

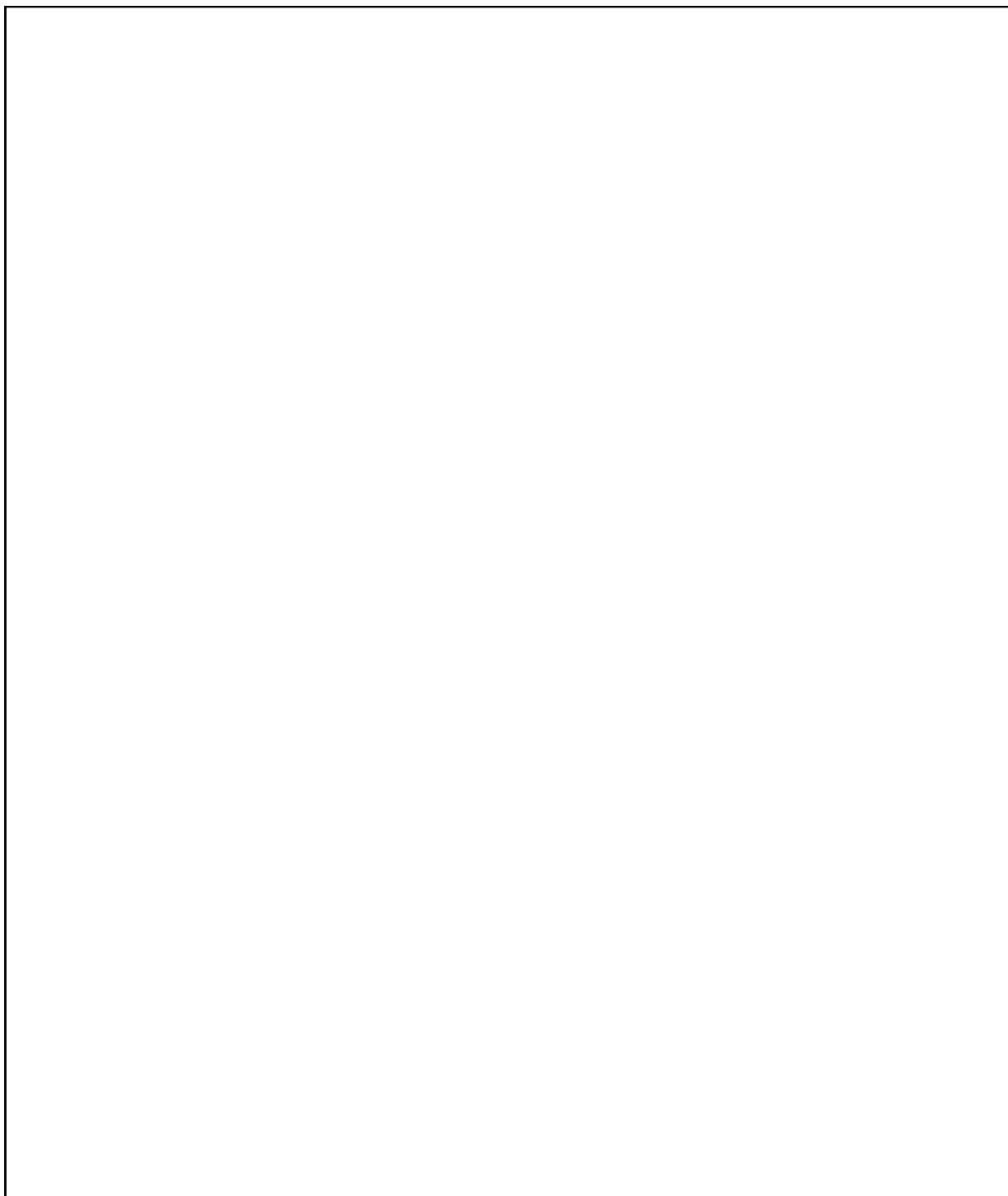
**MATERNITY PROTECTION
RESOURCE PACKAGE**
From Aspiration to Reality for All

**MODULE 15:
CAPACITY DEVELOPMENT AND TRAINING ON
MATERNITY PROTECTION AT WORK**

**ANNEX 2.
GUIDANCE FOR DEVELOPING A TECHNICAL
COOPERATION PROPOSAL ON MATERNITY
PROTECTION**

ANNEX 2. GUIDANCE FOR DEVELOPING A TECHNICAL COOPERATION PROPOSAL ON MATERNITY PROTECTION

This annex presents the ILO Project Concept Note template with specific examples of text and guidance that can be used to help to develop technical cooperation (TC) proposals on Maternity Protection.



Cover Page

Title: Please enter the proposal title.

Country: Please enter the country or countries covered.

Administrative unit: Please indicate the office responsible for managing the overall implementation of the project.

Responsible ILO official: Name, unit, telephone number, email address.

Collaborating ILO units/offices: Please indicate any unit/office that provides certain inputs or is responsible for a specific output.

External implementing partners (if any): Please indicate any external implementing partner institution.

Budget: Please indicate an indicative budget for the project.

1. Rationale and Justification

[This section should include the rationale of the project and justification for the action to be undertaken. This should explain the socio-economic situation and the context leading to the demand for an intervention.]

Developing the rationale for a project concept will depend on the agenda that the maternity protection work will contribute towards. The following are examples of text for highlighting the importance of maternity protection for development objectives related to gender equality, economic empowerment, health and social protection. For more text and resources on setting the context and providing the rationale, see **Module 3** of the Resource Package.

Sample text:

Action through the world of work can contribute considerably to broader efforts aimed at gender equality, workers' rights, poverty reduction and improving maternal and newborn health. Given that paid work is central to the lives of virtually all men and women, promoting maternity protection at work and protecting women's employment and economic security during maternity are vital elements for safe pregnancies, healthy mothers and newborns and poverty reduction.

Maternal and newborn health: Every year, more than 350,000 women die while giving birth. For every woman who dies, approximately 20 more experience infection, disability, or injuries. A mother's death reduces the likelihood of newborn survival and lowers family income and productivity. The health benefits of maternity protection to mothers and their children link maternity protection to broader efforts to realize the United Nations Millennium Development Goal 4 (reduce child mortality), MDG 5 (improve maternal health) and MDG 6 (combat HIV/AIDS, malaria and other diseases).

Attention and resources for MDG 5 have justifiably concentrated on the need for birth attendants and emergency obstetric services. However, the ILO Decent Work agenda can also make valuable contributions to efforts to improve maternal health and to reduce maternal mortality. Maternity protection provides safeguards against maternity-related threats to women's health through several different elements. Maternity **leave** is intended to safeguard the health of a woman and that of her child during the perinatal period. This is critical to health, in view of the particular physiological demands associated with pregnancy and childbirth. Maternity protection also provides for **health protection at work**, to protect women workers from health risks and dangerous working conditions, and support the healthy physical and psychological development of mother and child during pregnancy, after birth and whilst breastfeeding. **Cash benefits** replace a portion of the income lost due to the interruption of a woman's economic activities, giving practical effect to the provision for leave. Without income replacement, the woman's absence during leave and the increased expenditures due to pregnancy and childbirth can pose financial hardships for many families. In the face of poverty or financial duress, women may feel compelled to return to work too quickly after childbirth, before it is medically advisable to do so. Maternity protection also requires appropriate **health services** for women throughout maternity, calling for medical benefits, including prenatal, childbirth and postnatal care, as well as hospitalization when necessary. Finally, maternity protection calls for support to enable women to continue **breastfeeding after returning to work**, bringing major benefits for the health of the mother and her child. Women living with HIV who wish to breastfeed and work, face many of the same challenges as other working women in continuing to breastfeed after returning to work. In settings where mothers living with HIV are encouraged to breastfeed as the option which is likely to lead to the best outcome for their infants, maternity protection supporting continued breastfeeding after returning to work is even more critical.

Social protection: Many women seek maternal care from their first level health-care provider, but do not go to higher level care facilities when their health requires it, either because they cannot afford the time or they are unable to pay for the transportation. Ability to pay often constitutes a considerable barrier to seeking maternal care. Although recognized as a universal human right, enshrined in UN and ILO instruments, 80 per cent of the world's population lacks access to adequate social protection, with 50 per cent lacking any coverage at all. Efforts to improve health service delivery for women during pregnancy must also address women's capacity to access those services. Universal social-health protection is essential for ensuring a strong and sustainable health system. In many countries with high maternal mortality rates, social health protection systems require the strengthening and extension of existing health schemes (from national tax funded schemes, to contributions-based insurance, to private and community based non-profit schemes). Health insurance must reach uncovered populations, and must ensure universal and equitable access to at least essential care needs, including maternity protection. It should provide financial protection in case of sickness, and it can promote efficient and effective delivery of health services. Improving access to these social protection counterparts with efforts to improve maternal health through better health services, where these services address the supply of care, health insurance and social protection, improves men's and women's access to that care.

Human rights and gender equality: The right to live free of discrimination and harassment, to work in dignity and to benefit from decent working conditions are human rights. Maternity protection is obviously significant in the realization of these human rights. Maternity protection explicitly provides for the right of all women of reproductive age to work without threat of discrimination and, in the case of maternity, the right for women to work in conditions of economic security and equal opportunity, and to benefit from just and decent working conditions.

These rights are also the foundation for gender equality. While both men and women can rear children and take care of dependants, only women can biologically bear and breastfeed children. Maternity protection is required to enable women to carry out this biological role without being marginalized in the labour market, thus threatening their productive roles as workers or undermining their economic security. Promoting gender equality and empowering women is the objective set out by MDG 3, as part of the eight time-bound targets that world leaders from rich and poor countries committed themselves to achieve by 2015.

Economic growth and poverty reduction: The economic benefits of maternity protection and work-family policies are many. Maternity protection and work-family policies, in particular social care services, strengthen women's economic roles and labour force attachment. Providing maternity leave and other elements of maternity protection and childcare is a way of encouraging young women of reproductive age, without children, to join the labour market. It is also an incentive for young mothers to maintain a labour market attachment and return to work at the end of leave. Without maternity leave and childcare, women may not have any other choice but to withdraw from the labour market after childbirth.

Increased labour force attachment brings benefits to productivity and to businesses. It increases the likelihood that women's skills and investments in their education and training are utilized efficiently. In this way, maternity protection and work-family policies can benefit employers who can better recruit and retain female employees with skills, knowledge and experience. Breastfeeding also provides numerous economic benefits. Breastfeeding ensures a nutritionally perfect, environmentally friendly, sustainable supply of food for infants; extending the duration of breastfeeding in accordance with international recommendations can help mothers to reduce the use, and therefore, the expense of milk substitutes. Breastfeeding reduces common illnesses among newborns and brings long-term health benefits for children, reducing the demand for (and costs of) curative health services. Maternity protection, by supporting the continuation of breastfeeding upon return to work, is therefore a critical tool for cost savings and poverty reduction from the household to the national budget.

Maternity protection and work-family policies are also a cornerstone of gender equality. Gender equality is important as a matter of rights and justice, but is also economically efficient. It is a driver

of economic growth and poverty reduction, and it improves the economic, social and physical well-being of women, children, their households and their communities.

These benefits are relevant to efforts related to MDG 1 on eradicating extreme poverty and hunger. Maternity protection and work-family policies contribute directly to poverty reduction via the targets for achieving full and productive employment and decent work for all, including women and young people. Maternity protection is also relevant to MDG 1's target to reduce the proportion of people who suffer from hunger (which includes reducing the prevalence of underweight children aged 5 and under), by supporting women to continue breastfeeding upon return to work, an increasingly important challenge in view of women's high rates of economic activity.

The higher-level rationale for work should be complemented with relevant indicators and assessment of the national/local context of the project. This could include indicators of maternal and newborn mortality, fertility rates, and maternity leave provisions in law, take-up rates for maternity, paternity and parental leave, and childcare coverage. It may also include comparative assessments of men's and women's labour force participation and characteristics, access to social protection in law and in practice, poverty rates, data on maternity-related discrimination, rates and duration of breastfeeding and reasons for stopping, rates of malnourishment, and other factors (see **Modules 12** and **13** for more on indicators).

2. Strategic fit

2.1 Link to Decent Work Country Programme (DWCP)

For ILO projects, indicate how the project fits with, and will contribute to, achieving DWCP outcome(s).

2.2 Link to Programme and Budget

For ILO projects, indicate programme and budget outcomes to be addressed by this project (use the ILO outcome matrix online).

3. Project strategy

Provide the elements of the project and a strategy for addressing the project's core problem. Identify the project target groups.

Include a basic logical framework in narrative form, including an identification of the overall expected project impact, immediate objectives and indicative project outputs.

Menu of sample project components for a maternity protection and work–family project:

Understanding the context, setting priorities

- **Review the legislative framework.** Maternity protection legislation is often spread across several different bodies of legislation including labour law, social security acts, health legislation, the civil service code and sometimes others. A review of existing national legislation on maternity protection is essential to ensure that legal requirements are clear to all stakeholders. This should involve a comparison with international standards on maternity protection (C183 and R191). Similar analyses can be undertaken with respect to work and family (C156 and R165).
- **Study Maternity Protection and work–family balance in practice.** To set priorities for improving maternity protection, the identification of key challenges in implementing maternity

protection and work–family policies is critical. Undertaking an assessment that is comprehensive and considers differences/challenges in different economic sectors is important for targeting responses. The study should include a literature review, primary information and data collection, and consultations with the constituents for their views, efforts, and priorities vis-à-vis maternity protection. Survey tools and guidance are available in **Module 13**.

- **Share findings with constituents and stakeholders; identify priorities for legislative and policy responses and for practical action** through consultations/workshops/priority setting and work planning with constituents and stakeholders.

Raising awareness, promoting knowledge sharing and social dialogue

- **Develop awareness-raising materials on Maternity Protection and work–family policies**, highlighting the importance of the key components of maternity protection for health outcomes, economic outcomes and gender equality, sharing good practices and ideas for action, from the points of view and in partnership with each of the constituents.
- **Raise awareness and promote knowledge sharing** through discussions, workshops and other fora with the constituents and other stakeholders on maternity protection in principle, in law and in practice.
- **Develop media messages and materials** with other participating UN agencies or with the ILO alone that highlight the realities of women as mothers and as workers, and all that implies for policy and practical responses. One possibility is a video documentary from the beginning of the project, highlighting the realities of working women (see **Module 14**).
- **Compile practical experience examples**. Throughout the project, compile information and data and findings on actions to improve maternity protection and their effects (for women workers, children, employers, families) for learning purposes, to share at the national level, and to feed into a repository of ideas for other countries to draw from.

Improving and implementing Maternity Protection and work–family policies

- **Support for integrating** maternity protection at work into national and workplace frameworks, such as the ratification of ILO Maternity Protection Convention, 2000 (No. 183) or Workers with Family Responsibilities Convention, 1981 (No.156) and changes to legislation, policies, collective bargaining agreements and workplace measures and practices.
- **Support for practical interventions to put maternity protection into practice**
 - Baseline surveys prior to implementation of practical interventions.
 - Training on principles as well as practical steps for promoting maternity protection at work using for instance the Maternity Protection Resource Package.
 - Support for the establishment of xx improved practices in xx organizations, workplaces, work sites or communities.
 - Follow-up survey to the baseline.
 - Documentation of good practices and lessons learned, workshops and publications for knowledge sharing.

Examples of projects addressing specific aspects of Maternity Protection and work–family policies

Because of the complexity of maternity protection and the range of broader development objectives it contributes to, projects on maternity protection can be targeted in numerous ways. The following are some examples:

- **Maternity Protection to promote gender equality and women workers' rights.** Recognizing that maternity protection is a right and improves the economic security and labour market attachment of formal and informal economy workers efforts to improve maternity leave rights and take up and to address discrimination on the basis of maternity are essential for gender equality. Support can include:
 - Legislative review, campaigning for and ratification of C183, technical assistance on legislative reforms, awareness-raising on maternity protection for employers and workers.
 - Workplace interventions studying and monitoring the take-up of maternity leave and the extent of discriminatory practices, training employers, trade unions and workers on the principles of gender equality including maternity protection, support for improving workplace practices, establishment of national mechanisms to address discrimination complaints. Efforts can be targeted to specific sectors, e.g. where female employment is significant, or where problems are particularly prevalent.
 - Improvements in social protection to give effect to maternity protection rights. Attention to moving away from employer liability systems and strengthening and extending social protection schemes, including as part of the establishment of national social protection floors.
- **Safe maternity through better working conditions.**
 - Working with employers and/or workers to identify and address occupational hazards to pregnancy (chemical and pesticide exposure, heavy work, extreme conditions and other hazards that raise particular risks of hypertension, poor foetal development, poor health and other outcomes during maternity).
 - Strengthening government agencies and public health systems to address the particular working needs and concerns of women during pregnancy. For example, support can be extended to educate staff of Occupational Safety and Health units and Labour Inspectorates to identify and monitor occupational hazards to reproductive health, or to educate public health officials and practitioners (doctors, nurses, and mid-wives) to inform patients on protection against occupational safety and health hazards at work.
- **Safe maternity through education at the workplace.** Education for workers on maternal health through employers and trade unions, including nutritional advice tailored to local foods and problems, e.g. anaemia, awareness of pregnancy danger signs, information on prenatal care importance and providers, safe working conditions, HIV and AIDS prevention, confidential testing services.
- **Improving child nutrition through breastfeeding support for mothers at work.** Recognizing that returning to work after childbirth is one of the main reasons women stop breastfeeding; efforts to improve child nutrition and health should include action through government policy and the workplace to:
 - ensure maternity leaves are adequate for establishing breastfeeding routines;
 - improve take-up rates of maternity leave in formal and informal sectors;
 - establish workplace/worksites support to enable women to continue breastfeeding upon return to work; and
 - provide information and services for women on breastfeeding, with attention to

HIV and AIDS and with attention to combining breastfeeding and paid work.

- **Contributing to the prevention of mother-to-child transmission (MTCT) of HIV.** HIV can be transmitted to infants through pregnancy, childbirth and breastfeeding. The WHO has specific recommendations regarding the prevention of transmission (PMTCT) through breastfeeding. The workplace has a role to play in assisting to diminish transmission and in supporting mothers to breastfeed in accordance with national guidelines. Maternity protection, including leave, cash and medical benefits, and workplace supports for chosen infant-feeding practices are particularly important in the context of HIV and AIDS. For mothers living with HIV, exclusive breastfeeding with antiretroviral drugs (ARVs) or exclusive use of safe breast- milk substitutes from birth carries the lowest risk of MTCT, while mixed feeding of substitutes and breast-milk is riskier. For many women in low-income countries who are living with HIV or AIDS, exclusive breastfeeding may remain the optimal infant feeding choice, because the lack of clean water, the lack of affordable and sustainable breast-milk substitutes, and other barriers to hygienic and safe substitutes, place exclusive substitute-feeding out of reach. National recommendations should be available in every country, giving guidance on the best infant feeding practices for that country in the context of HIV and AIDS. Maternity protection and other interventions through the world of work can support national recommendations, for example, by:
 - distributing information on HIV-testing and prevention and on antiretroviral drugs (ARVs) through workplaces or sites, and by considering on-site testing, if confidentiality can be maintained, as well as counselling and services;
 - ensuring workplace support and information to support women through best practices for feeding their infants before leave and on returning to work;
 - providing adequate leave for all workers in both the formal and informal economies, in order for mothers to establish breastfeeding practices and routines; and
 - ensuring that cash and medical benefits are available to enable women to access needed health care and to enjoy a minimum standard of living that supports the best feeding and nutrition for their infants.
- **Promoting parents' productive and decent work through the set-up of social care facilities and services.** Working parents everywhere need access to social care services in order to participate in paid work without sacrificing the care of their children and family members. Efforts to improve parents' decent work while addressing their care needs should include action through government policy and the workplace to:
 - Implement principles of Convention No. 156 and Recommendation No. 165;
 - Establish policies and measures to enable parents to provide care for their children without economic risk, e.g. parental, paternity, family, annual and sick leave with pay.
 - Introduce policies and measures to reduce long working hours and allow flexibility for all workers.
 - Put national and local policies and measures in place to make childcare services available, affordable and of high quality to meet the needs of children and working parents.
 - Create decent jobs, with adequate working conditions, in the care sector, including childcare and long-term care services and facilities, home-help and home-care services for dependent family members, which can provide workers with family responsibilities with qualified assistance at a reasonable charge in accordance with their ability to pay.

4. Comparative advantage and partnerships

Analyze the ILO's comparative advantage in addressing the issue. This should include an analysis of what other agencies are contributing in the field. This should also include an initial analysis of project partners and synergies with other ongoing activities in the same technical field and/or country.

The ILO is the UN agency with direct responsibility for international labour standards on maternity protection and social protection. To provide technical assistance on these standards, it has a number of tools and materials available on maternity protection. The Maternity Protection Resource Package contains comprehensive information, research, training tools and practical tools such as survey instruments, and can serve as a valuable resource for project members, constituents and stakeholders. A number of more technical resources are also available. The ILO publication, *Healthy Beginnings* provides guidance on identifying and addressing working conditions that can be hazardous to maternity. Experiences from the STEP programme on developing community-based health-financing schemes and extending maternity protection to women in the informal economy can be tailored to new contexts. Expertise in assessing and strengthening current health systems exists in the ILO's Social Security branch. Guidance on financing and administering Maternity Protection schemes at the national level is also available through the ILO's Social Security branch. With its expertise and tools, the ILO can work with national constituents to develop tailored strategies for improving maternal protection at work, childcare and maternal health through addressing the broader social and economic determinants of health. Linkages with the WHO, UNFPA, UNICEF, UN-Women and other organizations that aim to improve gender equality, the reproductive rights and maternal health outcomes of women, can ensure holistic approaches to women's health and broader societal partnerships in achieving positive outcomes.

3. Project strategy

Please indicate expected start-up date and expected date(s) for the project and delivery of the outputs.

6. Other information

Please enter any further information to support the proposal, including information on institutional and management arrangements and any available annexes.

Where possible, include a preliminary budget.