informal employment and the low female labour force participation, the latter driven by traditional gender norms, gender discrimination in the workplace, and structural barriers to paid work, including lack of access to education and low paying jobs. Obstacles to balance work and family also extends to women in formal employment, as in practice maternity leave is not always enforced, and lack of access to childcare results in many of them leaving their jobs.

A comprehensive set of family-friendly policies needs to go beyond specific rights for workers in the formal sector to also tackle the structural and social barriers to parents entering or returning to paid employment, while acknowledging that a large majority of informal workers who will not transition into formal employment in the near future. Family-friendly policies need to pay careful attention to gender norms and inequalities in order to maximize their impact. The broad approach this research has taken, by looking at workplace benefits, access to childcare, and social protection policies reaching both formal and informal workers, as well as non-working parents, provides a framework to set a number of recommendations on how governments, employers and businesses could improve the well-being of families facing different degrees of vulnerabilities. This framework could also inform future research on family-friendly policies and be adapted to other contexts.

5.3.2 Discussion of new challenges due to COVID-19

All around the world, the pandemic has worsened economic conditions and deepened inequalities. Many workers, especially those without formal contracts, have faced barriers to accessing social benefits and protection of their rights, with women being disproportionately affected. The pandemic has highlighted the lack of resources and services parents are entitled to, especially in South Asia, and the challenge of balancing work and family will most likely increase in the upcoming months and years. This study suggests a holistic approach to tackling these issues when designing family-friendly policies: considering all parents, including those who do not do paid work, considering all types of work, and considering institutions and stakeholders at different levels and with various responsibilities, including governments and employers, but also international companies as well as civil society.

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APPENDIX

Table A1: Social protection schemes reviewed

Bangladesh: Maternity Allowance for the Poor Lactating Mothers (MAPLM)

Programme description	Cash transfers to mothers during their breastfeeding period.
Eligibility criteria	Poor pregnant women aged 20 years or above.
Coverage	700,000 women in 2017 (Arruda et al., 2020) (~23 per cent of pregnancies).
Benefit level	BDT800 per month (US$10). As % of extreme monthly poverty line=43%
Targeting type	Targeted: categorical and means tested.
Programme challenges	Small transfer size; targeting inefficiency: high exclusion and inclusion errors; lack of qualified personnel; delays in payment and selection of beneficiaries.
Impacts known	Increase in use of ANC and PNC. No effects on birth at a clinic or hospital, neither on breastfeeding.

India: Janani Suraksha Yojana (JSY)

Programme description	One-off payment to pregnant women who deliver with a skilled birth attendant.
Eligibility criteria	Poor pregnant women. Eligibility also has a regional, caste, and tribe component.
Coverage	More than 10 million beneficiaries every year <https://socialprotection.org> (~41 per cent of all pregnancies).
Benefit level	One-off payment for those who deliver at a health facility (between INR1000 and INR2000 (US$27) depending on location). Women who deliver at home are also entitled to INR500. Daily – 42.3, As % of extreme monthly poverty line=158%
Targeting type	Targeted: categorical and means tested.
Programme challenges	Beneficiaries incur in significant out of pocket payments (benefits cover 25 per cent of average cost of pregnancy and delivery care).
Impacts known	Increase in deliveries at health facility, and to a lesser extent, increase in ANC and PNC visits.

India: Pradhan Mantri Matru Vandana Yojana (PMMVY)

Programme description	Cash transfers to mothers during their first pregnancy and breastfeeding period, conditional on prenatal check-up, and child registration and vaccination.
Eligibility criteria	All first-time pregnant women and lactating mothers; except those working in the public sector or receiving similar benefits.
Coverage	600,000 women in 2017 (Arruda et al., 2020) (~2.5 per cent of all pregnancies). In 2017–2018, 20 per cent of eligible beneficiaries were enrolled.
Benefit level	Three installments amounting to INR5000 (US$68). Slightly above monthly national extreme poverty line. As % of extreme monthly poverty line=394%
Targeting type	Targeting: (almost) universal and categorical.
Programme challenges	Cumbersome application process, including exclusion of unmarried women. Not universal in practice as it covers an estimated 30 per cent of eligible women.
Impacts known	No evaluations available.

India: Public Distribution System (PDS)

Programme description	Food and fuel subsidies to poor households.
Eligibility criteria	Two types: 1) Targeted Public Distribution System (TPDS), poor households, and 2) Antyodaya Anna Yojana (AAY), the poorest among the poor.
Coverage	190 million households in 2017 (Arruda et al., 2020) (~two thirds of the total population).
Benefit level	TPDS households are entitled to 5 kg of food grains at subsidised prices per month per person and AAY beneficiaries to 35 kg per month per family.
Targeting type	Targeting: categorical and means tested.
Programme challenges	Some evidence of leakages of food grains and the TPDS subsidy does not reach all beneficiaries, due to problems in beneficiary identification and lack of transparency, but recent reforms have mitigated these problems and improved the functioning of the programme.
Impacts known	No rigorous impact evaluation looking at effects on beneficiary's well-being has been found.

Maldives: Single Parent Allowances (SPA)

Programme description	Cash transfers to poor single parents and their children.
Eligibility criteria	Poor single parents and their children under 18 years of age.
Coverage	2,592 parents and 4,359 children in 2018 (~4 per cent of all children).
Benefit level	MRV1,000 per child up to a maximum of MVR3,000 per month per family US$194.8). As % of extreme monthly poverty line=684%
Targeting type	Targeting: categorical and means tested.
Programme challenges	The design of the scheme leads to stigma, social exclusion and discrimination. Complex and costly application process and lack of awareness of the scheme. Problems in selecting beneficiaries through the proxy means test.
Impacts known	Beneficiaries report that they spend most of the transfer on food, electricity and children's education.

Nepal: Aama Programme/Safe Motherhood Programme (AP)

Programme description	Free delivery in health facility and cash transfers to pregnant women to attend four prenatal visits and one postnatal visit.
Eligibility criteria	All mothers and newborns.
Coverage	248,750 women in 2016 (Arruda et al., 2020) (~44 per cent of pregnancies).
Benefit level	Subsidized delivery and cash incentives for transportation to facilities for ANC and PNC (US$16.46). Supply-side incentives to health facilities ranging from NR1,000 to NR1,500 (US$13).
Targeting type	Targeting – universal and categorical.
Programme challenges	Challenges for district-level actors to implement the programme, low uptake, delays in the disbursement of funds, difficulties in communicating the policy, and the complexity of the programme's design.
Impacts known	Between 1996 and 2011, skilled health care attendance at birth increased from 9 per cent to 36 per cent and prenatal/postnatal visits increased from 24 per cent to 58 per cent. A recent study of six districts shows that while overall institutional deliveries have increased from 17 per cent to 33 per cent, there are disparities in utilization at the district level.

Nepal: Child Grant (CG)

Programme description	Child benefits.
Eligibility criteria	All children under 5 years of age in the Karnali Zone and three other districts and children in poor Dalit households in the rest of the country.
Coverage	562,000 children under 5 years of age in 2018 (~20 per cent of all children under 5 years of age) benefited in 2018.
Benefit level	NRs1,600 (US$14) every four months (up to two children per family). 82 per cent of the extreme poverty line.
Targeting type	Targeting: geographical and categorical. Universal in some locations and gradually expanding to become universal nationally.
Programme challenges	Low value of transfers, delays in application process and infrequent payments, limited capacity at the local level (which translates, for instance, in limited outreach and information of the programme).
Impacts known	Recipient households are using the Child Grant on food, medicine and more. However, the value is too low to have a strong impact on beneficiary households. Very high increase in birth registration rates. A more recent evaluation shows reduction in the prevalence of stunting, underweight and wasting among children under the age of 5 years.

Pakistan: Benazir Income Support Programme (BISP), transitioning into Ehsaas Kafaalat

Programme description	Cash transfers to poor women and their families.
Eligibility criteria	Poor households.
Coverage	5.7 million households (Cheema et al. 2020) (~20 per cent of households).
Benefit level	Core unconditional transfer: PKR5,000 (US$30.5) per quarter (2016–2018). 60 per cent of the extreme poverty line.
Targeting type	Targeted: categorical and proxy means tested.
Programme challenges	Delays in the disbursement of the transfer; low transfer size despite efforts in increasing the nominal value of the grant (real values remain low due to high inflation levels); difficulties in making use of grievance mechanism.
Impacts known	Reduction in poverty and multidimensional poverty and increased consumption, reduction in malnutrition among girls, improvements in women's empowerment.

Sri Lanka: Samurdhi (DP)

Programme description	Monthly cash transfers to poor families.
Eligibility criteria	Poor households.
Coverage	1,400,000 households in 2017 (Arruda et al., 2020) (~20 per cent of households).
Benefit level	Benefits range from LKR420 (US$2.3) to LKR3,500 (US$18.9) per month per household, depending on household size. Largest benefit per hh=112% of one person extreme poverty line.
Targeting type	Targeted means tested.
Programme challenges	High exclusion errors, low transfer value, outdated payment modality, no clear eligibility criteria.
Impacts known	A study from 2008 found some improvements in weight for height and height for age z-scores.

Sri Lanka: Thriposha

Programme description	In-kind transfer of food supplements to mothers and children under 5 years of age.
Eligibility criteria	All pregnant and lactating women (for six months after giving birth), as well as children (6–59 months of age) identified as malnourished.
Coverage	Approximately 900,000 beneficiaries in 2017 <https://socialprotection.org>.
Benefit level	Two packets of 750 g per month are distributed free of charge for each beneficiary(equivalent to approximately 200 kcal per day).
Targeting type	Universal for pregnant mothers. Categorical for children under 5 years of age.
Impacts known	A marginal positive effect on weight gain in children above 4 years of age, and a significant positive effect on height gain among preschool children.

Sri Lanka: Nutritional Allowance for Pregnant and Lactating Mothers

Programme description	Voucher for pregnant and lactating women to buy nutritious food.
Eligibility criteria	All pregnant women can receive the voucher for 10 months (from the third month of pregnancy till the baby is approximately 4 months old).
Coverage	Between 320,000 and 370,000 women per year (2016–2018).
Benefit level	10 vouchers, one per month, of LKR2,000 (US$11).
Targeting type	Universal.
Programme challenges	Limited number of outlets where vouchers can be used, vouchers have to be spent all at once, no digital management information system underpinning the delivery of the scheme.
Impacts known	No evaluations available.

Source:
Bangladesh MALPM: Government of the People's Republic of Bangladesh (2017); Anwar and Rahman (2019); Arruda et al. (2020).
India JSY: Arruda et al. (2020), Lim et al. (2010), Gopalan and Varatharajan (2012), Rai and Singh (2012).
India PMMVY: Arruda et al. (2020), Gautman (2018), Government of India (2017); Centre for Policy Research (2020).
India PDS: Arruda et al. (2020), NCAER (2015), WFP (2019).
Maldives SPA: Arruda et al. (2020), Drucza and Tran (2020).
Nepal AP: Arruda et al. (2020), Powell-Jackson et al. (2009), Powell-Jackson and Hanson (2012), Mathers (2017).
Nepal CG: Arruda et al. (2020), Garde et al. (2017), UNICEF (2016), Hagen-Zanker et al. (2015), Renzaho et al. (2019).
Pakistan BISP: Cheema et al. (2020); Arruda et al. (2020), Khan and Qutub (2010).
Sri Lanka DP: Arruda et al. (2020), Himaz (2008), UNICEF (2020b).
Sri Lanka Triposha: Hettiarachchi and Liyanage (2011).

Notes:
a) Pregnancy data: to calculate percentage of pregnant women receiving benefits, we use crude birth rates in 2018 (based on World Development Indicators, 2020) as a proxy for pregnancies.
b) Poverty data: to calculate the monthly extreme poverty line in each country (based on the international threshold US$1.9 PPP), we use World Bank price level ratio of PPP conversion factor, <https://data.worldbank.org/indicator/PA.NUS.PPPC.RF>. Exchange rates are those from 15 October 2020.


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