



CASH TRANSFERS AND GENDER EQUALITY: IMPROVING ITS EFFECTIVENESS IN RESPONSE TO THE COVID-19¹

Summary

Cash Transfer Programmes (CTP), widespread in Latin America and the Caribbean as a mechanism of social protection to alleviate social and economic difficulties of those living in poverty. CTP has been identified as one of the fastest mechanisms in the face of the COVID-19 crisis.

This policy brief presents a discussion of their structures and how they contribute to improving the quality of life among those who are most vulnerable. The policy brief also advocates for the need to include gender as a foundational principle in the design of these programmes.

It by describing recent innovations that have been made to CTP, particularly with respect to different approaches that countries have adopted in response to the COVID-19 crisis. It concludes by providing a series of recommendations that are intended to be of use to organizations and institutions that are working during the current health, social and economic emergency, recommending actions that are taken linked to structural policies.



Introduction

Latin America and the Caribbean, like other regions of the world, is in the midst of an unprecedented economic and social crisis brought about by COVID-19. A recent IMF report predicts that the region's GDP will drop by 5.2% on average in 2020.

Economic and social crises impact different societies unequally depending on economic capacity and the social security systems that are to cope with those situations. Crises also have a differing impact on men and women due to existing gender gaps, as well as the different

ways in which men and women are integrated into the economies and societies of our region.

Additionally, in Latin America and the Caribbean, crises have historically tended to fully reveal and amplify the extent of the inequality present in our region, problems which are systemic and structural in our societies.

One of the characteristics that can limit women's options for social integration is the difficulty they face in obtaining economic independence. Among other reasons, this is due to the fact that they are the ones primarily responsible

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for care household tasks, which consequently reduces the time they have available to integrate themselves in society and in the workplace.

The amount of unpaid care work that is performed by women, which in the region is already triple that which

is done by men, is further increased during periods of crisis such as the current COVID-19 one. This results from enacting social isolation measures such as the closure of schools or care work for sick, disabled, and elderly people, which further increases the amount of time that women must dedicate to unpaid care work in their homes.



Women, social protection and poverty in Latin America and the Caribbean

In Latin America and the Caribbean, the labor force participation rate among women in poverty situation is 13 percent lower than among women not in poverty (43.2% vs. 56.1%)².

This means that over half of all women in poverty are not in the labor force and tend to be engaged almost exclusively in household work and unpaid care work. In countries such as El Salvador, Mexico, Honduras and Costa Rica, the percentage of women heads of household or female spouses who are engaged exclusively in household work is quite substantial (between 25-30% of the women heads of household and 50-60% of the spouses)³.

At the same time, in several of the region's countries (such as Bolivia, Ecuador, Honduras, Paraguay, Peru, Colombia, Mexico and El Salvador), a large proportion of the employment among women is concentrated in informal work, unpaid family work and domestic service. In those occupations, social security coverage is generally lower than in salaried positions and there is a consequent lack of wage protection in the case of a reduction in work hours or unemployment.

For those countries with levels of salaried employment that are greater than the regional average, such as Brazil, Chile, Costa Rica, Mexico, Panama, the Dominican Republic and Uruguay, the level of social security coverage of is greater (more than 60%, with the one exception being Mexico with just 30%). Nevertheless, there is substantial variation according to income level, with the lowest level (the bottom quintile) being the one with the lowest level of coverage⁴.

Female salaried workers who contribute to a social security system (percent)						
	Total	Quintil 1	Quintil 2	Quintil 3	Quintil 4	Quintil 5
Argentina	...	...	...	...	...	...
Brazil	64,7	21,4	48,1	64,1	72,3	80,2
Chile	66,5	43,2	59,3	65,6	71,4	76,1
Colombia	37,9	3,0	12,4	27,1	46,0	65,6
Costa Rica	64,0	24,0	44,3	58,6	69,0	84,1
El Salvador	28,8	2,2	9,4	18,8	31,1	50,4
Guatemala	...	...	...	...	...	...
Honduras	13,4	1,6	1,6	5,2	14,0	27,7
Mexico	29,8	4,0	14,2	24,3	36,3	53,2
Nicaragua	...	...	...	...	...	...
Paraguay	23,4	0,8	3,6	14,7	30,2	44,7
Peru	17,1	0,2	4,0	11,4	21,6	40,5
Uruguay	77,6	41,6	66,3	78,7	85,8	93,4
Venezuela	...	...	...	...	...	...

Source: Economic Commission for Latin America and the Caribbean (ECLAC) – On the results of the database of national household surveys. Database of Household Surveys (BADEHOG). Revised March 9, 2020.

² ECLAC: Economic Commission for Latin America and the Caribbean – About the country household surveys database. Household Survey Database (BADEHOG). Revised March 9, 2020.

³ Idem

⁴ Idem

Furthermore, few countries in the region provide unemployment benefits. These countries include

Argentina, Aruba, Bahamas, Barbados, Brazil, Chile, Colombia, Honduras, Uruguay, and Venezuela.

Classification of countries in Latin America and the Caribbean by unemployment benefits.	
WITH UNEMPLOYMENT BENEFITS (social security or unemployment insurance)	Argentina, Aruba, Bahamas, Barbados, Brazil, Chile, Colombia, Honduras, Uruguay, and Venezuela.
SEVERANCE PAY ONLY	Belize, Bermuda, Bolivia, Costa Rica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Virgin Islands, Mexico, Panama, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Trinidad and Tobago.
NO LEGISLATIVELY ENACTED PROGRAM	Antigua and Barbuda, Cuba, Dominica, Guadeloupe, Haiti, Jamaica, Nicaragua, Paraguay Dominican Republic, Saint Lucia, Surinam.

Source: Based on WORLD SOCIAL PROTECTION REPORT, ILO, 2017-19.

Conditional Cash Transfer Programmes (CCT): gender implications.

Conditional Transfer Programmes (CTP), also known generically as **Conditional Cash Transfers (CCT)**⁵, arose in Latin America and the Caribbean as a form of CTP in response to the harsh economic and social difficulties that affected countries in the region as a result of the so-called “Latin American debt crisis” of the 80s with the associated rapid increase in poverty and inequality.

Originally designed within the framework of structural readjustment processes, these programmes were generally focused on targeting populations with the greatest income vulnerability in order to reduce the negative effects of economic restructuring. In that sense, the CCTs were intended to improve the economic standing of low-income households, those with more children, and households in which women had fewer opportunities to enter into the labor force due to their care work tasks. Nevertheless, far from being intended to lighten that burden, those programmes were, above all, designed with the intention of creating a form of income linked to a conditionality which in turn was expected to yield other positive effects in areas such as health or education.

The adoption of these targeted programmes is based on a change in the direction of social policies in the region: the traditional direction in which the provision of social goods

and services had to be carried out through universal policies has been replaced by the now dominant approach in which social policies should be focused, remediating, and subordinate to the new economic policy of structural adjustment. Among the reasons given, there is a strong matter of efficiency -resources being transferred directly to the beneficiary population- in social public expenditure.

This new generation of targeted programmes, which vary in implementation among the different countries in the region, involves the transfer of money to families in poverty while at the same time establishing conditions – or conditionalities – for the recipients (many of whom are women) who, in order to receive the transfer, must comply with a commitment such as ensure that the children attend school and have a permanent connection to the healthcare system.

The inclusion of conditional criteria in the implementation of the CCTs has not been without extensive debate. Those who support the practice of conditioning the transfer of funds to a series of benchmarks will argue that it creates the conditions necessary for families to invest in the human capital of their own children and thus will achieve a greater level of support for them on behalf of the public which finances it through the payment of taxes.

5 A complete glossary of cash transfer terminology is available at <https://www.calpnetwork.org/wp-content/uploads/2020/01/calp-glosario.pdf>

Among those who oppose the use of conditions tied to CCTs, the fundamental tenet is that the State should guarantee that every person has a minimum level of basic rights for their survival. What this represents is creating the basic conditions so that people in need have the same opportunities for social integration as those who have already achieved it. Alternatives such as universal basic income, linked to universal policies, have been proposed.

Within the context of this critical examination of CCT programmes, and now that a series of analyses have been conducted about them in several countries, CCTs are still being thought of as tools to aid in people's social inclusion but they are starting to be seen not just as tools to use in isolation but increasingly to be used in connection with social security systems in order to more efficiently combat poverty.

One of the issues that is clearly observable with a quick examination of the characteristics of CCT programmes in the region is that, **generally speaking, the gender variable is not taken into account.** Although for many women, income from this source is perceived as an important source of aid to counter their economic situation, there are other aspects which contribute to reinforcing the traditional roles assigned to women, such as that they have primary responsibility for home care work. These roles conspire against their economic independence, their opportunities for social integration, and as such the CCTs of today do not guarantee the promotion of women's rights and gender equality.

There are those who ascribe to CCTs an intentionality or purpose with respect to gender issues because of the fact that, in the majority of cases, women are the recipients, whether they be heads of household or part of two-parent households. The assumption behind this is that

women have a better and greater ability to manage those resources – which additionally are destined to cover the children's needs. Nevertheless, this is not a gender equality criterion but rather a supposition that from the point of view of optimizing the policy's efficiency objectives it is better to deliver the benefits directly to the person who can distribute them most effectively within each household.

In essence, CCTs are not so much a direct transfer to improve the economic condition of women in poverty, but rather women are the ones who are the “operative beneficiaries” who manage the funds intended to improve the outlook of their children.

In that way, by having the CCT conditions being placed under the responsibility of women, it reinforces the social and cultural assumption that views women as the ones who take responsibility for the care of their children and for family dependents. In so doing, the gendered division of labor and tasks is reinforced, with known consequences.

Furthermore, **cash transfers have also been a tool for humanitarian action** to provide support directed to persons affected by crises, which are made both by state institutions as well as by humanitarian entities. In their different modalities, these transfers have intended to satisfy basic material needs like food security and facilitate access to services like healthcare, education, and non-food items, as well as supporting early crisis response and recovery in the region.

Just as with the CCTs, although some humanitarian programmes have made efforts to integrate the gender aspect⁶, barriers, biases, risks, and categorical challenges persist in crisis response plans. Some programmes lack measures to integrate the participation of women and some perpetuate traditional gender roles.

6 <https://www.wfp.org/publications/gender-and-cash-wfp-study>



Cash transfers during the COVID-19 emergency. Regional Experiences

At present, many countries in the region have resorted to the use of Cash Transfers as one of the strategies put in place to counter the economic and social impacts generated by the COVID-19 pandemic. These measures have generally intended to create new transfers to compensate for the increased vulnerability of populations who, because of social distancing, have lost their income or experienced significant income losses. **These are often people who work in the informal sector, people who lost their jobs and are receiving no compensation or social benefits, and people affected by humanitarian crises in the region.** With these cash transfers, some countries also include older adults or children in poverty who do not receive any other benefit, and in many cases there are horizontal and vertical expansions of current CTPs, whether those be from the state or from humanitarian organizations. In other cases, the strategy has been to maintain employment by granting a wage subsidy as seen in **Jamaica, the Dominican Republic and Venezuela.**

The benefit that **Brazil** grants to informal or unemployed workers not receiving the conditional cash transfer from the *Bolsa Familia* is also noteworthy. The benefit can be received by up to two members per household, but if the woman is the sole provider (in the case of single-parent households), the amount of the benefit is doubled. Similarly, **Ecuador** has created a transfer called the “contingency benefit”, which has been targeted to recipients not slated to receive regular non-contributory coverage. This benefit is for those people who are above the threshold of the minimum protection level yet below the minimum wage, and it is for those individuals not covered by the social security system or making voluntary contributions. This proxy intends to cover populations in the informal sector who are experiencing poverty.

In other countries, including **Argentina, Chile, Colombia and Paraguay**, the amount of the conditional cash transfer was increased, although in a few of them (like **Brazil**) the conditions associated with the transfer have been suspended. In **Uruguay and the Dominican Republic**, only the amount allocated for food has been increased; in **Uruguay's** case it covers a more limited population with greater levels of vulnerability.

In just a few countries, **the previously existing transfer benefit was expanded to include other populations** such

as retirees and pensioners (**Argentina**), the elderly and disabled (**Brazil**), and those at risk of poverty (**Chile and the Dominican Republic**). One month after the beginning of the quarantine measures throughout most of the region, the countries which had put in place all three types of measures were Argentina and the Dominican Republic.

In the same way, in some humanitarian programmes, such as the **Venezuelan Migrants and Refugees Response Plan**, the amount of the benefit and the populations receiving them has been expanded. These now include not only people affected by other prior crises such as conflicts or migration, but also those affected by the COVID-19 outbreak, including some measures which are in place in order to facilitate access by women, especially heads of household. In several countries in the region, Cash Transfer Programmes have been activated or created in the coordination of the humanitarian response.

Noteworthy examples:

- In **Argentina**, the amount of two CCTs, the Universal Child Allowance and the Universal Pregnancy Allowance, was doubled in March, granting the amount equivalent to that of other populations (non-contributing pensions and minimum pensions). The Family Emergency Income was created in the amount of \$10,000 Argentine Pesos (USD \$157) for the purpose of making up for the loss or severe reduction in income among workers between 18 and 65 years of age who have been affected by the health crisis but who do not receive any other kind of pension or benefit and who do not have another form of income.
- In **Brazil** there has been a horizontal expansion of the *Bolsa Familia* to 1.2 million beneficiaries and includes a payment of R\$600 -Brazilian Reals- (USD \$120) per month for 3 months that has been granted to informal workers, micro-entrepreneurs, and independent and unemployed workers who are not recipients of *Bolsa Familia*. For families in which women are solely responsible for household expenses, the monthly amount will be R \$1,200.00. Access to the BPC (Continuous Payment Benefit) was expanded by raising the maximum income limit (from one-quarter to one-half of the minimum wage per family member) in order to allow a greater number of elderly and disabled people to have access to the BPC.

- In **El Salvador**, the benefit was expanded by delivering a benefit that is not connected to either employment or to income, nor even with poverty status as defined in the previous CCT, but rather the benefit is tied to household electrical energy use under the assumption that the most vulnerable families are those that consume the least energy.
- In **Mexico**, some entities have begun transfers to informal workers or expanded their government transfer programmes. As an example, in Tlaxcala it has been announced that due to the crisis, the state's "Supérate" program for extreme poverty reduction will have a new component specifically intended for women. This component is called "Supérate Mujeres" and will grant monthly financial support to female heads of household who were part of the recently eliminated "Prospera" program but who are not recipients of the "Benito Juárez" national benefit program or the "Supérate" state program.
- In the **Dominican Republic**, a country that had previously demonstrated progress in adapting its transfer programmes to crisis situations, the country

has considered a two-dimensional expansion of the *Comer es Primero* ("Eat First") program: a vertical expansion doubling the amount received by families enrolled in the program, and a horizontal expansion including more families that are experiencing extreme poverty or moderate poverty, vulnerable populations, and formalized self-employed workers who are at risk of poverty. Similarly, the Employee Solidarity Assistance Fund (FASE) program is temporarily supporting workers with an unconditional cash transfer that will benefit employees of those companies contributing to the Social Security Treasury (TSS). For each worker that is registered in FASE the government contributes a minimum of RD \$5,000 per month. Workers who earn below RD \$5,000 per month will receive a minimum benefit in the amount of RD \$5,000 per month which is wholly covered by the government. Those workers with higher wages will be receiving a monthly benefit that will be 70% covered by the government and 30% covered by the employer. In these cases, the state will contribute up to a maximum amount of RD \$8,500 per month per worker. Between the two programmes, half of the Dominican population will be covered.



Photo: UN Women, Ryan Brown

Innovations in Cash Transfers implemented during the months of March and April (2020)			
	Increase CT	Expansion CT	New CT
ARGENTINA	Universal Child Allowance (AUH) and Pregnancy Allowance (AUE)	Low-income retirees and non-contributing pensioners	Informal sector workers
BELIZE			Cash transfers to workers who lost their jobs, especially those working in the tourism industry
BOLIVIA			Children and adolescents enrolled in school who no longer receive school breakfast and non-AFP-contributing adults between 18 and 60 years of age.
BRASIL		Elderly persons and the disabled.	Informal workers, independent workers, or the unemployed
CHILE	Single Family Allowance (SUF) and Security and Opportunity	60% of the most vulnerable population	
COLOMBIA	Families in action, youth, and Elderly adults		Informal workers
COSTA RICA			Unemployed persons, with temporary suspension from their contract, with reduced working hours, self-employed or informal workers affected
ECUADOR			Informal subsistence workers who are unable to go out to work and who do not receive regular cash transfers
EL SALVADOR			Households with electricity consumption of less than 250 kWh in which there are no income earners
GUATEMALA			<u>Temporary cash transfers</u> children and adults at risk of poverty or extreme poverty. <u>Temporary Emergency National Social Security Program</u> for workers left unemployed because of the crisis
JAMAICA			Unemployed workers or those who are retained by the companies
MEXICO	Two bimonthly payments in advance for elderly adults and the disabled		Certain municipalities have instituted transfers to informal workers or women (e.g. Tlaxcala)
PANAMA			Informal sector workers and the unemployed without other benefits
PARAGUAY	Tekoporã doubled and advanced for elderly adults		
PERU	Transfer payment is advanced for elderly and disabled		Independent Benefit for informal sector workers and Universal Family Benefit for at-risk families
DOMINICAN REPUBLIC	Increased support for food and primary goods	At risk populations, extreme and moderate poverty	Wage subsidy for qualifying workers
TRINIDAD AND TOBAGO		Three-month surcharges for food card, public assistance, and disability assistance recipients	Transfer of cash for three months to households with a family member who was dismissed or whose income was reduced
URUGUAY	Doubling of the amount for the food voucher and CCT for those without vouchers		
VENEZUELA			Independent workers and workers for private companies (payroll supplement)

Source: prepared from information obtained on April 5 at: <https://socialprotection.org/social-protection-responses-covid-19-task-force/6-news-latin-america-caribbean>



Cash Transfers with a gender perspective. Recommendations to face the COVID-19 crisis.

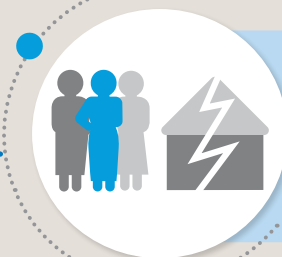
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Suspension of **conditionalities** in cash transfer programmes.



2

Ensure inclusion of the most vulnerable **women** as **beneficiaries** of CTPs and other contingency funds.



3

Ensure alternative mechanisms for the **collection** of transfers that **minimize** displacement and avoid **crowding**.



4

Promote complementary programmes for **women's income** generation.



5

Promote the participation of **women's organizations** in the design and implementation of CTPs and other emergency measures.





Cash Transfers with a gender perspective. Recommendations to face the COVID-19 crisis.

1. Suspension of conditionalities in cash transfer programmes.

The pandemic has necessitated the implementation of extraordinary measures by government authorities. Among these measures, in most areas schools have been closed for children and adolescents, which means that those children and adolescents are staying at home.

Consequently, **it is necessary to temporarily suspend the conditionalities placed on existing CCT programmes in the region for the duration of the pandemic** and for the duration of the various crisis response measures that have an impact on people's ability to comply with CCT conditions.

2. Ensure inclusion of the most vulnerable women as beneficiaries of CTPs and other contingency funds.

Women in the region are now in a position of increased vulnerability during the COVID-19 crisis because of having fewer resources available to deal with the crisis: they may not have their own income because of not having a job or they may be outside the traditional social security systems because they work in the informal sector or they are engaged in unpaid work. Furthermore, women also bear a greater share of household responsibilities, which, as has been noted, have increased as a result of the crisis. These include additional childcare responsibilities because of school closures as well as care work for elderly and sick persons. For the same reasons, in many of the prior humanitarian crises in the region such as disasters, armed conflict, and migrations, women also face certain risks and are disproportionately impacted.

Consequently, it is **important to include the following groups of women** among those who are slated to receive the different forms of cash transfers:

- Women who do receive income but who are **underemployed, in informal work, or in unstable work (seasonal contracts, day labor, or verbal contracts)**
- **paid domestic workers who have been dismissed or who no longer receive wages** unless they receive unemployment insurance under the labor laws of their country

- **entrepreneurs or the self-employed women** who are no longer receiving income
- **non income-earning women who are engaged in unpaid care work** for children or dependent people in households
- **women impacted by prior humanitarian crises**, transient women, and victims of armed conflict

There should also be careful consideration given to the many ways that the crisis impacts people, along with awareness of the potential costs of identifying and disbursing benefits. This consideration should take into account that many women do not have access to traditional means of communication and that certain online methods used for information dissemination, sharing, and capture are inaccessible to many women. The literature recommends that if the affected population exceeds a certain poverty level then measures such as universal, temporary, and accessible transfers should be considered within that context.

3. Ensure alternative mechanisms for the collection of transfers that minimize displacement and avoid crowding.

In order to respect social distancing and quarantine measures, governments should employ measures to facilitate the processing and disbursement of aid, minimizing travel and avoiding crowds as much as possible.

Given that there is a significant number of **women without access to a bank account or to the internet** in the region, disbursement options should include a range of possibilities, including, but **not limited to, the use of online processing systems or direct deposit**. It is also essential that any system for banking or other payment systems be pilot tested with women and that it also provide extensive training for its use. Similarly, **there should be alternative systems for women who do not have access to these disbursement options, especially in rural, indigenous, and migrant areas**. Moreover, in areas where indigenous persons live it is important to ensure that the appropriate information is available in their languages.

4. Promote complementary programmes for women's income generation.

During this health crisis, one of the key factors is the availability of protective equipment such as masks for medical personnel as well as personal protective equipment for the general population. Additionally, in some areas there are security risks associated with handling large sums of cash.

In some countries, there are local actions being taken to produce masks, gowns, and other essential equipment. **Expanding and spreading this type of activity in order to satisfy the growing demand for these goods is not only needed but can also be used to generate alternative sources of income for women who produce these goods.** Supporting these actions by allocating some of the resources that national governments use to mitigate the economic impact of the crisis is doubly beneficial, because not only does it solve the problem of shortages of protective equipment, it also generates income for women.

The same approach can be taken with respect to food to be distributed during the crisis, which can be produced locally. In several of the region's countries, food banks for the most vulnerable populations are being used, supplementing the cash transfers.

For this to be effective, **it is necessary to make contacts with women's organizations and local and rural cooperatives** who can serve as intermediaries between this type of assistance and the national or regional governments as their actions are being implemented. It is essential to have information about the producers and their products along with information about purchasing facilities; possible partnerships with the private sector may be particularly effective for that purpose.

At the same time – and depending on the regulatory conditions that are present in each country – **public contracts for food services or health equipment could**

favor companies led by or consisting mainly of women.

Following this same approach, and in light of the need to connect efforts for social security, job protection, and the restoration of livelihoods, **cash-for-work programmes** should also be considered. These programmes simultaneously both promote the formalization and integration of women workers as well as providing income generation.

Additionally, actions should be taken with **skills-retraining programmes** that promote activities with a technological element or which have the potential for teleworking, such as communications and information, telemedicine, counseling, IT, e-commerce, and others, with the goal of turning the crisis into an opportunity and responding to the need to “build back better”.

Considering that **care work are of such importance, this sector should be considered as essential in the creation of employment and fair work for women and men**, creating startup processes (already implemented in several countries) in this sector by means of training and skill-building and taking measures to expand service offerings.

5. Promote the participation of women's organizations in the design and implementation of CTPs and other emergency measures.

The crisis calls for coordinated efforts between governments and other organizations in civil society. Therefore, it is essential to **promote and strengthen the voice of women's organizations at the local and national level** – whether in urban environments or in rural or indigenous communities – because these organizations are among those most affected by the crisis and they bear enormous responsibility. Prior experience has shown that the participation of women in the design and implementation of cash transfer programmes improves their effectiveness and sustainability⁷.

⁷ <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2019/discussion-paper-effect-of-cash-based-interventions-on-gender-outcomes-en.pdf?la=en&vs=4519>



“The day after”: gender dimension in social and economic policies

This health crisis highlights the region’s need to make significant progress in the implementation of social policies that ensure gender equality for women in their integration and social leadership.

In the context of the health crisis, mitigating social and economic hardship will bring attention to the measures and actions taken to care for the most vulnerable populations and to counter the loss of income whether that be in the formal economy or, above all, in the informal economy.

Nevertheless, prior to the crisis, there was an enormous number of women who already faced significant obstacles to achieving economic independence and a fair income because they had been relegated to tasks such as caring for their children or care work for other dependent people in their homes.

Therefore, the current situation provides an opportunity to call for the creation and/or strengthening of policies that significantly reduce gender gaps which today persist in the economic and social areas. To that end, a series of policy actions that can be developed to achieve this objective are proposed, along with other actions to coordinate the various approaches.

- Generally speaking, **gender should be a consideration in the CTPs**. This includes reevaluating CCT programmes aimed at improving children’s development outcomes so that those programmes also contribute to improving women’s potential and ability to achieve their own economic empowerment, thus avoiding a situation in which these same programmes exacerbate stereotypes and continue to shoulder them with the burden of care. This also includes developing **humanitarian gender-aware cash transfer programmes** that identify and respond to gender-specific needs, build skills among women and girls, mitigate safety risks such as gendered violence, and aim to overturn gender inequalities in crisis situations.
- In situations where there has been school absenteeism because of the COVID-19 crisis in homes receiving CCTs, **continue with the transfers to the home in order to stimulate the return of children and adolescents** once the quarantine is over.
- Promote **coordination of the safety net programmes with social mobility through formal means and incorporate women into the contributory systems** with the intention of creating a protective foundation that serves as a safety net to help women move toward having sustainable independent economic status.
- **Develop care work systems and policies** in order to free up the time that women spend on these tasks, thus creating conditions for economic independence while at the same time creating fair work in the care work sector.
- Coordinate the creation of care work services **with workforce training policies for women** to give them access to decent, well-paid jobs.
- Support measures to **strengthen women’s productive ventures** by supporting the adaptation of businesses and access to new tools and new opportunities in sectors of the economy that are associated with the use of new technologies.
- **Promote access to financing and banking for women**, as well as access to greater amounts of financing and of longer-term financing.
- Promote the creation of gender-aware comprehensive financial services that allow women entrepreneurs to deal with economic difficulties resulting from the drop in growth caused by the global crisis. These may include guarantee funds, credit facilities, insurance and micro insurance, and savings accounts.
- **Coordinate transfer programmes with other means of prevention, mitigation, and response** to protection risks such as safe spaces, along with medium- and long-term humanitarian recovery strategies.
- According to ECLAC⁸, **move towards a universal basic income system that expands coverage** beyond people living in poverty in order to reach broader layers of the population with low and lower-middle incomes who are in a vulnerable situation and at high risk of falling into poverty.

8 ECLAC (2020). El desafío social en tiempos del COVID-19. Informe Especial N°3 COVID-19 (*The social challenge in times of COVID-19. Special Report N°3 COVID-19*).



UN Women efforts in Latin America and the Caribbean to promote women's economic empowerment in response and recovery strategies to COVID-19



Generate analysis and evidence on the social and economic impacts of COVID-19 on women and girls, so that gender analysis and sex-disaggregated data are entirely part of the emergency response.



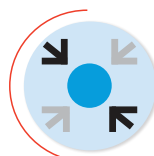
Advocacy to make visible the contributions of women in the response to the COVID-19 crisis and the differentiated impacts on women and girls, placing the need to implement multisectoral measures to mitigate and overcome these impacts on the public agenda.



Technical assistance to public and private actors in partnership with civil society and other international cooperation actors to develop strategies and solutions for the economic empowerment of women as part of crisis response measures.



Incorporation of the intersectional approach in the planning and implementation of the response to attend the needs of women in their diversity.



Effort coordination among different actors and generation of strategic alliances between the different sectors including the government, UN agencies and international organizations, civil society, media, and the private sector, to strengthen prevention and responses to COVID-19.



Mobilization of networks and relations with women's organizations to promote the voice, participation, decision-making and role of women human rights defenders, feminist organizations of civil society and women in all aspects of the response to COVID-19, identification/diagnosis, planning, implementation and recovery, monitoring and evaluation.



Production of technical knowledge and innovative proposals to promote women's economic empowerment during and after the pandemic, and to create conditions for recovery and resilience to future crises.