





COOPERATIVES MEETING INFORMAL ECONOMY WORKERS' CHILD CARE NEEDS

A Joint ILO and WIEGO Initiative













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Jyotsna Mahendra, a teacher at SEWA Sangini Child Care Workers' Cooperative in Ahmedabad, India

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Dona Maria Bras from Asmare Cooperative from Belo Horizonte, Brazil.

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Kasha Solanki, a teacher at SEWA Sangini Child Care Workers' Cooperative in Ahmedabad, India

Photo 5. Asmare | Sonia Dias

Dona Geralda, one of the founders of Asmare Cooperative who raised 11 children during the time when crèches were not available at Asmare. She was a strong supporter in the struggles for child care.

Photo 6. UPAVIM | UPAVIM

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Introduction¹

cross the global South, the informal economy persists and has a decidedly female face. Informal employment is a greater source of employment outside of agriculture for women than men in Latin America (54 per cent), South Asia (83 per cent) and Sub-Saharan Africa (74 per cent) (Vanek et al. 2014). In East and South East Asia the share of employment in the informal economy for women and men is roughly the same at 64 per cent. Within the informal economy, women are situated in the most vulnerable forms of employment as industrial outworkers or homeworkers, and unpaid family workers (Chen, 2012). Their care needs as workers go largely unaddressed and unattended. UN Women notes that across 31 countries in the Global South, less than one per cent of women living in poverty have access to child care services (2015). Their low earnings and vulnerable working conditions make it difficult for workers in the informal economy to pay for care services. They also live and work in areas that are more likely to lack quality care provision.

Around the world women do more care and domestic work alongside their paid and unpaid work than men (UN Women, 2015). Women's care responsibilities are intensified when they have young children, elderly relatives, or people living with disabilities in their households. Research from Women in Informal Employment: Globalizing and Organizing (WIEGO) highlights how without access to maternity entitlements and quality child care services, women workers in the informal economy take up more insecure work compromising their income security and their children's wellbeing in order to work and provide care (Alfers, 2016). This in part explains the persistent gender inequalities in the labour market (ILO and WIEGO, 2012). In addition, paid care work, such as child care, elder care and domestic work is predominately done by women for low wages due to gender norms that devalue care and see it as women's responsibilities, further entrenching gender segmentation within labour markets.

Cooperatives set up and run by workers in the informal economy are among the solutions in meeting women workers' care needs, while also helping protect the labour rights of care workers in the informal economy. They can be part of strategies and public policies to redistribute care work, so it does not rest disproportionately on women and girls' shoulders. Findings from ILO's global mapping of care provision through cooperatives show that communities, unions and groups of workers use the cooperative model for care

This brief was prepared by Rachel Moussié, Deputy Director of the Social Protection Programme at WIEGO in collaboration with the cooperatives featured here, ILO Cooperatives Unit staff, and WIEGO members and partners.

provision or cooperatives are themselves establishing care services for their members (ILO, 2016). Cooperatives can also be a space to raise awareness about care needs and exercise collective voice to negotiate with government at different levels for public provision of care services. The second ILO report on care provision through cooperatives based on literature review and case studies shows the diverse opportunities cooperatives can provide in care provision (ILO, 2017). Among key findings from the second of these ILO reports, three points are worth highlighting.

First, the types of care provided through cooperatives are different according to local contexts and beneficiaries' care needs. Furthermore, there are quite a few cases of cooperatives in the care sector which are multipurpose in nature, reflecting the beneficiaries' various yet overlapping care needs. They provide multiple services (e.g. day care, child care, foster care and mental/developmental health care, etc.) to distinct populations including elders, children and adolescent youth, and persons living with disabilities or illnesses (mental and/or physical).

Second, the models through which cooperatives provide care are numerous and diverse, but they can on certain occasion also have a multi-stakeholder nature. The stakeholders involved include care providers and other workers, beneficiaries and service users, families of service users, governments and community agents, etc. The multi-stakeholder model is a unique innovation emerging from cooperatives' involvement in the care sector.

Thirdly, and most interestingly, cooperatives may have advantages both for workers and service users, especially when these are members of a cooperative. For workers, they can provide improved wages and benefits, facilitate formalisation of home-based care, or promote professionalization and training of care workers. For users and their families, the cooperative model can provide a viable alternative to get better care services by enabling them to engage in care plans or encouraging their active participation in caregiving rather than simply treating aliments.

The following case studies complement the literature review and case studies compiled by the ILO with examples from Brazil, India, and Guatemala on how informal economy workers' organizations can mobilise through cooperatives to provide child care services to their members. The case studies highlight diverse forms of child care provision and outline the varied partnerships needed to implement and sustain child care services for informal economy workers. Cooperatives can be both a space for workers in the informal economy to raise concerns about their own care needs and improve their working conditions if they are care workers. The gendered nature of care work means that these cooperative-led initiatives contribute towards creating employment opportunities for women, while also providing child care services that free up time and resources for women workers in the informal economy. Some countries in Africa, Asia and Latin America will be benefiting from a demographic dividend with many young people entering the labour market over the next 30-60 years (ILO, 2013). Therefore, child care is a critical issue demanding a coordinated response and public investments to provide services for workers at the base of the economic pyramid and support their transition from the informal to formal economy.

Case Studies

Asmare Waste Pickers Cooperative, Belo Horizonte, Brazil

The Asmare Waste Pickers Cooperative (Associação dos Catadores de Papel, Papelão e Material Reaproveitável) was founded in Belo Horizonte in 1990.² It includes approximately 100 members all of whom are former waste pickers working in the streets, and 55 per cent of whom are women (Ogando and Brito 2013).³ The cooperative collects materials from schools, businesses and residences. It recycles 300 tons of materials every month including paper, cardboard and plastic, and sells these to private industries.

Asmare Cooperative members identified their need for quality child care services so that they could work a full day and not have to take their children with them to the recycling plants. Between 1990 and 2000, there was an important political opportunity in Brazil as participatory budgeting processes were increasingly used by local governments. In Belo Horizonte, many participatory budgeting assemblies s were organised by the local government where cooperatives and civil society organizations actively participated. The demand for child care services for waste pickers from Asmare was presented at the participatory budgeting assemblies and a budget was allocated to this initiative after several years of negotiation with the local government.

Initially, the cooperative received support from Pastoral de Rua and Caritas, both Catholic non-governmental organizations, to find a safe space to leave their children while they worked. With funding from the Foundation Danielle Mitterand and Mendes Junior, and support from the municipality with the concession of a public building, the community child care centre was established for waste pickers' children. Asmare's success is due to their strong visibility at this time and their allies both in local government and among civil society organizations who were also involved in the participatory budgeting assemblies. It only added to Asmare's already established reputation and credibility that the cooperative led the formation of a second level cooperative – Cataunidos.

Due to the open dialogues with city government administrators as well as increasing municipal recognition of their responsibility for early childhood education and care, the municipality took over the management and financing of Asmare Cooperative community child care centre. It became part of the municipality's educational system of early child-

This case study is taken from Ogando, Ana Carolina and Marina Brito. 2016. 'Latin America Scoping Policy Exercise: Considerations on Child Care Services in Brazil and Peru.' Belo Horizonte: WIEGO.

³ Due to high turnover rates in waste picker cooperatives, membership numbers are subject to change.

hood development centrs – Unidades Municipais de Educação Infantil (UMEIs). In 2004, the centre was inaugurated as UMEI Carlos Prates.

Within Belo Horizonte, UMEI Carlos Prates is well-known for prioritising the needs of waste pickers and their children. Opening hours reflect the working hours of waste pickers from 7 a.m. to 10 p.m. The 27 professional and trained staff members work across four shifts to guarantee a quality child care service and decent working conditions for child care workers. UMEI provides services for approximately 80 children, who are divided into four age groups: nursery, 1-2 year olds, 3-4 year olds and 5 year olds. Currently, 70 per cent of the spots in this day-care centre are designated for the waste pickers' children and 30 per cent is open to the general community. UMEI also has special needs assistants for children with Down syndrome, cerebral palsy, hearing impairment and autism at the centre. The public child care centre prides itself on not only integrating children with special needs, but also teaching other students to accept differences from an early age. The principles of social inclusion, which are an underlying basis for all UMEIs, are evident in UMEI Carlos Prates. The collective action and strength of informal waste pickers through Asmare Cooperative to voice their demands ensures that UMEI continues to provide quality child care services to their children.

UPAVIM Cooperative, Villa Nueva, Guatemala

UPAVIM (Unidas para Vivir Mejor, or United for a Better Life) started in 1988 as a handicraft cooperative run by women in informal settlements and poor neighbourhoods of Villa Neuva, Guatemala (ILO, 2017). The cooperative continues to expand production in fair trade handicrafts with the aim of generating enough funds to cover salaries and fund social programs that are needed in the area to support women's economic empowerment. In 1994, the Children's Centre Programme was founded by UPAVIM Cooperative members to provide community child care. The centre offers Montessori day-care and preschool and takes in children between 54 days and 6 years old from families with working parents in the area.

Through support from numerous private donors and foundations, the day-care staff is trained in the Montessori method and early childhood stimulation and nutrition. There are currently six members of UPAVIM working with about 70 children in the day-care and preschool. The Children's Centre opens from 7 a.m. to 5 p.m. to coincide with parents' working hours.

In 2002, the Montessori day-care was granted a legal status as a registered child care facility and the Centre for Alternative Learning was registered as a primary school for children from kindergarten to grade six. Over 150 students now attend the school, which is staffed by eight teachers and a director. Expenses for the child care centre and the school are covered in part by the sales of the handicraft products, contributions from donors and partnerships, and school fees paid by the parents. Parents in the community pay US\$ 22 every month per child, while worker-members of UPAVIM pay a reduced monthly fee of US\$ 15 per child.⁴ Children from the most low-income households are exempt from paying fees when other funds are available. The child care centre and the

primary school are managed by a committee made up of four UPAVIM worker-members – including child care workers and parents who are working on handicrafts in UPAVIM.

Today, UPAVIM Cooperative boasts over 80 members, most of whom are worker-members involved in producing handicrafts and employs 40 staff including a full-time doctor, nurses, teachers, administrators, cooks and cleaning staff, among others. Some of these staff members, such as the child care workers, are also UPAVIM worker-members involved in the management of the child care centre.

SEWA Sangini Child Care Workers' Cooperative, Ahmedabad, India

The Self Employed Women's Association (SEWA), founded in 1972 in Ahmedabad, Gujarat, is a trade union representing 1.5 million women workers in the informal economy across 14 states in India. SEWA members include agricultural workers, home-based workers, domestic workers, street vendors and waste pickers among others. A central aim of SEWA union is to ensure livelihood security for its members and as such the union also encourages and supports them to form their own cooperatives. By helping them form cooperatives, the union supports its members toward attaining social protection as well as work, income and food security (ILO 2018). In response to workers request for child care services, SEWA set up the Sangini Child Care Workers' Cooperative in Ahmedabad in 1986 (Alfers et al., 2016). The cooperative is responsible for 13 child care centres in Ahmedabad.

The 13 child care centres care for 350-400 children in age 0-6 years, of whom 33 per cent are between 0-2 years old. Every centre can have a maximum of 30 children. SEWA members can enrol their children for Rs. 175 (US\$ 2.5) per month. The centre provides an integrated approach to child care so that children receive basic education and social skills, adequate nutrition and basic health services. Unlike the public Integrated Child Development Schemes (ICDS) that are not open all day, Sangini Child Care Workers' Cooperative's centres run from 9 a.m. to 5 p.m. to meet parents' working hours. As a result, most of the working mothers (64 per cent) who use the SEWA centres said that they were able to increase their number of working days due to the support from the child care centre. They also reported an increase in their incomes ranging from Rs. 500 to 1,000 (US\$ 8 to 16) per month, and for some this reached an income of up to Rs. 2,000 (US\$ 32) per month as a result of the increase in working time (ASK, 2011).

The mothers of the children who attend the centres and the facilitators (*balsevikas*) who run the centres are the shareholders, and they manage the cooperative. The cooperative has 624 members including child care teachers, helpers and children's parents. There are 26 child care workers who are cooperative members, and three administrative staff members who support the management of the cooperative. A board made up of facilitators and parents is elected by the shareholders every three to five years. The democratic member control of cooperatives is a key component in ensuring quality (ILO, 2016). The board meets once a month to plan and manage activities, to deal with any problems that have arisen during the parent-teacher meetings or the monthly general meeting of all balsevikas, and to ensure that financial regulations are adhered to. The board is also responsible for setting the fees, which they do according to an estimate of how much it would cost to look after and feed a child at home. The manager is a SEWA Social Security

team member appointed by the board, and her role is to do all the administrative work required by the government.

On average, running one of these centres costs Rs. 20,000 to 25,000 (US\$ 300 to 400)⁵ per month, which includes the salary of two facilitators, rent, the cost of supplies such as food and medicine, and supervision and administration costs. In addition, the set up costs are approximately Rs. 25,000 (US\$ 400), which includes initial community consultations and the purchase of necessary equipment such as cradles, toys, and educational materials. Parents pay a monthly fee of Rs. 175 per child which covers approximately 17 per cent of the monthly running costs. Workers in the informal economy are unlikely to be able to pay higher fees to cover the running cost of a quality child care service due to their low earnings. As a result, the child care cooperative is largely dependent on the support provided by SEWA, donors and local government. Child care workers' salaries are just about the minimum wage in Gujarat due to these funding constraints. However, their commitment to the cooperative and SEWA, and their respected status in the community are reasons cited to stay on at the centres.

Sangini Child Care Workers' Cooperative plays a larger role in the community in addition to providing child care. Child care workers are selected from the community and receive training before taking up their responsibilities. Training and skills upgrading take place every three months, and there is an in-house capacity building team that focuses on enhancing the skills of the *balsevikas*. As a result, the child care workers are seen as leaders within their communities given their knowledge on children's health, nutrition, social development and early education. The centres also serve as a public service access point for vaccinations, primary health care, and nutritional advice for parents. When women workers in the informal economy see that their children are well cared for this builds up trust and solidarity among SEWA members and commitment to the trade union and the associated cooperative model. Cooperative members also mobilize the community to demand improvements to the public ICDS and offers training to ICDS child care workers. The cooperative is a pivotal part of the social fabric of these dense urban communities and opens avenues for engaging with the local and national governments.

The cooperatives are part of a broader workers' movement through SEWA and are linked to the national Forum for Creches and Child Care (FORCES). FORCES brings together over 500 children's rights, women's rights and workers' rights organizations all calling for quality public child care services. Such a platform can promote the care cooperative model while calling for broader state support and propose improvements to the ICDS model. SEWA and FORCES are also part of a global campaign supported by WIEGO on quality public child care for all workers, including informal economy workers, with the aim of enabling these different alliances and raising the visibility of women workers' child care needs.⁶

⁵ Currency conversion rate: 1 Indian rupee = 0.0156 US\$ (March 2018).

⁶ http://www.wiego.org/wiego/child-care-initiative

Summary table of three case studies

	UMEI Carlos Prates set up by Asmare Waste Pickers Cooperative	Children's Centre Programme run by UPAVIM Cooperative	Sangini Child Care Workers' Cooperative set up by SEWA
Service	Day care for children between 0 and 5 years old	Day care and preschool for children between 54 days and 6 years old (It also set up Centre for Alterna- tive Learning as a primary school for children from kindergarten to grade 6)	Day care for children between 0 and 6 years old (The 13 child care centres also serve as public services access points for vaccinations, primary health care and nutritional advice for parents)
Care beneficiaries (Parents & children)	80 children - Asmare waste pickers' children: 70 per cent - Other parents in community: 30 per cent	70 children in child care centres and preschool - UPAVIM worker members - Other parents working in the area	350-400 children (each centre has max. 30) across 13 child care centres - SEWA members only
Care providers (Workers)	27 professional staff members	6 trained UPAVIM members	26 trained child care workers 3 administrative staff.
Shareholders (Members of child care centres)	UMEI is a public child care centre run by the local government. It is not a cooperative.	Care workers and parents who are worker-members of the UPAVIM.	Mothers and facilitators who manage the centres (balsevikas)
Relationship with the public scheme	Asmare initiated discussions with Belo Horizonte Municipal Government and eventually the government took over the management and financing of UMEI as part of the public educational system.	The centre is registered with the government as a private child care centre. It does not receive any financial support from the local or national government.	The cooperative receives some funding from local government under a public support scheme to creches.
Supporters	Pastoral de Rua and Caritas (Cathoric NGOs) supported in finding a safe space Foundation Danielle Mitterand & Mendes Junior supported initial funding.	Numerous private donors supported the initial training for care staff.	SEWA ventures, donors and local government.
Financial scheme	Run by the public sector.	Fee: USD 15/child/month for worker members, USD 22/child/month for other parents Other income sources: handicraft product sales and donors' contributions.	Initial cost: Rs. 20,000-25,000 Running cost: Rs. 25,000 (salary, rent, supplies, etc.) Fee: Rs. 175/child/month (10-15 per cent of running cost) Other income sources: largely dependent on financial support from SEWA ventures, donors and the local government
Opening hours of child care facility	7 a.m. to 10 p.m.	7 a.m. to 5 p.m.	9 a.m. to 5 p.m.



Conclusions

hese three examples show how the cooperative model can be effective in providing care services and decent work opportunities to workers in the informal economy. Each of the child care cooperatives is meeting an unfulfilled need due to the lack of public child care services and the high costs of private-for-profit child care centres for informal economy workers. The child care cooperatives propose a different model from public, for profit, or non-profit child care services centred on democratic governance and accountability between cooperative members and parents using the service. Yet there are few documented cases of child care cooperatives catering to workers in the informal economy. Replicating these models is not always feasible as they are grounded in a specific historical and geographical context. However, identifying the good practices and challenges faced by these cooperatives can encourage other workers' organizations, cooperatives and governments to test child care provision using the cooperative model.

Good practices

There are four elements to the sustainability of informal economy workers' cooperatives that can be drawn from these three case studies.

1. Worker-members are motivated to meet their care needs and committed to democratic-member control

Women working in the informal economy highlight how important it is to trust the child care workers they leave their children with throughout the day. The democratic member control promoted by cooperatives enables more open channels of dialogue between parents, child care workers and local government. In the three case studies, the cooperatives are instrumental in first identifying the care needs of workers in the informal economy and increasing their voice, bargaining power and influence toward the government. They promote participatory discussion among members to manifest their care needs as well as open dialogue with local government officials to call for the support and improvement in public care provision. In India, Sangini Child Care Workers' Cooperative run by SEWA members is actively advocating for the state government to invest more in the public child care service – ICDS. They are perceived by local government as credible interlocuters in demanding extended ICDS working hours and a more holistic service including education, health care and nutrition because they are themselves providing these services through the cooperative. Asmare Cooperative in Brazil was successful in demanding that

the municipality take over the management and financing of their community child care centre as part of the public child care services system.

In addition, multi-stakeholder cooperatives such as the Sangini Child Care Workers' Cooperative and UPAVIM in Guatemala include both child care workers and parents as members. Therefore, these cooperatives can innovate to ensure better quality child care services that respect both parents and workers' needs.

2. Technical support is important in the initial stages to incubate cooperative initiatives

For Asmare Cooperative the initial partnerships with the Catholic NGOs Pastoral de Rua and Caritas and the Foundation Danielle Mitterand and Mendes Junior not only brought much needed funds, but also technical support to waste picker cooperative members in order to set up and run their own child care centre. Similarly, Sangini Child Care Workers' Cooperative drew on SEWA's vast experience of running cooperatives in other sectors, such as in agriculture and handicrafts, to set up management and governance systems for the child care cooperative (ILO, 2018). UPAVIM benefited from donor funding to train worker-members in the Montessori methodology so that they could then provide a quality child care service.

3. Funding sources are available and recognise the value of investing in child care

Child care services are expensive for informal economy workers' organizations and cooperatives to manage. It is difficult to recover the cost of providing child care service only through user fees paid by workers in the informal economy given their low earnings and savings, or through the sale of products and services within the broader cooperative. Other funding sources from government and external donors are required.

Government funding: In the case of Asmare Cooperative, the government integrated their child care service directly into the local municipal system covering all costs, while maintaining key elements identified by the waste picker cooperative such as extended opening hours and principles of social solidarity by also providing services for children living with disabilities. In India, Sangini Child Care Workers' Cooperative uses the funding from the local government to supplement its running costs. The local government has a policy framework to support private child care provision. However, more can still be done by governments to support child care cooperatives as discussed in the last section.

External donors: In all three case studies, the cooperatives benefited from alliances with private foundations and individual donors to set up the child care service, securing funding for initial infrastructure (building, equipment, furnishings, etc.) and training. In the case of Sangini Child Care Workers' Cooperative and UPAVIM, external donor support remains important to ensuring sustainability even today.

4. Child care cooperatives offer training and better working conditions for workers in the informal economy

Both Sangini Child Care Workers' Cooperative and UPAVIM invest in training women from the local area to become child care workers. This offers possibilities for professional

development and training in technical caregiving skills that can lead to other employment opportunities for women working in the informal economy. Sangini Child Care Workers' Cooperative also offers trainings to child care workers in the public sector. The cooperatives offer better decent work conditions for women workers in the informal economy thanks to their democratic-member control. As evidenced in other care cooperatives, the close beneficiary-provider relationship fostered by their democratic and inclusive nature of governance can also have positive effects on worker retention (ILO, 2017).

Challenges and opportunities

Drawing on the second ILO report on care cooperatives, major challenges to cooperatives thriving in the care sector include fragmented knowledge base and understanding of care through cooperatives, issues of strategic planning, and the lack of scalability and competitiveness (ILO 2017). Individual cooperatives have difficulties in responding to the beneficiaries' changing care needs in strategic ways or improving scalability and competitiveness due to the limited financial and human resources or cooperative knowhow. Issues of sustainability and scale are among the challenges identified by cooperative members in the three case studies reviewed here.

1. Sustainability

Quality child care services are expensive to maintain and these costs cannot be shifted to workers in the informal economy. Private donor funds may support these cooperatives but are not reliable. Integrating the child care service within the public child care system, as in the case of Asmare in Brazil, is one solution. Another is to guarantee government funds for child care cooperatives as part of the budget for public child care provision to ensure decent wages for teachers and remove user fees paid by workers in the informal economy.

2. Collaboration within the cooperative movement and across civil society organizations

Care cooperatives remain relatively new within the cooperative movement and are less well known, particularly those working with and for informal economy workers. There is scope for greater collaboration, for instance, financial cooperatives can provide care cooperatives access to loans and financial services that can help with the high start-up and running costs related to child care centres (ILO 2017).

Care service provision also offers the possibility of building broad collaborations across different movements. Child care is an issue that is important to diverse actors including organizations of workers in the informal economy, trade unions, women's rights and child rights advocates and social protection, health and education specialists. As evidenced through Sangini Child Care Workers' Cooperative, SEWA's dual strategy to both unionise workers in the informal economy and establish cooperatives has generated collaborations with diverse civil society organizations, social movements and the cooperative movement. The collaboration with FORCES – a national network calling for quality child care services – allows SEWA to build on the experience of Sangini Child Care Workers' Cooperative for local and national advocacy on improved public child care services.

3. Supportive policies

This is two-fold; evidenced by the lack of policies and resources for the provision and regulation of child care services, and the limited support given to cooperatives as a means to deliver these services. In the examples highlighted, cooperatives and other organizations of workers in the informal economy sought to provide child care services for their members because public child care facilities did not exist in low income areas or were of too poor quality. In offering child care services, they have also called for child care to be an integral part of social protection systems in the Global South. The provision of quality child care services allow women workers to maintain and increase their income and to improve the health, nutrition, and education of their children. Specific legislation is needed to ensure the cooperative model is encouraged within a broader national policy on child care. Local government also has a role to play in setting aside space within urban plans for child care cooperatives and supporting the financing, registration and administration of child care cooperatives.

Next Steps

1. Generating evidence-based data and knowledge

Further action/policy relevant research and data collection are essential to call for the supportive policy based on the evidence that shows the impact and potential advantage of cooperative model for workers in the informal economy. A global mapping of care cooperatives that provide services for informal economy workers can reveal strategies and institutional mechanisms to support the transition from the informal economy to the formal economy, generating new decent work opportunities. Building on the ILO recent reports on care cooperatives, further exploring the multi-stakeholder cooperative model for quality child care service provision in the Global South is needed.

As quality child care services are often limited in countries with a large informal economy, more research on how cooperatives can be integrated as a component of a broader public child care system is needed. Financial sustainability studies are needed to ascertain the level of investment required to set up and run child care cooperatives for workers in the informal economy.

2. Reaching scale for sustainability

This research could ascertain the financial tools and intermediaries that are best suited to support the expansion and replication of good cooperative practices.

3. Training and dissemination

The cooperative model for child care provision is not well known, particularly in countries with a large informal workforce and few public or private child care services. Even within the cooperative movement, the potential of care cooperatives is only now emerging. Therefore, there needs to be greater awareness of the cooperative advantage among

governments, municipalities, care professionals, the cooperative movement and informal economy workers' organizations.

Through trainings and information dissemination the cooperative model can emerge as an alternative, which not only provides quality child care, but also strengthens workers' organization and voice. For informal economy workers there is need for more cooperative education and training especially as it relates to management of cooperatives. Training at various levels is needed: on care service, on cooperative know-how (particularly for start-ups) and on management in general. These trainings can be provided and financed through collaborations within the global cooperative movement, technical assistance from the ILO, and workers' organizations.

4. Country specific initiatives

Exchanges between informal economy workers' cooperatives running child care services would allow for a deeper reflection on strategies to engage local governments and plan for sustainability. Informal economy workers' cooperatives can be involved in comparative country-level research to identify the legal frameworks in low and middle-income countries that can best promote child care cooperatives as part of a national child care policy. This research must be tailored to each country context and set out clear legal, institutional and financial steps to be taken by governments, cooperatives, care professionals and organizations of workers in the informal economy.

5. Addressing impediments with regard to the enabling environment

There may be some countries where cooperatives' engagement in care provision is not allowed within the realm of existing laws and regulations. In such cases, new regulation may be needed to support the establishment and growth of such cooperatives with an eye for the rights and protection of workers, members and users of cooperatives.

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