

Caring in times of COVID-19

A global study on the impact
of the pandemic on care work
and gender equality

Ana Ferigra Stefanović

Coordinator



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This document was prepared under the direction of Ana Gúezmes García, Director of the Division for Gender Affairs of the Economic Commission for Latin America and the Caribbean (ECLAC); the supervision of María Lucía Scuro, Social Affairs Officer, and Iliana Vaca Trigo, Statistician, and coordinated by Ana Ferigra Stefanović, Consultant of the same division.

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Introduction

Although pandemics are not new in the history of mankind, the unprecedented speed and spread of COVID-19, the scale of impact and the accompanying socioeconomic damages have set this pandemic apart. The United Nations Secretary-General's Shared Responsibility, Global Solidarity report (UN, 2020 cited in ESCAP 2021) characterizes this as a crisis of proportions hitting the very core of human societies. In addition to the catastrophic impact on human life and health systems, businesses have been interrupted, jobs lost, and many economies plunged into recession (ESCAP 2021). As the pandemic shows no signs of disappearing, the so-called 'new normal' or 'new reality' has included important short-term and medium-term changes to education and employment. The side effects of some of these measures have had devastating effects on the lives and livelihoods of millions of people, hitting the hardest precisely those segments of society that were already the most vulnerable.

Evidence from previous crises has shown that considerations such as gender, age, race and ethnicity place people in unequal positions of power for dealing with its outcomes. Existing asymmetries of power have repercussions on an individual's probabilities of exposure to the virus, of securing access to quality health services, of enjoying a safe and violence-free domestic space, of having savings, of being able to engage in teleworking or distance education and so on (Bidegain, Scuro, and Vaca Trigo 2020).

There has been growing evidence of how the consequences of the COVID-19 pandemic have exacerbated existing gender inequalities and caused significant setbacks to previously hard-gained advances. As early as April 2020 a UN Secretary-General report noted how the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex across every sphere, from health to the economy, security to social protection (UN SG Report 2020 cited in ESCAP 2021). There have been many gendered effects of the pandemic, including more limited access to health as well as sexual and reproductive services, increases in domestic violence, threats to food security, livelihood loss and income instability in addition to other physical, emotional and mental hardships.

One of the key structural gender inequalities that the pandemic has highlighted like never before is the unequal organization and distribution of care. The COVID-19 pandemic and its associated measures have brought to light the importance of care for the sustainability of life, and the central role

that care plays in the functioning of our economies and societies. The restrictive measures which were implemented throughout the globe with various degrees of stringency and duration to curb the spread of the disease, including closures of educational establishments, day-care and many other care services, immediately shifted care from the public and private sphere back into the home with devastating impact on the unpaid work done by women. Even before the crisis hit, data from all the countries where this information is collected, shows that everywhere women do more unpaid care work than men, on average up to three times more.

As the care burden shifted onto homes, so did it also increase the pressure on women. This additional strain on women has consequences for their ability to generate an income, by acting as an impediment to their entry into the labour market, reducing hours dedicated to paid work or leaving the labour market altogether. The COVID-19 pandemic has also had a major impact on paid domestic work, where women are overrepresented, due to deregulation of the sector, challenges to collective bargaining and the low value afforded to this work by society. And while women have been disproportionately affected by the pandemic, particularly when it comes to care burden, they are also fundamental to the recovery efforts.

The importance of unpaid work as a key structural barrier to gender equality has been recognized in the 2030 Agenda for Sustainable Development. Sustainable Development Goal (SDG) 5 to “Achieve gender equality and empower all women and girls” includes Target 5.4 to recognize and value unpaid care and domestic work, including through public services infrastructure and social protection policies.

In the context of the pandemic, the United Nations quickly set out to assess and respond to the socioeconomic impacts of COVID-19 around the world. The five UN Regional Commissions,¹ along with other United Nations partner agencies, began a joint initiative to strengthen social protection for pandemic response: by identifying those in need, aiding recovery and building resilience. This is one of the five areas identified within the United Nations framework for immediate socioeconomic response to COVID-19 (UN, 2020 cited in ESCAP 2021), connected through the underlying imperative to build back better (ESCAP 2021).

In order to address the gender inequalities that have been exacerbated by COVID-19, a critical component of this effort has been strengthening care policies for the recovery. One of the first activities, and in some cases ongoing, has been mapping the State responses when it comes to gender equality and care. Wherever possible, this information was made available through consolidated observatories/trackers.² To further support Member States to identify the key challenges for designing and implementing policies that consider the unequal distribution of care, the mapping efforts have been complemented with specialized regional and case studies undertaken in all five regions.

This global study seeks to capture and bring together the richness of the information which has been collected and analysed in the five regions. It is based almost exclusively on the studies produced by the UN Regional Commissions, in some cases in partnership with UN-Women, in the framework of the Strengthening Social Protection for Pandemic Response initiative of the United Nations Development Account.

¹ Stationed in five regions of the world, The UN Regional Commissions share key objectives aiming to foster economic integration at the subregional and regional levels, to promote the regional implementation of internationally agreed development goals, including the Sustainable Development Goals (SDGs), and to support regional sustainable development by contributing to bridging economic, social and environmental gaps among their member countries and subregions. To achieve these objectives, the five Regional Commissions promote multilateral dialogue, knowledge sharing and networking at the regional level, and work together to promote intra-regional and inter-regional cooperation, both among themselves and through collaboration with other regional organizations.

² ECE: “COVID-19 Response Policies and the Care Economy: Mapping economic and social policies in the ECE region”. ECLAC’s COVID-19 Observatory; ESCAP: Policy Responses to COVID-19 in Asia and the Pacific, ESCWA: Global observatory on Social Protection Policy.

It is important to note that the mention of regions in this publication does not imply or entail political or geographic delineation. Instead, given that some States are members of more than one UN Regional Commission they refer as much as possible to areas covered by the Regional Commissions. For this reason, case studies in Part II are presented as linked to the UN Regional Commissions which undertook the research in these member States.

Part I of the publication provides an overview of Care in times of COVID-19. It begins with a presentation of key concepts and trends when it comes to the care economy and unpaid work. Chapter I, based on analysis and the methodological frameworks used for several regional papers and studies, briefly explores time-use measurements as well as some of the existing evidence across the globe when it comes to care work before the COVID-19 pandemic struck. Chapter II explores the compounded crises of COVID-19 and the care economy. It is divided into two parts, the first being an analysis of how the pandemic and its outcomes have impacted the care economy and women's unpaid work, as well as the broader impact on women's economic autonomy, citing examples where possible. The second part presents a brief overview of policies and measures implemented in the context of the pandemic which relate to and impact the care economy, based on the mapping processes and regional analysis undertaken. Chapter III presents the case for integral care systems for a transformative sustainable recovery. Building on the recommendations from the regional studies undertaken under the joint initiative, public investment in care systems and the care sector is argued to be a driving force for building back better and with more equality. The chapter closes with a set of principles for institutionalization of care systems.

Part II of the publication presents the regional and national case studies. In the case of the Economic Commission for Africa (ECA), studies are presented from South Africa, Kenya and Egypt. When it comes to knowledge prepared by the Economic Commission for Europe (ECE), studies are presented on childcare, women's employment and COVID-19 impact from Kyrgyzstan and Serbia. From the Economic Commission for Latin America and the Caribbean (ECLAC) regional analysis on the impact of the pandemic on care policies explores the experience of four countries (Argentina, Costa Rica, Chile and Uruguay) in the first 5 months after the pandemic was decreed. This is complemented with recent data which presents new evidence on devastating impact of COVID-19 on women's economic autonomy. From the Economic and Social Commission for Asia and the Pacific (ESCAP) a regional analysis is presented which maps the types and prevalence of care-differentiated policies that have been initiated as a response to COVID-19 in the different subregions and presents four examples from Australia, the Philippines, the Republic of Korea and the Russian Federation. From the Economic and Social Commission for Western Asia (ESCWA), studies are presented on childcare in Lebanon and in the Kingdom of Saudi Arabia and on elderly care and services in Morocco.

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Part 1

Caring in times of COVID-19

I. The care economy and unpaid work: concepts and trends

*Ana Ferigra Stefanović
Lucía Scuro
Iliana Vaca-Trigo*

A. Defining the care economy

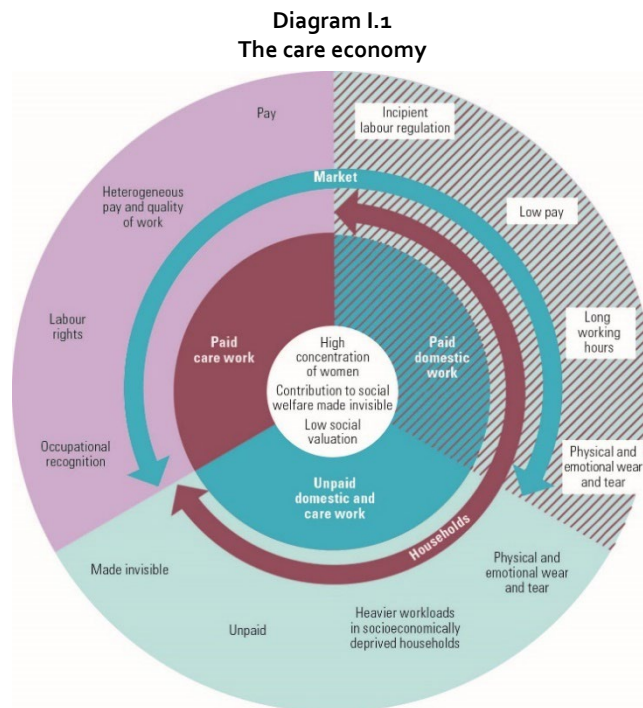
Care can be defined as all activities undertaken in order to maintain, continue and repair the world we live in, so that it can be lived in as well as possible. That includes our body, our being and our environment, as well as everything that is needed to create the complex, life-sustaining web (Fisher and Tronto, 1991 cited in ESCAP 2021).

Everyone relies on care from another person at some point during their life. As a social function care involves recipients and providers. The person who provides care takes on certain responsibilities for the other person involving different types of physical, mental and emotional effort. The fulfilment of those responsibilities creates an emotional bond between the provider and recipient of care (ECLAC, 2019 cited in ECLAC, 2021, Tronto 1993; Folbre 2004 cited in UNECE 2021a). Care should also be regarded as a right: the right to take care of someone, to be taken care of, to not take care of someone and to take care of oneself. Care refers to a broad set of aspects that include health care, home care, care for dependents and caregivers, or self-care itself (ECLAC/UN-Women 2020).

The “social organization of care” refers to the way in which society organizes the reproduction of the population or, in other words, the way in which families, the State, the market and community organizations all work to produce and distribute care (Rodríguez, 2015 cited in ECLAC, 2021). This is relevant not only from the standpoint of social reproduction and individual well-being, but also for production, employment and sustainable development.

Despite the importance of care for sustaining life, the traditional economy has treated unpaid care work as an externality of the economic system (Carrasco, 2004 cited in ECLAC 2019) and thus kept its contribution to the economy and societies invisible. Care work that is undertaken outside of the market is not included or accounted for in national accounting systems or calculations of countries GDP. The current pandemic has highlighted in an unprecedented way the interdependence between the market economy and non-market processes and underscored the centrality of care to the functioning of our economies and our societies.

Feminist economics has contributed to define and quantify the economic contribution of domestic and care work by conceptualizing the care economy. The care economy is seen as the sum of *all forms of care work*, largely recognized as paid care work and unpaid care work (ILO, 2018 cited in ESCAP 2021). It encompasses care at the most micro level, i.e., the basic work performed in the home that is necessary for the reproduction of the labour force; as well as the market dynamics of care (employment and service delivery); the provision of infrastructure; and the formulation of public policy. This concept therefore comprises all the direct and indirect, short-term and long-term, paid and unpaid care work performed in households and in the labour market (see diagram I.1) (ECLAC, 2019 cited in ECLAC, 2021).



Source: Economic Commission for Latin America and the Caribbean (ECLAC). Women's autonomy in changing economic scenarios (LC/CRM.14/3), Santiago, 2019.

Paid care work encompasses all paid employment in the care sectors (health, education, social care or paid domestic work). This broad group of workers differs in terms of the occupations they perform, the skills required, the associated pay and the quality of the job. Activities associated with care are often seen as an extension of women's work within households and linked to skills that are generally attributed to women as "natural" (ESCWA, 2021). These tend to be seen as low skill activities that are mostly performed by women and are characterized by low wages.

Unpaid care and domestic work refer to both direct care tasks, such as care for children, older or sick persons or persons with disability and indirect care tasks that are necessary for daily sustenance of the family, such as cooking, cleaning and the collection of fuelwood and water, food provisioning and household maintenance (ESCAP/ASEAN, 2021).

Studying how societies satisfy care demands requires exploring the distribution of paid and unpaid work between men and women, both in terms of time dedicated and types of tasks. It also includes studying the segregation of care occupations in markets, as well as the different contexts in which these activities are carried out, including the informal and precarious.

B. The division of labour between women and men

Despite cultural variations, across the globe work is characterised by a sexual division of labour, largely due to the different social roles that have been traditionally assigned to men as 'breadwinners' and women as 'caregivers.' This is a model in which men are assumed to generate economic income for families while women are responsible for the care of girls, boys and people who require it at home, roles that are perpetuated despite women's progressive entry into the formal labour market. Even in countries with a dual-earner paid employment model such as Denmark, Norway and Sweden, the association of domestic and care work still remains couched along gendered lines (UNECE/UN-Women 2021).

Across all societies, evidence shows that women undertake the majority of unpaid care work (see below). This sexual division of labour begins from an early age: girls are typically involved in domestic and care activities more than boys and, in some countries, this has a negative impact on girls' possibility to attend school. As girls grow into women this unequal distribution of unpaid work impacts negatively on gender equality and women's empowerment by mixing with other vectors of gender inequality and limiting the time available for paid employment, education and leisure. Consequently, it exacerbates gender gaps in employment outcomes, wages and pensions. Estimates show that across the world, 606 million women, or 41 per cent of those currently inactive, are outside the labour market because of their unpaid household and care responsibilities (ILO, 2018 cited in UNECE/UN-Women 2021).

Both paid and unpaid care work shape women's labour-market participation. While women are overrepresented in paid care work, they also critically rely on these care services to be able to engage effectively in the labour market. The availability of care services and their quality are directly related to employment levels and working conditions in the paid care sector, which mostly employs women (ILO, 2018 cited in ECLAC, 2021). Furthermore, the availability, affordability and quality of public and private care services directly impacts women's participation in the labour market. That is, the provision of public or private services that are accessible and of high quality, influences the redistribution of responsibilities from households to the State and the private sector, which can free up women's time and help to improve their economic autonomy (ECLAC, 2019 cited in ECLAC 2021).

To conceptualize the complex links between unpaid work and women's empowerment the UNECE and UN-Women report covering the Eastern Europe, Caucasus and Central Asia (EECCA) region has identified four pathways which affect, influence and shape both (UNECE/UN-Women 2021). These are: (a) access to, and opportunities in, the labour market; (b) social and cultural norms regarding gender roles (which underpin the sexual division of labour); (c) social care infrastructure; and (d) the legal and institutional environment, including social protection and employment rights. In these areas there is overlap and causality runs in both directions.

The prevailing sexual division of labour and social organization of care remain among the key structural challenges and barriers to gender equality. They interfere with women's full enjoyment of their rights and their autonomy, while also generating a series of economic and social inefficiencies that have negative spillover for society as a whole. The 2030 Agenda for Sustainable Development recognizes the importance of unpaid work for sustainable development. Sustainable Development Goal (SDG) 5 to "Achieve gender equality and empower all women and girls" includes Target 5.4 to recognize and value unpaid care and domestic work, including through public services infrastructure and social protection policies. In order to measure advances toward this target, indicator 5.4.1 monitors the time spent on unpaid domestic and care work. In addition, unpaid care and domestic work also emerge as a cross-cutting theme across several other SDGs such as ending poverty (SDG 1), good health and well-being (SDG 3), access to education for girls (SDG 4), decent work and economic growth (SDG 8) and reducing inequalities (SDG 10).

C. Measuring unpaid work

Time-use surveys are the most widely accepted source of gender-disaggregated data on the nature and duration of time spent in paid work, unpaid work and total work. They provide empirical evidence of the sexual division of labour within households, make visible the relationship between productive and reproductive work, and the effect of unpaid domestic and care work on women's lives and well-being. Analysing the information provided in time-use surveys has made it possible to recognize and estimate the contributions of women's unpaid work to national wealth and thus contributes to design of policies for women's empowerment (OECD, 2019 cited in UNECE/UN-Women 2021).

In fact, time-use surveys do more than measure unpaid work; they can provide valuable information that is useful for the design, implementation and monitoring of public policies. Time-use survey data give insights into monetary poverty, income and the distribution and allocation of time; interrelationships of employment, unemployment and education in rural and urban areas; everyday well-being patterns; extent, type and timing of market work; reconciliation of the work-family balance; measurement of human capital through schooling and time spent by parents with children; and access to and consumption of services like energy and communication technologies (ESCAP, 2021). Measurement of time-use has also been important for the construction of indicators that show inequalities between women and men as well as between different social groups. Through an intersectional analysis they can help to make visible the interconnections between gender, ethnic-racial condition, place of residence, age and class (ECLAC 2022).

Time-use measurements have gained importance over time. The Beijing Platform of Action (1995) gave an impetus to data collection on time-use. It also had a significant impact placing a value on women's contribution to the economy and including it in gross domestic product and marked a turning point with the approval of a proposal to expand the national accounting systems with a satellite account on unpaid work (Durán, 2006 cited in ECLAC 2022).

Time-use surveys are key inputs in the construction of satellite accounts for unpaid household work, which shed light on the economic contributions made by households, especially by women, to the national economy. Including this economic valuation of unpaid work in the framework of the System of National Accounts (SNA) provides a more accurate measure of society's output, by revealing the existence of a part of the economy that would otherwise remain invisible. It also enables the inclusion of the contributions of this type of work in macroeconomic analyses and decision-making. Satellite accounts provide "a better understanding of the economic dynamics within and among households, and between households and the rest of the economy, which is crucial for incorporating the care economy perspective into the analysis of the entire economic system" (ECLAC, 2017 cited in ECLAC, 2022).

Across the world more than 75 countries conduct some form of time-use surveys, with some repeated at periodic intervals (Charmes, 2019 cited in ESCAP/ASEAN, 2021). Calculations indicate that 16.4 billion hours are spent on unpaid care work every day—the equivalent of 2 billion people working 8 hours per day without pay— amounting to 9 per cent of global GDP or USD 11 trillion. The value of women's unpaid care work is a significant proportion of this, it represents 6.6 per cent of global GDP (USD 8 trillion) (ILO, 2018 cited in UNECE 2020).

In the ECE region, in EECCA specifically, nine countries have conducted at least one time-use survey between 2008 and 2015. These countries are at varying stages of nationalizing and assessing their capacity to produce and use the statistics needed to monitor SDG progress and gender-responsive SDG prioritization. While data production in general is relatively strong in EECCA countries, only 42 per cent regularly produce statistics on unpaid work and a mere 7 per cent produce satellite accounts of household production (UN-Women, 2019 cited in UNECE/UN-Women 2021). There is also the challenge of data disaggregated by sex and intersectionality (for example, migratory status, ethnicity, race, sexual orientation and gender identity) (UN, 2020 cited in UNECE /UN-Women 2021). In the EU countries, which form the majority of the ECE region, there have been two rounds of Harmonised European Time Use Surveys: HETUS 2000 (round 1, 1998-2006): conducted in 15 European countries. HETUS 2010 (round 2, 2008-2015) has been conducted in 18 European countries of which 15 EU countries, 3 non-EU countries (Norway, Serbia and Turkey). A third HETUS was scheduled for 2020 based on methodological guidelines from 2018 and is still in process. Table 1 shows the data relating to the value of unpaid work as a per centage of GDP for some countries within the EECCA region.

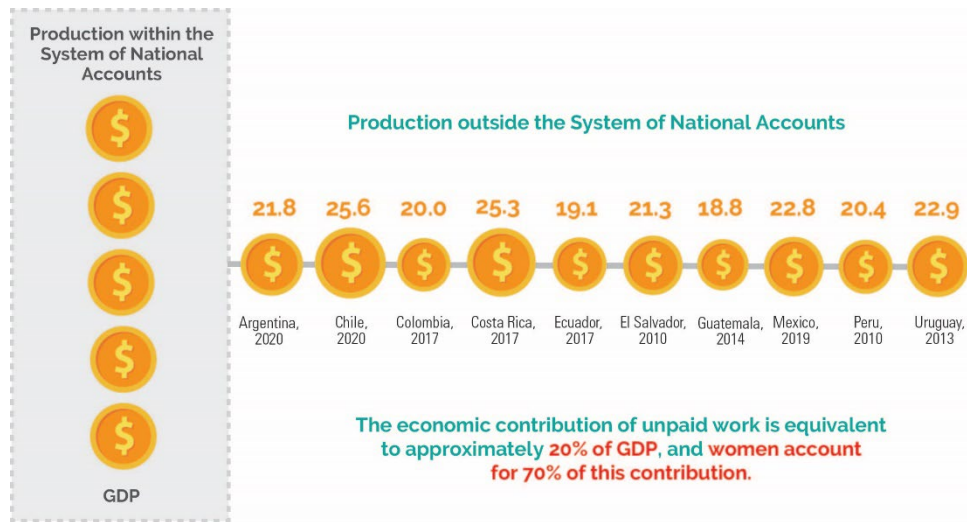
Table I.1
Value of unpaid work as a percentage of GDP by women and men
(US\$PPP 2011)

Country	Women	Men
Albania	7.2	1.2
Armenia	9.3	1.6
Kazakhstan	1.8	0.7
Kyrgyzstan	1.5	0.6
Serbia	10.5	4.9
Turkey	10.6	2.7

Source: ILO (2018: 50 cited in UNECE/UN-Women 2021).

In Latin America and the Caribbean 23 countries have carried out at least one measurement of time spent on domestic and care work, while 10 have economically valued unpaid work in households (see diagram I.2) and four have calculated the satellite account of unpaid work in households. Several Caribbean countries are also reportedly preparing pilot measurements to include modules in the surveys of living conditions and population censuses. In this region advances in gender equality, and specifically work to improve statistical information on gender, including time-use statistics has been given impetus through the discussions and commitments established by governments at two intergovernmental forums: the Regional Conferences on Women in Latin America and the Caribbean and the Statistical Conference of the Americas (SCA) (see box 1).

Diagram I.2
Latin America (8 countries): economic value of unpaid household work in relation to gross domestic product (GDP)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of the valuation of unpaid work from the bodies governing each country's national accounts, except for the following countries, where the respective calculations were based on: Argentina: Ministry of Economy, *Los cuidados, un sector económico estratégico: medición del aporte del trabajo doméstico y de cuidados no remunerado al producto interno bruto*, Buenos Aires, 2020; Uruguay: S. Salvador, "La valoración económica del trabajo no remunerado", *Los tiempos del bienestar social: género, trabajo no remunerado y cuidados en Uruguay*, K. Batthyány (ed.), Montevideo, National Women's Institute (INMUJERES), 2015. Information updated to 27 October 2021.

Box I.1

Time-use measurement in Latin America and the Caribbean

Two long-standing intergovernmental fora in Latin America and the Caribbean have had a key role in advancing the collection and analysis of time-use data in the region. The Regional Conference on Women in Latin America and the Caribbean is a key intergovernmental forum and its Regional Gender Agenda, that has been constructed over 40 years, has repeatedly reiterated the importance of producing and disseminating gender-sensitive data and statistics for the design, implementation, monitoring and evaluation of public policies. Within the framework of the Statistical Conference of the Americas (CEA), the Working Group on Gender Statistics was active from 2007 to 2019 in promoting the production, development, systematization and consolidation of statistical information on gender equality and gender indicators. Since 2019 governments agreed to incorporate gender into all the Working Groups of the CEA.

The growing link between these two Conferences, and their mutual recognition, has strengthened dialogue between producers of statistics in the region, such as National Statistical Offices, and the principal users of this information, particularly with Machineries for the Advancement of Women. Advances in measuring time-use in the region have been further spurred by the annual meeting of specialists in the use of time and unpaid work. Held annually for 18 years these meetings constitute a fundamental space for reflecting on the production and use of time-use information, as well as for making progress toward greater harmonization.

A culmination of these processes is the development of a methodological guide on measurements of time-use in Latin America and the Caribbean, adopted at the XI CEA in November 2021; a regional standard that will allow the generation of comparable statistics of the highest quality. The continuity of time-use measurements furthermore depends on ensuring their legal basis and institutionalization in national statistics, to guarantee periodicity and budget allocation for their development and implementation.

Source: Based on information provided by the Division for Gender Affairs of ECLAC.

Only a few countries in Asia and the Pacific have conducted time-use surveys, compared with other household-based surveys (ILO and UNDP, 2018 cited in ESCAP 2021). There is also, as in other regions, a great variety of the kinds of surveys done. From ESCAP member States 16 have time-use survey data

available.³ Among members of ASEAN (Association of Southeast Asian Nations), Cambodia and Thailand are the only two countries that have large national time-use surveys capturing women's and men's time spent in paid and unpaid work while 5 other countries have implemented pilot, or small sample surveys, or surveys within other surveys.⁴ According to estimates, \$3.8 trillion could be added to the economy if the unpaid care work of women was added into the GDP measurements of Asia and the Pacific (McKinsey Global Institute, 2018 cited in ESCAP 2021).

Similarly, there is a paucity of nationally representative time-use surveys in the Arab region. To date eight countries in the region have administered national time-use surveys.⁵

Despite the usefulness of time-use statistics there are a number of practical and methodological challenges for their collection and analysis. Significant global gaps remain in the collection and use of sex-disaggregated data overall (Ferrant and Thim, 2019 cited in UNECE/UN-Women, 2021). Specifically, time-use surveys are rarely systematically or periodically collected and there are great variations among countries and regions when it comes to how often time-use data is collected, their institutionalization, how the information is collected and what is collected. In fact, the methodology used for data collection remains relatively unstandardized, rendering accurate international comparisons difficult. There are issues relating to whether a stand-alone survey is conducted or a module within existing household surveys. There are also differences in the data collection instruments used: an activity diary —complete or reduced— or a questionnaire with predefined questions about time-use activities. There are also more complex methodological differences relating to which activities are included and how these are classified. All these methodological issues make comparisons among countries very challenging if not impossible.

While data from time-use surveys may not be directly comparable they do clearly demonstrate inequalities in time-distribution among men and women, boys and girls, across the world. In the following section we explore some of the trends in unpaid care work and gender equality in different regions based on evidence from time-use measurements.

D. Trends in unpaid care work across the globe

Despite notable regional and country-specific differences, the message from all the countries for which data on time-use exists is the same —women bear the overwhelming burden of unpaid care work. The pattern which emerges from all the data shows that women spend more hours on unpaid care tasks than men, sometimes as much as three times more, while they also spend less time on paid work. This is the case everywhere, regardless of the socioeconomic, cultural or other specificities of the countries or regions in question. In this section the similarities in the patterns emerging are highlighted as are some of the differences, with a view to demonstrating how the sexual division of labour to a different degree permeates almost all societies and impacts on gender equality and sustainable development globally. It is important to note that the data which is given as way of example is not comparable due to differing time periods and methodological differences and it is not available for all regions. For the most part where possible its source are regional investigations that have been undertaken in the context of the “Strengthening Social Protection for Pandemic Response” project, except for global data.

³ Armenia (2004), Australia (2006), Azerbaijan (2012), Cambodia (2004), China (2008), India (2019), Islamic Republic of Iran (2009), Japan (2016), Kazakhstan (2012), Kyrgyz Republic (2010), Mongolia (2011), Pakistan (2007), Republic of Korea (2014), Thailand (2015), Turkey (2014) and New Zealand (2009).

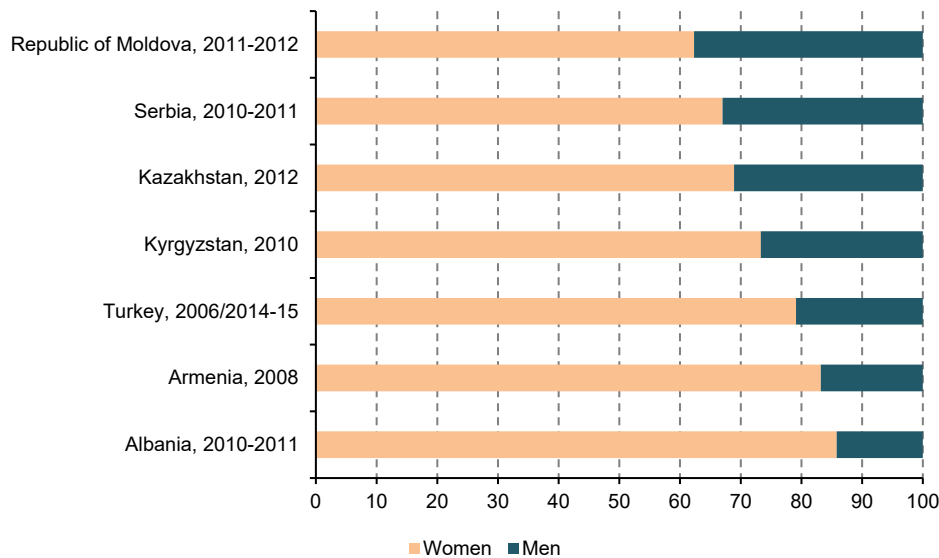
⁴ Indonesia (2004-5), Lao PDR (2009), Malaysia (1990-1), Myanmar (2017), Philippines (2000).

⁵ Algeria, 2012; Egypt, 2015; Iraq, 2006-07, 2012; Morocco, 1997, 2011-12; Oman, 2000, 2007-08; Occupied Palestinian Territory, 1999-00, 2012-13; Qatar, 2012-13; Tunisia, 2005-06.

Women globally carry out three-quarters of unpaid care work, or more than 75 per cent of the total hours provided. There is no country where women and men perform an equal share of unpaid care work: women dedicate on average 3.2 times more time to unpaid care work than men (ILO 2018 cited in ESCAP 2021). Across all regions and income groups, when the paid work and unpaid care work are added up, the women's working day is longer on average, despite significant differences across countries. This is evidence of the so-called "double day" or "second shift" (Hochschild and Machung, 2012 cited in ESCAP/ASEAN, 2021) which shows that even if women are in the labour market, they are also likely undertaking the majority of unpaid care and domestic work at home. This makes women consistently time poorer than men and has a dramatic impact on their participation in the labour market.

In the ECE region, particularly in the countries of EECCA, time-use surveys have shown that women on average devote five hours per day to unpaid work while men, in contrast, devote an average of two hours per day. This gender gap in unpaid work varies widely among countries; the differences range from 1.5 to 4 times as much time spent on unpaid work by women compared to men. As in other regions, men are found to work longer hours in paid employment, but for women it is the total work hours that are longer than for men (UNECE/UN-Women 2021).

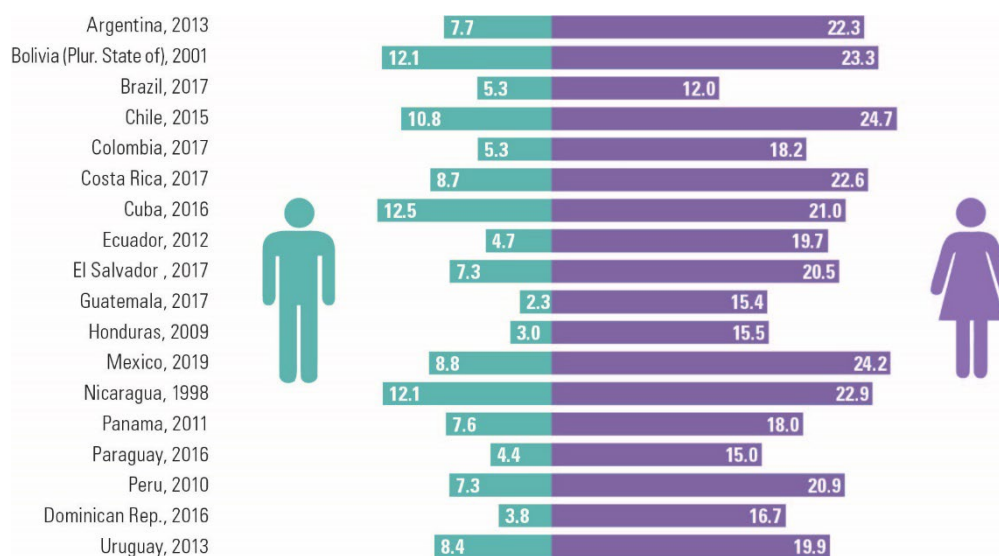
Figure I.1
Selected countries in EECCA, share of total unpaid work
(Percentages)



Source: ILO (2018) data cited in UNECE and UN-Women, 2021.

In Latin America and the Caribbean in the 18 countries for which data is available women spend significantly less, sometimes half the time, of men on paid work, and significantly more time than men on unpaid care work. Statistics show that before the COVID-19 pandemic struck women were spending on average three times more time on unpaid work than men. In the majority of the countries the total work time, adding together unpaid and paid work, is higher for women. Figure I.2 shows the data for all the countries available.

Figure I.2
Latin America (18 countries): proportion of time spent on unpaid domestic work and care work
(Sustainable Development Goal Indicator 5.4.1), by sex
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of special tabulations of time-use surveys conducted in the respective countries. Information updated to 27 October 2021.

Note: Calculated on the basis of metadata published in United Nations Statistics Division [online] <https://unstats.un.org/sdgs/metadata/files/Metadata-05-04-01.pdf>, at 13 July 2018. Refers to unpaid domestic and care work carried out for own final use by household members, for other households or the community, and to volunteer work, except for Brazil, Cuba, Guatemala, Honduras, Nicaragua and the Plurinational State of Bolivia. Data correspond to national totals, except for Argentina (31 urban centres) and Cuba (Old Havana), and refer to the population aged 15 years and over, except in Argentina (population aged 18 and over) and Nicaragua (population aged 6 and over).

According to the ILO, the burden of total work (unpaid care and paid work) is highest on women in Asia and the Pacific among all regions as well as the global average (ESCAP 2021). There are significant differences among countries in the time women spend on unpaid care and domestic work as a ratio of men's time on the same; from as high as 11 times in Pakistan to just 1.7 times in New Zealand (ADB and UN-Women, 2018 cited in ESCAP 2021). Although it follows global trends, it is worrying that data from India shows that the total time that women spend working (paid and unpaid) has almost not changed in 20 years. This is observed when comparing the latest time-use survey (NSO, 2019 cited in ESCAP 2021) with a pilot study conducted in 1998. Time-use data in Cambodia and Thailand shows women spend just short of 50 per cent of their working time on household chores and care (Charmes, 2019 cited in ESCAP/ASEAN, 2021), which underlines the double burden that women are experiencing.

The Arab region also has critical gender gaps in unpaid care work distribution. Women in this region are reported to spend 4.7 times more time on unpaid care work than men —this uneven distribution also reflects gender, cultural and social norms in patriarchal societies. As a result, Arab women devote less time to paid work. Moreover, women are working more hours compared to men when unpaid care work and paid work are summed up. The total work women-men ratio is 1.25 in the Arab States (ILO, 2018 cited in ESCWA 2022a). In all the Arab States for which there is available data, women take on most of the responsibility for unpaid care —ranging between 64.4 per cent to 87.5 per cent (ibid.).

Figure I.3
Time allocation in unpaid care and domestic work activities in select countries of Asia and the Pacific
(Minutes per day)



Source: ILO 2018 cited in ESCAP, 2021.

Box I.2
Unpaid care and domestic work in ASEAN countries

Because other ASEAN Member States have not yet gone beyond pilot or small sample surveys, it is difficult to compare and draw conclusions on the nature of women’s unpaid care and domestic work in the region. To cope with this lacuna in the data, a study undertaken by ASEAN and ESCAP in 2021 took into account time-use studies and small surveys conducted by independent research organizations. Across countries where data are available, women still spend more time on unpaid care and domestic work than men.

Findings from the Labour and Employment Survey 2019 in Viet Nam point to women doing 18.9 hours of unpaid care and domestic work per week, compared with eight hours by men, while both do somewhat the same amount of paid work. Women perform close to double of all unpaid care and domestic work services of men except maintenance (ILO, 2021, p. 8). A similar ratio was found in Malaysia in a 2019 study, with women’s labour value at 1.6 times that of men for primary activities and 1.7 times when secondary activities were included (Khazanah Research Institute, 2019). Preliminary findings from the 2021 National Household Care Survey, conducted by the Philippine Commission on Women, UN-Women and Oxfam, indicate that women spend 1.6 times more time on unpaid care work than men do.

A study in Malaysia found that women’s time-use is further mediated by the income level of the household and the life stage of men and women (Khazanah Research Institute, 2019). For example, low- and middle-income households in their sample spent more time in unpaid care work, and women in life stages 2 and 3 (marked by the presence of children younger than 7 years and between 7 and 19 years, respectively) performed a greater number of hours of unpaid care work (Khazanah Research Institute, 2019, pp. 33–34). The first time-use study conducted by ActionAid (2016) in Viet Nam detected that time spent on unpaid care and domestic work among women’s groups with different education levels and marital status did not vary by much.

Source: Edited from ESCAP/ASEAN 2021, p 20-22.

E. Unpaid care, poverty and gender equality

Data from across the world also shows that factors such as marital status and the presence of children in the household affect the division of unpaid care. In the EECOA region for example, women living in a couple with children spend more than twice the daily time on care work compared to women living in couples without children (5.3 hours per day compared to 2.4 hours). Among employed persons

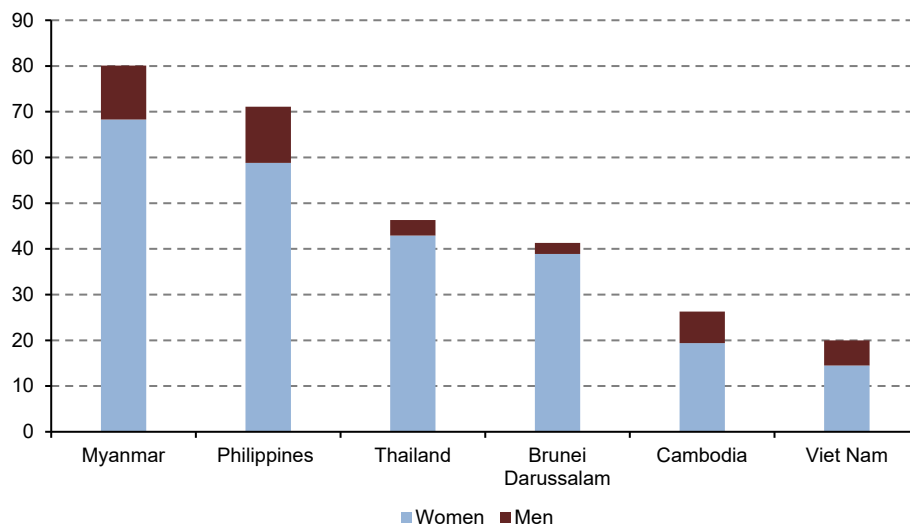
engaged in daily care responsibilities, the time spent on unpaid care is higher in the childbearing age group (25–49), especially for women (UNECE/UN-Women 2021). As mentioned earlier this has a dramatic impact on women’s participation in the labour market. Evidence from Central Asia reveals significant differences in the share of inactive women who report domestic responsibilities as the primary reason for their inactivity; from 11 per cent in Kazakhstan to 61 per cent in Tajikistan (the much lower share in Kazakhstan is possibly due to better social infrastructure) (ibid.). In the EU, 60 per cent of employed women report experiencing some change in employment as a result of childcare responsibilities while only 17 per cent of employed men reported a similar change. Similarly, 18 per cent of employed women tend to reduce their working hours as a result of childcare responsibilities, while this is the case for only 3 per cent of men (EIGE, 2020 cited in UNECE/UN-Women 2021).

In Latin America and the Caribbean too the presence of children in the home is associated with an excessive burden of caregiving for women that limits their participation in the labour market, and this is especially the case in poor households. Data for 10 countries of the region shows that the main barrier to women’s full participation in the labour market has to do with family responsibilities involving domestic and care work. Approximately 60 per cent of the women in households where children under the age of 15 are present say that they are not participating in the labour market because of their family responsibilities, whereas only 18 per cent of women say the same thing in homes where there are no children in this age group.

Given the socioeconomic stratification and the scarcity of quality public services in the region, this affects lower-income households more since they cannot afford to purchase goods and services that would lighten their burden of unpaid work (ECLAC, 2019 cited in ECLAC, 2021). As way of example, in households in the first income quintile one out of every three women between the ages of 20 and 59 is not participating in the labour market because of family responsibilities, while in the fifth income quintile only 5 per cent of the women, on average, are in this situation. This link between time-use and poverty can also be seen in the hours of unpaid work; women in the lowest income quintile devote about 39 per cent more hours per week on unpaid care work than those in the highest income quintile (ibid.).

Evidence from South-East Asia also finds more women than men are out of the labour force, citing unpaid care and domestic work as the main reason (see figure I.4).

Figure I.4
Percentage of inactive persons with main reason for being outside the labour force given as unpaid care work, latest year available

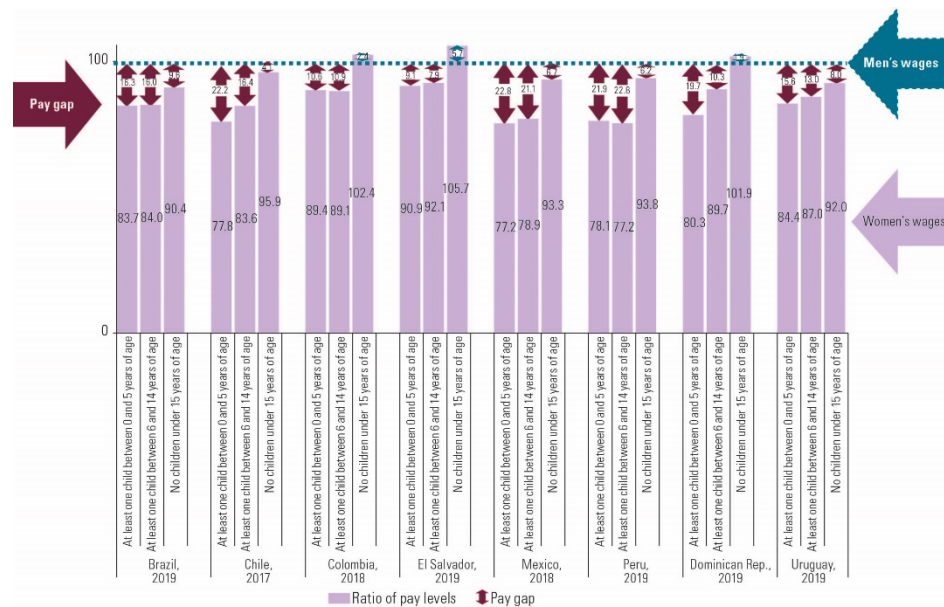


Source: ESCAP/ASEAN 2021.

In fact, a vicious circle is generated between care, poverty, inequality and precariousness. Those in difficult economic situations often cannot contract care and have to do the unpaid work themselves, but this time poverty also limits their opportunities to enter the labour market. Particularly, this affects women who head single-parent households. According to ECLAC, the highest rates of extreme poverty in Latin America and the Caribbean occur in single-parent households, 85 per cent of which are headed by women in charge of children and adolescents (ECLAC 2021).

There are also indications that extended absences from the labour market may be associated with a deterioration in a person’s career path or job opportunities, as well as lower levels of earnings. This particularly affects women when they become mothers and when their children are young, known in the literature as the “mommy tax” (Waldfogel, 1997; Sigle-Rushton and Waldfogel, 2007; Crittenden, 2002 cited in ECLAC, 2021). Data for Latin America shows that the presence of children in the home translates into a widening of the gender pay gap, and in some countries especially in the presence of children between 0 and 5 years of age (see figure I.5).

Figure I.5
Latin America (8 countries): incomes of female and male urban wage earners between 20 and 59 years of age who work 35 hours or more per week, by presence of children in different age groups, latest available year (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG). Note: The age categories are mutually exclusive. If there are children in both age groups (0–5 years and 6–14 years) in a household, it is classified as falling into the category of “At least one child between 0 and 5 years of age”.

Finally, the amount of time that women and men devote to unpaid work also differs across urban and rural areas. In the EECCA region data indicates that both women and men living in rural areas spend more time on unpaid work activities than their urban counterparts. In part this is linked to more limited access to basic infrastructure; rural women in some parts of the region bear the brunt of the lack of access to safe drinking water and have to travel long distances to water sources. There are also disparities in childcare coverage between urban and rural areas, for example in many rural areas of Serbia, the provision of childcare services (except for compulsory preschool), is either very limited or entirely absent. Coverage of childcare services also can be an additional challenge for ethnic communities, such as the Roma (UNECE 2021).

It is not always the distinction between rural and urban which impacts time-use, but also the type of settlement. In Asia, for example, a large proportion of urban populations in many developing nations live in slums. This presents particular challenges to female slum dwellers, given the time they dedicate to water collection and cooking with harmful fuels (36 per cent of women slum residents cook with unclean fuel, compared with 15 per cent of their urban non-slum counterparts) (Duerto-Valero, Kaul and Chanchai, 2021 cited in ESCAP and ASEAN, 2021). When comparing women of different income groups with differential access to care infrastructure, it was found that 21 per cent of all female slum dwellers in the Philippines walk more than 30 minutes to fetch water, while only 3.7 per cent of female urban non-slum residents do so (ibid.).

F. Paid domestic work and global care chains

Around the world, women make up the larger proportion of care workers across different categories and in the case of domestic workers close to 80–90 per cent in many regions. This work is for the most part given low recognition, often undertaken under precarious conditions, or even outside the formal labour market, and few domestic workers have access to social protection. For example, the Tenth ASEAN Forum on Migrant Labour noted that provisions of labour laws generally exclude these domestic workers, who typically work 12–14 hours a day, with only 40 per cent of them given one day off per week, as the (ILO, 2017 cited in ESCAP/ASEAN, 2021). Some of the challenges they face include lack of accountability of employers and absence of decent work conditions, along with threats of violence, low coverage of social protections and insurance (ESCAP/ASEAN, 2021).

Paid domestic work continues to be undervalued socially and is perceived as being associated with social groups that have low levels of schooling. As a result of the stigma attached to this type of work, young women are seeking other employment options and the average age of paid domestic work is rising. This is the case in Latin America where it rose by nearly eight years in less than 20 years (from 34.5 years in 2000 to 42.2 in 2017). By 2017 almost three quarters of paid female domestic workers (73.8 per cent) in the region were in the 30–64 age group (ECLAC, 2019). This is similar to findings in the ECE region which refer to the whole care sector where the median age of professional care staff is high and rising faster than in other sectors, due to the unattractive working conditions and low payment which are challenges to the recruitment of younger people (UNECE /UN-Women 2021a).

In Latin America and the Caribbean, paid domestic work has traditionally been an important source of work, especially for women from poor households, indigenous women and Afrodescendants, and increasingly, migrant women. Around 13 million people were performing paid work in the household sector as of 2019. Of that total, 91.5 per cent are women and 76 per cent of those women have no social security coverage; in some countries, more than 90 per cent lack such coverage (ECLAC, 2021). As a sector, paid domestic work employs 11.4 per cent of working women in the region. According to estimates by the ILO, 77.5 per cent of those engaged in paid domestic work are in the informal sector (ILO, 2016 cited in ECLAC, 2020).

The overrepresentation of women living in poverty in paid domestic work is another way in which the vicious circle of care, poverty and inequality feeds itself. For women living in poverty, paid care work is sometimes the only option for paid work, yet paid domestic work is generally poorly paid and carried out in precarious conditions without full respect for labour rights and without social protection. As such it only entrenches deeper those already in poverty.

Indeed, the socioeconomic stratification described above has also been transposed to the country-level, creating the so-called global care chains. Care chains reflect the movement of people from poorer areas to cities or countries where income levels are higher. These chains stretch along

migration routes within individual countries (from rural to urban areas), between countries in one region or between regions. In higher-income countries, unpaid work tends to be passed on to other women (often to migrant women, women in lower socioeconomic groups, women from ethnic minority groups) rather than more being more evenly distributed between men and women.

Similar to what happens among income groups within countries, care services are also transferred from poorer to richer countries, through female migrant labour. Recruiting migrant care providers is also one way of responding to staff shortages in countries where this is the case. On the other hand this also leads to 'care drains' in countries of origin, as migrant women leave their own families to provide low-paid care work to others, shifting their family's care responsibilities to other family members such as grandparents (usually grandmothers) or older female (usually aunts or sisters) children creating an intergenerational transfer of unpaid care work within their household (Chopra and others, 2020 cited in ESCAP and ASEAN, 2021; Folbre, 2006; Ferrant and Thim, 2019 cited in UNECE, 2021). When care remains predominantly women's responsibility, these global care chains effectively result in transferring care tasks from one woman to another, through a complex interaction of power relations defined by sex, class and place of origin.

In the ECE region migration flows of groups of the working age population, take place from rural to urban areas and from emerging economies toward Western Europe or the Russian Federation (UNECE and UN-Women 2021a). In Latin America examples include Peruvian women who migrate to Argentina or Chile, Paraguayan women that move to Argentina and Nicaraguan women who relocate to Costa Rica, or from Latin America and the Caribbean to other countries such as the United States, Italy and Spain. In South-East Asia a majority of migrant women moving to Malaysia as domestic workers come from Cambodia, Indonesia and the Philippines. In Singapore, the majority of migrant domestic workers have migrated from Indonesia, Myanmar and the Philippines (ILO, 2017 cited in ESCAP and ASEAN, 2021).

Box 1.3

Paid domestic work in Latin America and the Caribbean: the convergence of socioeconomic, ethnic/racial and gender inequalities in the care economy

Paid domestic work continues to be an area in which gender inequalities are perpetuated and intersect with other structural pillars of the social inequality matrix, such as ethnic-racial status, age and area of residence (ECLAC, 2017). It is precisely in this sector where many indigenous women and Afrodescendent women find employment in Latin America and the Caribbean. In Brazil, one out of every five indigenous women is employed as a paid domestic worker, and in Chile, Mexico and Uruguay, nearly 10 per cent of the women in these groups work in the sector 'households as employer', while over 16 per cent of Afrodescendent women in Brazil and Uruguay are employed as domestic service workers.

Data from household surveys that provide for ethnic/racial self-identification shed light on the overrepresentation of Afrodescendent and indigenous women in paid domestic service—a low-ranking occupational category in social and economic terms that is typically associated with a high level of informality and a lack of social protection. In Brazil and Uruguay, in percentage terms almost twice as many Afrodescendent women are employed as domestic workers than non-Afrodescendent and non-indigenous women when measured in terms of the percentages of their respective population groups.

Similarly in Brazil, Chile, Mexico and Uruguay, the percentage of indigenous women who work in the domestic service sector is larger than the percentage of non-Afrodescendent, non-indigenous women employed in that sector. In Colombia, no significant difference between the two groups is observed, while in Ecuador, Peru and the Plurinational State of Bolivia, the proportion of indigenous women employed in domestic service is smaller than the proportion of nonindigenous, non-Afrodescendent women.

Generally speaking, however, even in those cases where indigenous women and Afrodescendent women are not in the majority, domestic service work is nonetheless an occupational category in which a significant percentage of them are employed.

Source: Adapted from: ECLAC (2021) Social Panorama of Latin America 2020, page 209.

G. The growing care crisis

Even before the onset of the COVID-19 pandemic the social organization of care was in crisis. The term “care crisis” refers to the complex multiple challenges of making social security systems financially sustainable, strengthening public health services and providing care to dependent persons in a context of growing care needs combined with a reduction in the supply of care. This is the result of a combination of demographic changes, in particular the process of aging population, coupled with diversification of household structures, which leaves fewer people in a position to provide care (ECLAC 2021).

In the ECE region, a key feature is its demographic transition from population growth to population ageing. In the EECCA countries in the years between 1995-2000 and 2015-2020, the total fertility rate increased marginally from 1.7 to 1.8 live births per woman aged 15 to 49 and remained below replacement level, while over the same time period, the share of persons aged 65 years or older increased from 13 to 17 per cent (UNECE, 2021). These demographic changes have significant implications for care work. There are already significant challenges in the provision of care services, particularly the long-term care sector, for example in the recruitment and retainment of qualified personal. Given the traditionally low market value attached to paid care work, the sector is often characterised by unattractive working conditions and low payment which are challenges to the recruitment of younger people: in the UNECE region for example, the median age of professional care staff is high and rising faster than in other sectors (*ibid.*). In many UNECE countries these shortages are being addressed by recruiting migrant care providers with implications for both countries of origin and recruiting countries, often both from the same region. The migration flows of the working age population that are taking place from rural to urban areas and from emerging economies toward Western Europe or the Russian Federation are providing additional challenges in UNECE member States with impacts on care needs.

Similar processes, albeit with regional and country specificities, are occurring elsewhere. In Latin America and the Caribbean some countries have found themselves in a full demographic transition, with countries such as Cuba, Argentina, Chile and Uruguay in an advanced stage. It is expected that for the current period of 2020-2025 the dependent population (children below the age of 15 and over 65) will grow more than the working age population (between 15 and 64 years old), which indicates the end of the demographic bonus in the region (ECLAC/UN-Women, 2020). These demographic changes are compounded by other trends: the continued entry of women into the labour market, albeit under unequal conditions compared to men, together with changes in household structures and diversification of family patterns (resulting in an increasingly large proportion of women as economically responsible for their households), and a rise in migration flows that impacts global care chains. As a result, the current family-based model of the social organization of care, which has been maintained for years through women’s performance of unpaid work, is being rendered unsustainable in light of insufficient State and market mechanisms for care (ECLAC, 2019 cited in ECLAC, 2021).

Asia is expected to account for 65 per cent of the total increase in the population aged 60 years and older by 2050 (UN, 2017, cited in ESCAP, 2019). In a context in which social protection systems are not yet fully in place to provide care, this rapidly ageing population is likely to increase the pressure on families (ILO, 2017 cited in ESCAP 2021), and in particular on women in families who provide unpaid care.

The result of the growing shortage of caregivers is an excessive burden of unpaid work that falls predominantly on women, since women have historically taken on this role across the globe. Yet these, excessive and strenuous amounts of unpaid care work can also result in suboptimal care strategies, with detrimental consequences for those needing care (such as infants, children, persons with disabilities and older persons), as well as for the unpaid carers themselves. The onset of the COVID-19 pandemic coupled with intermittent restrictive measures has had a devastating impact on the growing care crisis, the following chapter explores how.

II. Crisis upon crisis

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As an unprecedented new pandemic spread throughout the world at the end of 2019 and early 2020, governments had to urgently seek appropriate measures and actions to face the immediate health threat; measures that together offset parallel socioeconomic crises with serious repercussions for vulnerable populations that have been prolonged well beyond the initial impact of the pandemic (ESCAP 2021, UNECE, 2021). These policy responses included school closures, workplace closures, cancellation of public events, restrictions on gatherings, stay-at-home requirements, restrictions on internal movements, closure of public transport, international travel controls, contact tracing, testing measures, facial coverings and quarantine requirements—measures that have been imposed with varying degrees of stringency and varying degrees of success in combating the spread of the virus, but most of them with important repercussions on unpaid care work. All of this has created new challenges in reorganizing productive and reproductive work in the short, medium- and possibly long-term, and placed new pressures on the national education and health and social care systems beyond the initial crisis (ECLAC/UN-Women 2020).

When it comes to women's unpaid work, the effects of the pandemic have compounded with the pre-existing and growing care crisis. The COVID-19 pandemic has further deepened existing care gaps; it has exacerbated care needs, increased the amount of unpaid care work and transformed the conditions of paid and unpaid care work. In particular, the restrictive measures imposed by most States have blurred the boundaries between the public and private spheres, and brought to light, in an unprecedented way, the importance of care for the sustainability of life (ibid.).

The lockdowns and social distancing measures imposed have had a particularly marked impact on gender dynamics by sharply increasing the workload for caregivers in the home, who tend to be women. The home, and women within the home, have borne the brunt of the demand for education and recreation, the need to provide health care to persons who are ill, while also often shifting paid work to be done from the home. In this context new inequalities have been created and existing ones have

been reinforced within the social organization of care. At the same time there is significant pressure for people to hold on to their jobs in the context of rising unemployment and significant parts of the labour force being left without work, noting that the pandemic has severely affected sectors of the labour market where women are represented.

This chapter is divided into two parts. The first part explores how the COVID-19 pandemic and the immediate restrictive measures impacted the care economy and women's economic autonomy, including regional examples where possible. The second presents a brief analysis of the government responses from a gender equality and care perspective, using input from mapping exercises and regional analysis undertaken by the UN Regional Commissions. The mapping in different regions has used slightly different criteria and covers different time periods, hence the information is not comparable but provides qualitative examples of what has taken place across the world.

It is important to note that the global analysis presented in this Chapter hides vast differences between the regions and within countries. Women and men are not all affected equally nor are they equally vulnerable to the negative consequence of the pandemic and related response measures. Existing gender inequalities are not the only factor influencing the impact, but rather these intersect with factors such as level of poverty, employment or migration status, age, level of education, race, ethnic or social origin, or family situation. Some of these intersecting inequalities are highlighted where data is available, but more depth is needed to understand the full spectrum of impact felt by men and women globally.

A. The care crisis and the COVID-19 pandemic

1. Unpaid work in the home

Unpaid care and domestic work burdens have been intensified and made more complicated by the crisis conditions due to several factors which have made domestic tasks more difficult and changed the conditions under which these take place. Furthermore, the school and workplace closures as well as stay-at-home orders and absence of home carers or institutional health services mean that the care for children, other family members, sick or older persons or persons with disability have increasingly fallen upon the shoulders of families, in particular women who were already doing the majority of unpaid care. In all the regions where information is available, the evidence shows that unpaid care work in the home has increased, and especially for women.

According to rapid assessments done by UN-Women in several EECCA countries, 70 per cent of women report spending more time on at least one unpaid domestic work activity, compared to 59 per cent of men, with subregional variations (UNECE and UN-Women, 2021). Significantly more women than men reported for example that the time they spent cooking and serving meals has gone up (43 per cent of women compared to 16 per cent of men). In Kosovo, Kyrgyzstan and Turkey over half of the women asked reported spending more time in this activity, in Kosovo almost 70 per cent. There has also been an increase in the time women spend collecting water, firewood or other fuel; with average 12 per cent of women report this, while in Kyrgyzstan it is as many as 31 per cent (*ibid.*). Over 50 per cent of the women surveyed said they spent more time on cleaning and household maintenance, compared to less than 30 per cent of men. This increase in time spent on household management for women has been particularly high in Kyrgyzstan (46 per cent) and North Macedonia (50 per cent) (UN-Women, 2020 cited in UNECE and UN-Women, 2021).

The measures affecting schools and day care, including residential or day care of elderly, have also had a gendered impact. Survey evidence shows that 60 per cent of women reported increased time spent on at least one care activity for children and/or elderly family members. The highest burdens were reported by women in Albania (72 per cent versus 61 per cent for men), Georgia (62 per cent compared to 43 per cent), and Kyrgyzstan (67 per cent and 26 per cent). Some positive evidence has emerged of men becoming more involved with playing and instructing children; in Azerbaijan, Bosnia and Herzegovina, Georgia and Turkey for example both men and women increased time on these activities. When it comes to partners helping each other, regional studies in the EECCA region found that women tend to help husbands more with repetitive daily activities than vice versa. In Albania, Azerbaijan, Kosovo and Kyrgyzstan, there was up to a

30 per centage-point difference between partners helping one another, while 60 per cent of women reported that other household members, such as parents and in-laws, also helped them with domestic and care work (typically sisters, mothers and mothers-in-law) (UNECE and UN-Women, 2021).

In Latin America rapid gender assessments were undertaken by UN-Women in Chile, Mexico and Colombia in the second semester of 2020. The results showed that time dedicated to food preparation, cleaning and play with children has increased more for women than for men, on average 8.4 per centage points difference. Here also the increase in tasks relating to support for schoolwork was noted to be higher for women, a 12.3 points per centage difference, demonstrating that women dedicate more time to these tasks than men. In addition to the rapid assessments in Latin America, a number of countries undertook efforts to measure the effects of the pandemic and its accompanying crises, both through national statistical institutes and with support of UN Agencies (see box II.1).

Box II.1

Data collection on care during the pandemic in Latin America

Efforts have been made in several countries of Latin America to gather information on how the distribution of caregiving in the household may have shifted as a result of lockdowns and changes in employment status during the pandemic. Argentina, Colombia, Chile, Mexico and Uruguay have all launched major campaigns to collect survey data on pandemic-driven household dynamics relating to caregiving and time use.

In some countries, these types of data have been compiled by the national statistical offices. In Colombia, for example, by the end of 2020, the National Administrative Department of Statistics (DANE), with technical support from the United Nations Children's Fund (UNICEF), had published the results of six rounds of the Encuesta Pulso Social ("Social Pulse Survey"), which is being conducted to obtain information on the pandemic's impact on society. DANE also uses its large-scale integrated household survey and in September 2020 it started to utilize its time-use surveys to provide detailed information on time-use during the health emergency. In Mexico, the National Institute of Statistics and Geography (INEGI) conducted the COVID-19 and Labour Market Telephone Survey (ECOVID-ML) from April to July 2020 to supplement information obtained from the Employment Telephone Survey (ETOE) which also gathered information on gender-differentiated time use in April, May and June of that year.

In Chile, a COVID-19 social survey has been carried out as part of an initiative undertaken by the United Nations Development Programme (UNDP) in conjunction with the National Institute of Statistics (INE) and the Ministry for Social Development and the Family. Finally, the Catholic University Longitudinal Studies and Surveys Centre has conducted a longitudinal study on employment and COVID-19 to collect real-time employment data that include information on participation in domestic and caregiving tasks and on the number of hours per week devoted to such tasks.

In other countries, United Nations funds and programmes have compiled a great deal of information on care and caregiving. In Argentina, UNICEF undertook a rapid assessment of the changes that COVID-19 has brought about in household activities, access to social transfers, household income, domestic violence and other areas. In Uruguay, UN Women and UNICEF have published the findings of a survey on children, gender and time use which shed light on changes in the country's households brought about by the social distancing measures put in place by the government, particularly with regard to gender relations and the situation of children and adolescents.

Source: Adapted from: ECLAC, Social Panorama of Latin America 2020 (2021), pp. 204-205.

Evidence from Colombia from August and September 2020 showed that 39.6 per cent of female respondents felt overworked compared to 23.5 per cent of men. While this feeling diminished by December 2020 a gender gap still remained. In Argentina data gathered in April 2020 found that 51 per cent of women felt more overloaded with domestic tasks than before, mainly with housecleaning (32 per cent), caregiving (28 per cent), food preparation (20 per cent) and helping with schoolwork (22 per cent). In Uruguay, 20 per cent of the female respondents said that they felt "very" or "quite" overworked during the pandemic, whereas only 4 per cent of the male respondents did (ECLAC, 2021).

When looking at time spent, data compiled in April 2020 in Mexico show that women spent 31.9 hours per week and men 11.6 hours per week performing unpaid work, on average, which had risen compared to the second quarter of 2019 when it was 30.8 and 9.2 hours per week, respectively. In terms of how unpaid work is shared, the findings for Mexico indicate that 91.9 per cent of the women engaged

in housework and caregiving tasks while 78 per cent of the men did. In Argentina data compiled before and after the beginning the pandemic make it possible to compare the situation. This data shows that, before the pandemic, housework was usually performed by women in 68 per cent of the cases and that, during the pandemic, that figure has climbed to 71 per cent. In Chile, according to the data supplied by the longitudinal study on employment and COVID-19 carried out in that country, 38 per cent of the male respondents and 14 per cent of the female respondents said that they had not engaged in domestic tasks during the reference week. On average, men spent 8.2 hours per week performing such tasks while women spent 17.8 hours on domestic work during the pandemic, compared to 6.5 and 16.4 hours per week, respectively, prior to the outbreak of the pandemic. There is also a difference in unpaid work within households with children under 14 years of age, where 57 per cent of the men reported that they had not spent any time on caregiving tasks during the reference week, compared to 27.6 per cent of the women. Among those who did take care of children under the age of 14 years, women spent an average of 18.9 hours per week while men spent an average of 8.2 (compared to 16.6 and 5.8 hours per week, respectively, prior to the pandemic). In Uruguay also a study found unpaid work increased for both men and women as a cause of the pandemic, but the gender gap remained while the increase was marginally higher for women. The message is clear, unpaid work increased for both men and women, but the gender gap remained, and in some cases deepened (ibid.).

The time that adults spend on supervision in the home is a clear-cut example of the excessive workload borne by caregivers and of the gender gap. Evidence shows women take on the majority of the responsibility of meeting their children's educational needs, including seeking and finding solutions for new digital needs. In Uruguay an opinion poll conducted in that country in April 2020, 73 per cent of the respondents thought that mothers are the ones who usually help children with their schoolwork, while only 10 per cent said that fathers play the leading role in that regard (UN-Women and UNICEF, 2020 cited in 2021). In Chile, information gathered in July and August 2020 indicates that, on average, women have been devoting 5.4 hours per week to helping their children with their schoolwork during the pandemic, while men have been spending 2.4 hours per week on this task (Centro UC Encuestas y Estudios Longitudinales, 2020 cited in ECLAC, 2021).

The move to online education has also entailed ensuring the availability of an Internet connection, and reorganization in the household to ensure the infrastructure for online study, yet households in the lower-income quintiles are the ones which have less access to such resources and in which women spend more time performing unpaid work, hence this situation has sharpened existing socioeconomic and gender inequalities. Only two thirds of the population have an Internet connection in the region, and in urban areas alone, nearly half (46 per cent) of the children between 5 and 12 years of age live in households that do not have Internet access (ECLAC, 2020 cited in ECLAC, 2021).

In ESCAP member States, as in other regions, the crisis has complicated unpaid work. Factors such as the increased need for handwashing, sanitization and hygiene, occurring sometimes in a context of limited access to water and sanitation facilities; to increased time spent in water collection and food procurement in areas with more limited infrastructure; absence of inputs for unpaid care such as cooking fuel, food grains and school meal programmes; lack of access to public transport; restricted entry into grocery stores; and crowded tenement living conditions making physical distancing more difficult, etc. UN-Women rapid assessments in 10 countries in the region found women to be taking on more responsibility for the more time-consuming tasks than men, such as cooking, cleaning, teaching children and the physical care of sick or older persons and young kids, (UN-Women, 2020 cited in ESCAP, 2021).

According to UN-Women, around 27 per cent of women, compared with 14 per cent of men in the Asia-Pacific, 64 per cent of the men (Investing in Women, 2020 cited in ESCAP, 2021). In some countries such as India there was a significant increase in men's participation in unpaid work; Deshpande (2020) reported that urban men increased their time for household work, from 0.5 hours up to 4 hours during the early months of the pandemic (ESCAP, 2021).

Both men's and women's unpaid work increased in the ESCAP region, but the gender gap remained and worsened. In Indonesia a rapid gender assessment found that 39 per cent of women, compared with 29 per cent of men, increased the time they spent in teaching children at home, while 61 per cent of women and 48 per cent of men spent more time on unpaid care work (UN-Women, 2020 cited in ESCAP and ASEAN, 2021). In Indonesia a rapid gender assessment found that stereotypes of women as primarily responsible for unpaid care work were reinforced during the pandemic and that with reduced incomes and livelihood options, the stress of managing household expenditures also increased (Nguyen and others, 2020 cited in ESCAP and ASEAN, 2021).

As in other regions, closures of educational establishments and day care shifted care of children and educational support to the household. In countries of Asia Pacific, both men (53 per cent) and women (59 per cent) reported spending more time on school tasks with their children (UN-Women, 2020 cited in ESCAP, 2021). In particular, female single parents faced the maximum burden in Afghanistan, Cambodia, Maldives and Pakistan, having to combine paid and unpaid work with childcare.

In some countries the pandemic has also been found to have increased the time women and girls spend collecting water and fuel due to difficulty in accessing water sources under lockdown and longer waiting times in queues due to physical distancing. The evidence shows how gaps in care infrastructure are magnified under a crisis with around 27 per cent of women reported an increase in time spent on collecting firewood and fetching water (UN-Women, 2020 cited in ESCAP, 2021).

As the double and intertwined burden of time and income poverty has been exacerbated by the pandemic and its consequences, so stress levels have increased also with a gender gap. As many as 66 per cent of women surveyed felt their mental health decline, compared with 58 per cent of men in Asia and the Pacific (*ibid.*). In China and Hong Kong (China) also more women than men were reported as experiencing anxiety (Azcona, Bhatt, Davies and others, 2020 cited ESCAP, 2021).

2. Women's economic autonomy and labour participation

As noted in Chapter I there is a close and direct relationship between the care economy, women's unpaid work and women's participation in the labour market which is key to their economic autonomy. While it is outside of the scope of this study to fully explore the implications of the complex crises generated by the COVID-19 pandemic on labour markets, this section gives initial indications on how women are feeling the impacts. Women's vulnerability is increased due to persisting gender inequalities in the labour market, including the fact they are more likely than men to be employed in part-time, casual, poorly paid and insecure employment, as well as in the informal sector.

Across the globe data suggests that women's labour market situation has become more precarious, there has been a greater impact on highly feminized sectors where women are overrepresented, resulting in reduction in women's paid work, significant lay-offs, and increases in pay gaps.

This is having a dramatic impact on hard-gained advances in the labour market. Estimates by the ECLAC have found that the sharp economic contraction caused by the pandemic has been negatively affecting the quantity and quality of employment in the region, but for women this represents a loss of more than 18 years' progress in labour-market participation. Comparing 2019 to 2020 figures for the second quarter (April to June) of 2020 found that in Peru women's employment contracted 45 per cent while in the case of Peru. One in four women abandoned the job market in Chile, Colombia and Costa Rica, compared to the corresponding quarter in 2019. While both the male and female participation rate fell during 2020, it is concerning that projections for 2021 show women's participation in that region is likely to take much longer to longer to recover than that of men (for more information see chapter VIII).

In the ECE region similarly emerging data suggests that women are reducing their paid work or are dropping out of the labour market (Barišić and Consiglio 2020; Borroni and Cenerelli 2020 cited in UNECE-UN-Women 2021). These effects, as well as reduced working hours and the loss of wages, have been more pronounced among women living in Southern and Eastern Europe than among their Western European counterparts.

In the Arab region, it is expected that more women will fall into poverty during the COVID-19 pandemic, severely affecting female-headed households in the region (ESCWA 2020). There are furthermore concerns that the combination of low female participation rate in the formal labour market and the high rate of women working in the informal sectors indicates that women are not well placed to benefit from the labour markets related measures implemented by Arab governments.

In many countries the sectors of economic activity in which employment declined most, or which were the first to be affected, were precisely those with a high proportion of women, including paid care and domestic work, including retail, hospitality, and tourism, although there are considerable sectoral differences between countries. In Austria, 85 per cent of the new unemployed during the pandemic were women (ÖGB cited in UNECE 2020). Evidence from Nepal shows that the worst affected have been women who worked in brick kilns, the entertainment sector, daily wage workers and women owning small businesses. As many as 83 per cent of the women surveyed had lost their jobs (Care Nepal, 2020, cited in ESCAP, 2021). Contractions in the tourist sector have hit particularly hard women from small island States and other countries that are highly dependent on tourism including countries in the Caribbean and in the Pacific.

The pandemic-related lay-offs particularly affected women with precarious, temporary or short-term contracts in these sectors, and yet these are precisely also sectors that are characterized by low pay and poor working conditions, including a lack of basic worker protections such as paid sick and family leave. Some studies found that women who worked part-time before the pandemic gave up their jobs “voluntarily” once faced with increased amounts of unpaid care work due to the close of childcare institutions and schools (ÖGB; Venugopal Ramaswamy 2020 cited in UNECE 2020). In Latin America and the Caribbean too, evidence shows the impact of restrictive measures on the participation of women with children; women aged between 20 and 59 in households with children under 5 years of age experienced the largest decline in employment as a result of the crisis (see chapter VIII).

Regarding recovery, in Latin America employment is forecast to increase in several high-skilled service sectors where women are less represented. There is therefore concern that pre-existing structural differences will tend to increase gender inequalities in the labour market in the absence of active employment policies that target women.

There is also concern for women who own and run micro-, small- and medium-sized enterprises as these are feeling the greatest impact everywhere. Women are both concentrated in these enterprises and in the sectors at greatest risk, but importantly they also face complex structural barriers that affect their access to credit. On the other hand, women-owned care enterprises, especially in childcare and long-term care, could play a key role in the economic recovery if effectively included in recovery packages.

Data gathered by UN-Women shows that while the pandemic has affected workers across the board, women noted a larger drop in income than men; 65 per cent for women, compared with 56 per cent for men. In addition, the research found that a larger share of women (50 per cent) reported a reduction in working hours than men (35 per cent). The UN-Women surveys also found women’s economic resources from remittances, investments, savings or family businesses more adversely hit compared to men’s (UN-Women, 2020 cited in ESCAP 2021).

Finally, it will also be important to explore how projected falls in GDP and the associated negative effect on household incomes will impact women, who in some regions are overrepresented in poor households. In Latin America and the Caribbean during 2020 it was projected that as the result of falls in GDP an additional 118 million of the region’s women will be living in poverty (ECLAC, 2021b), 23 million more than in 2019.⁶

⁶ <https://www.cepal.org/en/pressreleases/covid-19-pandemic-has-caused-setback-over-decade-labor-market-participation-women>.

3. Women in care sectors at the front line of the crisis

In the context of the fight against the pandemic, there has been an increased recognition of the role and importance of paid care work, which is often at the frontlines of the fight against COVID-19 infections. The so-called 'Frontline' and other 'essential workers'⁷ are often in sectors with less favourable employment and working conditions, with low average wages, and in some cases without social protection including health insurance

In healthcare for example, women represent nearly 70 per cent of health-care workers globally, including those on the frontline of the COVID-19 response. The heightened pressure on health systems has resulted in extreme working conditions, such as long working hours, increasing the risk of health-care workers becoming infected with the virus. In Latin America and the Caribbean women account for 70.8 per cent of people employed in the sector (ECLAC, 2022). In the ECE region: 76.8 per cent of the care workforce in Europe and Central Asia is female (UNECE 2020). In the EU, women represent 76 per cent of health-care workers, on average 83 per cent of home-based care workers for the elderly or disabled, 93 per cent of childcare workers and teaching assistants, and 93 per cent of domestic cleaners and helpers (EIGE 2020 cited in UNECE, 2020).

As a result of the crisis the workdays of many health workers have got longer and harder; there is not always sufficient protective gear, exposing them to greater risk of catching the virus themselves and increasing their stress levels. In Uzbekistan, frontline health-care workers, of whom 82 per cent are women, reported the impact of work-related pressures; half of the female health-care workers reported suffering from anxiety, burn-out and depression (UN Uzbekistan 2020 cited in UNECE 2020). In France two thirds of nurses declared that their working conditions deteriorated since the onset of the pandemic (Ordre National Infirmiers 2020 cited in UNECE 2020).

In addition, women working in the health sector are still responsible for dependents or people in need of care within their households and it is difficult for them to reconcile the excessive workload that they face on the job with their need to care for family members, especially when restrictive measures impact movement. The combination of all these different factors poses a major challenge for workers in this sector, many of whom do not earn enough to be able to outsource the care of family members in need of such services. Wage discrimination is also a factor: in Latin America and the Caribbean the income of women working in the health sector is 25 per cent lower than that of men in the same sector (ECLAC, 2019 cited in ECLAC, 2020).

Education is the other sector that has been severely affected and it is also a sector where women are overrepresented. In Latin America and the Caribbean, the majority (70.4 per cent) of the jobs in the education sector are held by women (ECLAC, 2021). During the initial months of the crisis, most countries (29 out of 33) set up various forms of remote learning systems (ECLAC/UNESCO, 2020 cited in ECLAC, 2021). The large majority of the teachers are women and they have had to adjust to new forms of instruction often without additional training or support. Once schools resumed in many cases it has been in new formats adjusted for social distancing which have again changes the workload for teachers, as well as the new responsibilities for prevention of contagion, hygiene and social distancing protocols.

4. The fragility of paid domestic work

Domestic workers are the other group of paid caregivers that have been particularly hard hit by the pandemic conditions and associated crises. The International Labour Organization (ILO) estimates that 70.4 per cent of female domestic workers have been affected by lockdowns, including reduction in economic activity, unemployment, cuts in working hours or the loss of wages (ILO, 2020 cited in ECLAC, ILO and, UN-Women 2020).

⁷ There is no internationally valid encompassing definition for 'essential jobs'. Broadly speaking, the notion of essential jobs during the COVID-19 pandemic included all those positions that continued at full performance once countries went into lockdown to reduce the spread of the virus. Everywhere, the category entailed at least health and other care workers, as well as other important sectors of the economy such as food, retail and transportation or public infrastructure such as energy or sanitation (UNECE-UN Women 2021).

The vulnerability of domestic workers is heightened due to the low value afforded to their work by society and by deregulation, that is the fact that many work informally, and are also less likely to be able to exercise their right to join a trade union or bargain collectively.

This vulnerability became starkly evident in the context of COVID-19. On the one hand, workers who stayed in the homes they work in were faced with increased demand for care in the face of school closures, greater demand for health care and the need to raise hygiene standards in the home—which resulted in longer working hours. Some workers faced demand for specific care during the pandemic for which were not necessarily prepared or trained, such as administering medicine or monitoring the health of the people they care for. This has been combined with increased risk of exposure to COVID-19 transmission in homes, sometimes in absence of proper personal protection equipment. Some domestic workers may have chosen to stay but some were unable to isolate because of their unprotected employment status.

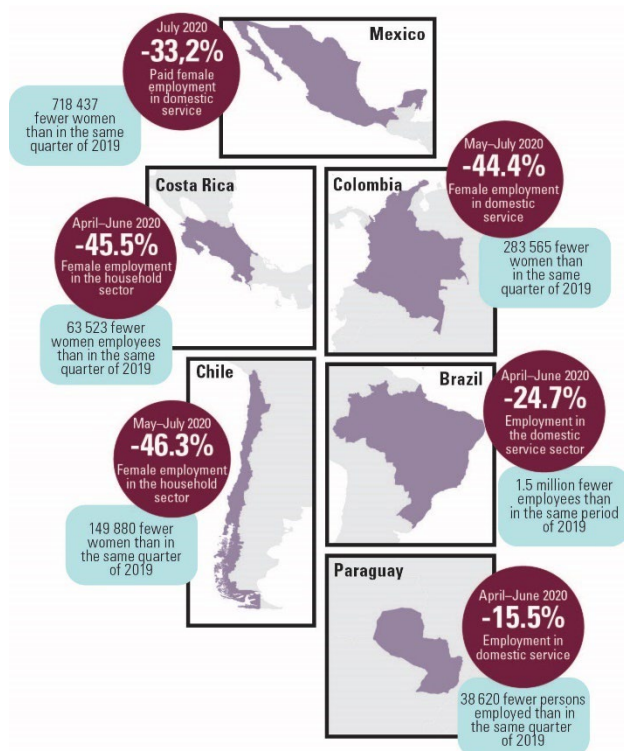
In crisis situations the lack of labour inspection in many countries leaves paid domestic workers exposed to rising demands from employers. Unions of female workers employed in private households Latin America and the Caribbean reported contracts being rescinded without reasonable cause, working conditions being unilaterally altered, working hours and wages cut and some workers being obliged to remain at their places of work, far from their families and without being allowed to take sufficient time off to rest (ECLAC, ILO and, UN-Women 2020). Domestic workers in Nepal were found to be putting in more than 18 hours, compared with the six to 10 hours they worked before the pandemic (Nepal Research Institute, 2020 cited in ESCAP, 2021).

On the other, some faced challenges in commuting during lockdown conditions or simply could not do their jobs because of social distancing recommendations or restrictions on movement, they faced uncertainty whether their wages will be paid in these situations, especially those who do not have a formal contract.

Many domestic workers have also been dismissed from their jobs. In Latin America a number of national statistical offices in the region have published data that illustrate the magnitude of this problem. Map II.1 demonstrates this variation with all the countries showing significant reductions. In Brazil, the year-on-year reduction in the number of people employed in the domestic service sector for the period April–June 2020 was -24.7 per cent. In Chile, the decrease in the household sector for May–July was -46.3 per cent, meaning that around 150,000 women lost their jobs compared to the same period the previous year. In Colombia, the reduction in female employees in the domestic service sector was -44.4 per cent for that same quarter. In Costa Rica, the year-on-year reduction for female workers in the sector for April–June 2020 was -45.5 per cent. In Mexico, female employment in the domestic service sector fell by 33.2 per cent in July 2020. Finally, Paraguay reported a 15.5 per cent drop in domestic service employment for the second quarter of 2020 (ECLAC, 2021). As data becomes available it would be important to study to what extent domestic workers participated in the recovery of employment.

The COVID-19 pandemic has also impacted the migration status of many women who are employed in domestic service sector. According to ILO, 51.6 per cent of migrants in Latin America are women, and over one third (35.3 per cent) of the women migrants who engage in paid work are employed in the domestic service sector (ILO, 2016 cited in ECLAC, 2020). In the Asia-Pacific region, the number of migrant women increased by 48 per cent, from 23 million in 2000 to 43 million in 2017, while 80 per cent of migrant domestic workers were female. They were at heightened risk of abuse and exploitation in the absence of travel documents, social protections and public services even prior to the pandemic (UN-Women, 2020 cited in ESCAP, 2021).

Map II.1
Latin America (6 countries): variation in paid employment in the domestic service sector,
latest available period, 2020–2019



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official sources: Brazilian Institute of Geography and Statistics (IBGE), *Pesquisa Nacional por Amostra de Domicílios Contínua, Trimestre Móvel abr-jun 2020/2019*, Brasília; National Institute of Statistics of Chile (INE), “Encuesta Nacional de Empleo Principales resultados trimestre mayo-julio de 2020”, Santiago; National Administrative Department of Statistics (DANE), “Gran Encuesta Integrada de Hogares (GEIH): mercado laboral mayo-julio 2020/ 2019”, Bogotá; National Institute of Statistics and Censuses (INEC), “Encuesta Continua de Empleo al segundo trimestre de 2020/2019”, San Jose; National Institute of Statistics and Geography (INEGI), “Encuesta Nacional de Ocupación y Empleo Nueva Edición (ENOEN)”, Mexico City, July 2020; “Encuesta Nacional de Ocupación y Empleo (ENOE)”, Mexico City, July 2019; Paraguayan Department of Statistics, Surveys and Censuses (DGEEC), “Encuesta Permanente de Hogares Continua segundo trimestre 2020/2019”, Asunción.

Note: For Brazil, Chile and Costa Rica, the data correspond to the variation in employment in the sector of activity identified as the households as employers or domestic service sector. In the cases of Colombia and Paraguay, the information refers to variations in employment in the occupational category for paid domestic work. The statistics for Mexico refer to the distribution of employment per economic unit and cover employment in the household sector, which corresponds to paid domestic service work. The variations in employment shown for Paraguay and Brazil include employment of both men and women. The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

Migrant domestic workers face additional vulnerability, with greater job insecurity and poorer working conditions than local workers. As a consequence of border closures and the pandemic’s enormous impact on employment in the domestic service sector, many migrant women who were working in this sector have lost their source of income (and, in some cases, housing) and are having a great deal of difficulty in returning to their home countries. Their status as migrants adds to their vulnerability, they are at greater risk of discrimination and violence (UN-Women, ILO and ECLAC, 2020). Experience in some countries showed that, in quarantine situations, migrant domestic workers who live in their workplaces sometimes continue to carry out their activities without being paid, which not only leaves them without money, but also makes it impossible to send remittances to their countries of origin (Owen, 2020 cited in ECLAC, 2020). Reduced remittances are also affecting the income of the households in Central American countries, whereby care services are often paid for with the money sent by migrant women, who have delegated the caregiving tasks that they would normally perform in their own homes to other women.

In the UNECE region, the interruption of the freedom of movement in the European Union entailed an interruption of international care chains, strongly affecting several thousands of most Eastern European women. Many went home at the beginning of the lockdown to their countries of origin, such as Slovakia, Romania, Poland, Bulgaria, Ukraine, or Republic of Moldova but then remained there without an income for several weeks because they could not return to their workplaces. Furthermore, returning migrants are typically not entitled to income subsidies in their home countries (UNECE/UN-Women 2021).

An additional concern has been that those who provide care work without legal residence status may not have been able to access health services for testing, thereby even contributing to the spread of the pandemic (Linde 2020 cited in UNECE/UN-Women 2021). In 9 EU member States undocumented migrants were able to access COVID-19 related emergency health services free of charge (Belgium, Estonia, Greece, Finland, Lithuania, Luxembourg, Spain, Poland and Slovakia), as well as in Israel and Switzerland (UNECE, 2020).

B. Policies and measures that address the care economy in the context of COVID-19

Since the beginning of 2020, the governments across the globe have implemented different measures and actions to mitigate the effects of the COVID-19 pandemic, and subsequently to promote recovery from the crises it generated. Some have adopted large-scale fiscal packages in response to the COVID-19 crisis, particularly to support incomes and businesses. While some of the countries have implemented measures specifically targeting gender equality and in particular care, many other measures included in country-level responses have directly or indirectly impacted the care economy, including both paid and unpaid care work.

There are a number of factors that influence the heterogeneity of responses across the globe when it comes to the care economy. Firstly, States do not have the same fiscal space available for financing measures to mitigate the pandemic impact—both in immediate and short term. In Europe for example, emergency packages were larger on the whole in high-income countries (UNECE 2020). Greater fiscal space can make it easier to extend paid leave for parents during school and childcare closure, for example.

Another influencing factor are the existing institutional and regulatory frameworks on care policies and gender equality which are notably different within and across regions. In many countries emergency response measures have been built on existing provisions, such as the case of extending or widening existing social protection cash transfers, rather than introducing new systems or measures though this is changing in some countries as the pandemic continues and focus shifts from emergency to recovery with equality.

Finally, social norms in each country or even within countries, that include assumptions and practices about the division of unpaid care work between women and men, and the social value assigned to care work, impact also policies implemented, both before and post pandemic. Many of the sectoral policies already have inherent gender biases which could potentially further exacerbate growing gender gaps offset by the pandemic and its impacts—these are addressed briefly in box II.2.

In an attempt to keep track of the different responses and begin to analyse their impact, different actors including civil society, the private sector and international organizations have made efforts to map or even keep an ongoing account of the measures and policies implemented. This section is based on the mapping efforts of UN Regional Commissions that seek to capture the array of responses that relate to the care economy. The mapping for the most part captures measures that were announced, while information on their implementation or assessment of impact are yet to emerge.

Box II.2

Gender biases in reactivation measures

Stimulus packages aimed at mitigating the effects of the crisis by promoting job creation, protecting jobs, providing subsidies to the poorest households and increasing social spending in general do not always have a positive effect in terms of women's autonomy. A failure to incorporate a gender perspective into response measures can deepen pre-existing gender inequalities. Basing the design of such measures on an analysis of the care economy can help to improve job quality in that sector, promote production in other sectors and support aspirations for a sustainable form of development with equality.

Gender biases in approaches to dealing with the crisis strongly influence the design of responses and their effects in either reversing or deepening existing inequalities. One way of categorizing these biases is as follows:

- **Biases about gender roles in the labour market**

One of the gender biases that influence the design of public policies for coping with economic crises has to do with the idea that women's paid employment is a secondary contribution to household income. An associated "man as the breadwinner" bias incorporates the assumption that there is a female caregiver. This is manifested in the following ways:

- Priority in job creation policies on traditionally male sectors (construction energy, etc.)
- Conditions attached to cash-transfer programmes that implicitly require women as the principal carers to spend time to fulfil them (ECLAC, 2013)
- Absence of policies for an effective redistribution of care work.

The prevalence of this bias has persisted despite the increasing entry of women into the labour market and the importance of women's contribution to their families' livelihoods. In many regions prior to the crisis, women were less represented in the labour market, earned less than men, and larger percentages of women than men worked in the informal sector. In addition, more women than men engage in part-time, temporary and own-account work (ILO, 2019).

- **Gender bias in fiscal adjustments**

Another way in which States react to a crisis is by making fiscal spending adjustments. These kinds of adjustments are usually conducted in ways that overlook the differences between men and women in terms of their positions as economic agents. For example, fiscal austerity measures may involve funding cuts based on the assumption that the supply of certain goods and services by the public sector can be taken over by the family, and this includes health-related and education services. This has a direct impact on women's available time (Elson, 2010) and reinforces a rigid sexual division of labour instead of transforming it.

These fiscal adjustment policies may appear to have an overall positive effect but, because they tend to cut back on benefits or services that are more closely related to women's lives than those of men, they entail inefficiencies and have negative impacts on women's well-being and autonomy that often go unnoticed.

- **Gender bias in resource allocation**

Reactivation policies in Latin America and the Caribbean have historically prioritized sectors such as mining, construction and natural resource exploitation, which employ a large number of men. However, in the women workers are concentrated in a number of sectors that are being hit hard and the COVID-19 pandemic is exacerbating gender inequalities in the labour market.

Another factor that influences resource allocation has to do with the way in which the care economy is analysed and how it is incorporated into national budgets. When budgets are being drawn up, care services are usually included under social spending. Recent studies (Braunstein, van Staveren and Tavani, cited in ECLAC, 2019a; ILO, 2018) have found, however, that the resources allocated to the care economy are more accurately described as an investment and that they have positive spillovers for the rest of the economy.

- **Gender bias in the financial sector**

Expanded access for households and businesses to the financial sector is a powerful tool for reactivating the economy. It is important, however, to take account of the existing gender gaps in the area of finance in order to ensure that these kinds of initiatives will benefit both men and women. Access for women, both as private individuals and as entrepreneurs, is essential. Measures taken should be free of stereotypes concerning credit risk ratings, credit history and co-signer and collateral requirements.

Various studies have found that women have less access to financial products and services, are granted smaller amounts when they apply for loans and other financial products and pay higher interest rates even though they are more reliable in repaying their loans than men are (ECLAC, 2019b; Hess, 2020). The most recent data compilations point to a gender gap in both the number of loans and the total amount of credit that are granted.

Source: Adapted from: ECLAC, Social Panorama 2020 (2021), p 119 – 202.

It is important to note that the mapping efforts undertaken do not apply exactly the same criteria or methodologies, nor do they cover the same periods. The categories chosen for this section have been selected on the basis that they best encompass the various categories used by the different regions in their mapping processes. Given the methodological differences and detail available on the measures it is beyond the scope of this study to offer an analysis of the measures nor are all the measures or all the countries fully captured. Nonetheless it aims to give an overview of the kinds of measures that were implemented across the globe so as to provide an initial basis for reflection on going forward to build back with equality, which is addressed further in chapter III.

1. Care services and support for carers

In many countries across the world the onset of the COVID-19 pandemic severely disrupted existing care services, while also placing extreme pressure on these services and the people employed in them, predominantly women.

Initial response measures by the majority of governments during at least some moment in 2020 signified short, medium and long-term closures of educational establishments, as well as childcare services, with severe impact on the careers of the children.

There were also some exceptions. For example, in Latin America the Costa Rican government's National Childcare and Development Network (REDCUDI) decided to continue to provide care services and subsidies linked to the network to alleviate the burden of parents and carers for children during the onset of the pandemic (ECLAC, 2021a). In the Russian Federation when kindergartens suspended normal operations at the start of the pandemic, special arrangements were put in place for parents or other representatives of a child who must continue working. In this case kindergartens could arrange special on-demand classes for no more than 12 children, subject to strict precautionary measures, while private kindergartens were also allowed to operate under licence when arranging special on-demand classes (ESCAP, 2021).

In Malaysia the government budgeted funds for childcare centres nationwide to mitigate the impact of COVID-19, which included one-off grants for institutional, workplace-based childcare centres and for home-based childcare centres (ESCAP/ASEAN, 2021).

Some European countries maintained open emergency childcare services for 'essential workers' during the lockdown measures that characterized the initial onset of the pandemic; this was the case in Austria, Denmark, France, Germany, Latvia, the Netherlands and the United Kingdom. Under specific circumstances, emergency care services were made available to single parents who did not hold essential jobs, or children with special needs (OECD 2020; UNDP 2020a cited in UNECE, 2021).

In Slovakia, a targeted subsidy was developed for childcare workers, dedicated to maintaining the capacities of kindergartens. The State contributed 80 per cent of employees' average wages for April, May and June 2020, and thus ensured that employees did not have to be laid off. Thanks to these resources, childcare could be provided again as soon as social isolation measures were relaxed and the childcare institutions reopened, so that mothers had a place for their children when they returned to the labour market (UN-Women and UNDP 2020 cited in UNECE, 2021).

It is not only childcare centres that were affected by restrictive measures to curb the spread of COVID-19 but also other social services, including services for the elderly and disabled. Governments in some countries intervened to provide additional support to these population groups and their careers in the absence of these services.

In Kyrgyzstan, the Russian Federation and Spain, the number of publicly funded social workers were increased to ensure and, where necessary, expand the provision of assistance to the population, for example home care for elderly, dependent or disabled people affected by the closure of day centres

or social centres in response to social distancing requirements (UNDP 2020 cited in UNECE 2020). In Belarus, Denmark, and Spain, social services were provided directly to vulnerable groups of the population, thus alleviating the care burden of other members of the family or community (UNDP 2020a cited in UNECE 2020).

In Colombia, the government prepared guidelines for persons with disabilities, their families, caregivers and health sector actors for the prevention and mitigation of COVID-19 infection. In Argentina, additional resources were established for programs for persons with disabilities, including subsidies to cover operating costs and inputs for the prevention of COVID-19 in the context of two existing programs, and additional inputs for the care of persons with disabilities in the provincial disability areas or in the Autonomous City of Buenos Aires (Provincial Bank Program). Recognizing the right of persons with disabilities to access services, including care services, a one-year extension of the Single Disability Certificates and International Access Symbols was also established, which facilitates the access of persons with disabilities to services and benefits in the areas of health, transportation and cash transfers (ECLAC, 2021a).

In some countries, to compensate for the suspension of care services for the elderly, teleassistance channels have been reinforced. In Mexico, the Secretariat of Welfare promoted support networks for elderly women to monitor their emotional well-being and health, while in Costa Rica a line was set up for psychological support for the elderly. Meanwhile, in the City of Buenos Aires (Argentina), a programme was implemented in which volunteers provided support to older persons in preventive and mandatory isolation by providing telephone assistance, shopping in pharmacies and local shops, paying for services, walking pets and helping to use digital applications (ibid.). In India, the state of Kerala launched a senior citizen cell, with the aim of reaching out to vulnerable older people and providing them with essential items, such as food and medications (ESCAP, 2021). In the Russian Federation citizens over 60 years were able to order food and medicine delivery to their home through a hotline phone (UNECE, 2020).

(a) Subsidies for care workers and service providers

Given the pressure on health systems and the work overload, in some countries specific support was established for health sector workers. In Ukraine, a top-up of 300 per cent of the salary was paid to medical personnel working with COVID-19 patients (personal income tax was withheld but the State compensated the full amount of the tax). In Romania, health workers could apply for accommodation support when providing services to patients with COVID-19 (OECD, 2020 cited in UNECE 2020). In Serbia, a 10 per cent wage increase for public sector health-care employees was implemented with the first response package (UNECE, 2020). Cuba established a monthly transfer to integral health service assistants for as long as the pandemic health care is maintained, while in Argentina, an incentive allowance was granted to all health workers in the public, private and social security systems for the months of April, May, June and July 2020 (ECLAC, 2021a).

In the UK, subsidies for care workers were agreed early on in 2020, initially for a three-month period whereby employers could apply for a grant to cover 80 per cent of workers' wages (up to a maximum sum) in cases where they are unable to attend work due to disruption of a service disruption or due to isolation (TUC 2020 cited in UNECE 2020). Bonus payments for long-term care workers were paid in Germany, Slovenia (for all essential workers) and Tajikistan (OECD 2020c cited in UNECE 2020).

In the Republic of Korea, in cases where there were not enough workers volunteering to act as carers, family members or relatives who live with someone with a disability were able to be compensated to do this work instead. They were allowed to register as temporary care workers and paid the same wage as their professional equivalents. Also, as child day care shifted to homecare low-income households were provided with government financial support for childcare based on a daily fee (ESCAP, 2021).

In Italy a childcare voucher was made available to individual families to acquire childcare services for children below the age of 12 (UNECE, 2021).

In Armenia, preschools and childcare service providers were explicitly included in the government-sponsored emergency business support program, while direct financial support to enterprises providing childcare services was included in the pandemic response packages for enterprises affected by the lockdown measures in Norway, Slovakia, Switzerland and some States in the United States (OECD 2020; UNDP 2020a cited in UNECE, 2020).

(b) Flexible work, parental licences and employment guarantees

In the initial onset of the COVID-19 pandemic in many countries all services and offices were closed except essential services. However, as countries began to cope with the so-called 'new reality' many establishments reopened even when care services, including childcare and educational remained closed. In these cases, governments stepped in to provide support in the form of licences or protection for workers with care responsibilities.

In most EU member States, as well as in Bosnia and Herzegovina, Kyrgyzstan and Ukraine governments issued calls to encourage employers to facilitate working from home for their employees whenever possible to slow the spread of the coronavirus and respond to the closure of childcare facilities and schools (OECD 2020 cited in UNECE 2020).⁸ In the Russian Federation, the city of Moscow issues a call to work from home specifically addressed at women and their employers, linking it to women's responsibilities for childcare. Other countries such as Slovakia, Spain, Turkey and Uzbekistan found different measures in support of parents with significantly smaller fiscal implications such as, for example, legal protection from dismissal for parents with childcare responsibilities who are affected by the closure of childcare services and schools (OECD 2020; UNDP 2020a cited in UNECE 2020). In Uzbekistan, working parents (one per family) received a paid leave for the duration of schools and kindergartens shutdown without affecting the regular annual paid leave schedule. Indeed, Uzbekistan stands out for its efforts to protect the employment of employees with care responsibilities as well as accommodate the needs of working parents (ESCAP, 2021).

In Australia the government provided paid pandemic leave to aged care workers and announced a pandemic leave payment for workers who have run out of sick leave but need to be quarantined due to COVID-19. In the Republic of Korea employees with children were permitted a reduction in their working hours to take care of their children due to the postponement of the new term. Parent employees who were receiving paid family emergency leave from their firms were given up to five days of leave along with childcare support. Wage subsidies also increased for parents with care responsibilities (ibid.).

In Bahrain, special measures were introduced from the earliest stages of the outbreak, that allowed women employed in the government sector to work from home in order to care for their families, while simultaneously continuing to receive their monthly salaries. In Egypt and Sudan, similar measures were introduced with a special focus on care for children, adolescents or the elderly. Egypt in March 2020 introduced special protections for pregnant employees and working mothers whose children are under 12 years old or working mothers taking care of a children with disabilities, granting them exceptional leave. In Sudan, the government provided paid leave to public sector workers over the age of 55 and pregnant women, as well as breastfeeding mothers and mothers of children under 12 years of age. In the UAE, a flexible work resolution was adopted that grants paid leave to select categories of employees at the Federal Government and which includes married employees who may take fully paid leave to take care of their children below the age of 16 (ESCWA 2022).

⁸ For an encompassing overview of the types of leave policies used in the UNECE region see page 23 in UNECE, 2020.

In Cuba, a salary guarantee has been established for people employed in the labour market and in charge of the care of children whose classes (in primary, special and kindergarten education) have been suspended. In Bolivia, during the National Emergency, an exceptional regulation was established granting special paid leave for workers including fathers, mothers or guardians of children under five years of age. In Trinidad and Tobago, the Government recommended that the public and private sector explore alternative measures to face-to-face work such as teleworking, flexible schedules and other care arrangements. In Argentina workers that telework and who are responsible, on a sole or shared basis, for the care of persons under 13 years of age, persons with disabilities or elderly persons who live with the worker and who require specific assistance are legally entitled to schedules compatible with the care tasks they are responsible for and/or to interrupting their working day (ECLAC, 2021a).

(c) Care-related Mobility

Mobility relating to care of dependents is another source of inequality between men and women. Even before the crisis, research in Latin America found that the amount of time that men and women had to travel or commute in connection with care services differed (ECLAC, 2017; Rico and Segovia, 2017 cited in ECLAC, 2021).

Mapping of measures relating to care in Latin America found that, in some of the countries where restrictive or quarantine measures were imposed, care services were recognized as essential activities and therefore exempt from movement restrictions. In El Salvador, Colombia and Peru, exceptions to movement restrictions have been established for the care of children, the elderly, persons with disabilities or chronic illnesses. In El Salvador this exception has been applied to travel to a place of emergency or periodic medical care, while in Colombia the exception has been applied more broadly for all assistance and care activities, including care of adolescents as well as children. Both countries included specialized care workers in the exception.

In Argentina, an exception to the restriction on movement was established for persons who must assist others with disabilities, family members in need of assistance, the elderly, or children and adolescents. In addition, special travel permits have been issued during the lockdown to mothers, fathers and their children in order to avoid having one or the other parent take on the sole responsibility of caring for their children (ECLAC, 2021a).

(d) Communications campaigns

Furthermore, the mapping in Latin America and the Caribbean revealed that several countries implemented campaigns related to co-responsibility in households, in particular during periods of confinement. Awareness raising on making visible and redistributing unpaid care work were disseminated through social networks in El Salvador, Ecuador, Peru and the Dominican Republic. In Mexico and Costa Rica informational campaigns also included tools on redistributing unpaid work in the home. In Argentina, the national campaign targeted both citizens and the State institutions and civil society; it also included Territorial Care Parliaments with the objective of exchanging experiences and local strategies on care and its social organization (ibid.).

(e) Paid domestic work

To address the vulnerabilities faced by paid domestic workers in the context of the pandemic, many countries implemented specific measures targeting them, or included domestic workers in other subsidies or employment protection measures.

The Italian government paid domestic workers a lump sum to compensate salaries lost in the months of April and May of 2020, while payment of their social contributions for domestic workers was postponed to June. Recognising the challenges faced by migrant workers, the government also facilitated the regularization of undeclared immigrants working as personal and domestic help, in

addition to those in agriculture. In Spain, a temporary extraordinary unemployment benefit which was established in March 2020 covered domestic employees in the event of lack of activity, reduction of hours worked, or termination of contract (UNECE, 2021).

In Qatar, and in order to facilitate the transfer of remittances, the government introduced a measure that allows domestic workers to open a bank account remotely (through an electronic application) free of charge and without a minimum balance requirement, thus enabling employers to electronically transfer the workers' salaries to their bank account and those to in turn easily transfer the money electronically to their families without having to leave their house (ESCWA 2022).

In Argentina, the Emergency Family Income (IFE) establishes a non-contributory monetary benefit of an exceptional nature aimed at unemployed persons, informal workers and domestic workers, which includes both those in formal employment and in informal. In Ecuador a subsidy which was granted in two phases during 2020, included those affiliated to the unpaid domestic work regime and paid domestic workers. In Mexico, a Financial Support Program for Family Microenterprises also included registered service providers and paid domestic workers.

In Peru, it was established that paid domestic workers must have a written contract, and measures were designed for labour protection and protection against violence and harassment, recognizing the particularities and risks that could be involved for workers when staying in their places of employment during mandatory quarantine. In Chile, paid domestic workers were incorporated into unemployment insurance as of October 1, 2020, allowing them to access the provisions of the Employment Protection Law.

In Barbados, guidelines were established to protect paid domestic workers to reduce the risk of exposure to COVID-19. In Argentina, Bolivia, Costa Rica and Ecuador, information campaigns on the prevention of COVID-19 infection and domestic workers rights in the context of the pandemic were disseminated to workers and their employers, while the latter two countries also disseminated information on complaint mechanisms for cases in which the rights of workers are violated (ECLAC, 2021a).

2. Social protection relating to the care economy

To respond to the multiple crises that arose as the result of the COVID-19 pandemic, and in particular to protect the populations that have been most exposed and in the greatest position of vulnerability, governments employed social policy measures. These measures have been designed and applied with great heterogeneity.

In this section, social protection measures relating to care refer to cash transfers (new or existing) and in-kind transfers. While the mapping in different regions has used different criteria, the focus is on measures with implicit or explicit potential to support women's rights and advancing gender equality, especially inasmuch as they also have the potential to impact the care economy.

For the most part these interventions have been short-term, or at best medium-term, designed to alleviate the immediate effects of the emergency on the income of poor households and individuals. There are several examples of measures being implemented in the framework of measures and programmes already in place —using pre-existing information sources of beneficiaries to identify the most vulnerable groups. In some cases, existing social protection benefits were increased (vertical increase), in other cases existing benefits were also extended to a broader group of beneficiaries (horizontal increase). In other cases, new emergency support was implemented on a one-off or short-term basis targeting specific groups considered to be among the most vulnerable to the impacts of the pandemic-associated crises.

Rarely are women the subjects of the social protection measures mapped, but often they are operational beneficiaries because they belong to poor households or are financially responsible for their households. There are examples where measures were implemented that explicitly target women as

the main income earners of single-parent households and these are highlighted below. The use of social protection measures to address the impact of the COVID-19 pandemic requires additional assessment from a gender and care economy perspective, given the complex interaction of social policies with existing gender biases and social norms. For example, there is evidence from Latin America that conditional cash transfers could reinforce the sexual division of labour and potentially add to women's unpaid work burden by assigning them the role of managers of the resources, thus reinforcing their role as carers. From this perspective, prioritizing women in the payment of transfers does not necessarily contribute to promoting women's rights (Bidegain, Scuro, Vaca-Trigo, 2020).

Measures aimed at protecting the employment or income of people in the labour market (formal or informal), such as those initiatives linked to unemployment insurance, cash transfers for informal workers, among others, are presented in the subsequent section.

(a) Cash transfers

A common modality employed by many countries have been emergency cash transfers, while there are significant differences in terms of eligibility criteria, amounts and duration. One option used have been emergency income or vouchers, granted on a one-time basis or for a limited period of time, although some countries also extended measures in response to the permanence or second wave of the pandemic. Some transfers were new while others entailed an expansion or increase of benefits through existing transfers.

Some of the transfers, whether new or through existing programs, specifically targeted women or included them as beneficiaries.

In Albania for example, recipients of an existing cash transfer programme were given double their usual benefit. Beneficiaries not only included parents of two or more children, whereby in such households, mothers were primary recipients, but also included survivors of trafficking and domestic violence (UNDP 2020 quoted in UNECE 2020). In Uzbekistan a transfer was also provided to women in low-income families through the Federation of Trade Unions of Uzbekistan, funded from the Anti-Crisis Fund (ESCAP, 2021), while in Uruguay the amount of the Plan de Equidad family allowance aimed at supplementing the income of households with dependent children was doubled on four occasions (ECLAC, 2021a).

In India a cash transfer was distributed for three months (April to June 2020) to 200 million women with a Pradhan Mantri Jan Dhan Yojana (financial inclusion) account, and a transfer was given for three months to all female Jan Dhan accounts (ESCAP, 2021).

In Myanmar beneficiaries of the Maternal and Child Cash Transfer Programme received a one-off cash payment and top-up benefits were provided, targeting women and social pension beneficiaries for two to three months. The governments COVID-19 Economic Relief Plan also included among beneficiaries all women with children younger than 2. In Mongolia too beneficiaries of child support transfers and single parents, often mothers, received an increase in cash transfers received. In the Philippines and the Russian Federation there were expansion and top-ups of existing cash transfers (ibid.).

In Costa Rica, a new subsidy was established for female-headed households with dependents, elderly or disabled persons, who were not covered by other government programmes, consisting of two payments in 2020. The delivery process for this transfer was also adapted by improving availability of banking services for people without an account which impacted mainly women.

In Brazil, the Emergency Assistance transfer was granted to informal workers or unemployed women and men who do not receive the conditional cash transfer of the Bolsa Familia and explicitly benefited women in single-parent households who received double payment of the subsidy. This transfer was extended from its initial three-month period for two more months and then until

December 2020. In Argentina, the Emergency Family Income (IFE) was created to compensate for the loss of income and was paid automatically to all beneficiaries of the Universal Child Allowance or Pregnancy Allowance without the need to apply and various other measures implemented used targeting criteria explicitly including beneficiaries of the universal child or pregnancy allowances. Jamaica also provided financial and in-kind support to pregnant teenage women as the Women's Centre of Jamaica Foundation was temporarily closed due to virus containment measures.

Colombia created the Solidarity Income Program, a new unconditional cash transfer that benefits individuals and households in situations of poverty and vulnerability, who are not beneficiaries of other social programs, identifying women as a priority group to receive the transfer. The transfer was initially granted for three months beginning in March 2020 and then extended until June 2021. The government also consolidated a database of beneficiaries focused on mothers as main providers of households and workers in the informal sector. In Chile, a single transfer entitled the COVID-19 Emergency Voucher was established, which benefited, among others, people who receive the Family Allowance—a conditional transfer aimed at people with dependents, and which prioritizes women of the household for collection.

Some transfers which do not explicitly target women still benefit them for having a higher portion of women among the beneficiaries. One such example is the Emergency Family Income introduced in Chile in May 2020, with a maximum of four transfers to beneficiaries with no formal income and households with elderly people who are beneficiaries of social protection programs. The amount of the benefit is estimated according to the number of persons and the economic situation of the household during the state of emergency. Monitoring in August 2020 found more than 55 per cent of women among its beneficiaries, and about 60 per cent of the households benefiting were headed by women (ECLAC, 2021a).

In Peru, an exceptional monetary subsidy was granted to households living in poverty or extreme poverty and its second payment incorporated new virtual payment methods with potential to benefit women in the first income quintiles given the intersection between poverty, the digital divide and the gender inequality (*ibid.*).

In Armenia, support was given to households entitled to family and social benefits through a one-time assistance payment at the rate of 50 per cent of the amount of the social benefit, of which 70 per cent was provided in cash along and 30 per cent as a payment for energy consumed (UNECE, 2021). In Uzbekistan, a one-off cash transfer provided support to 400,000 vulnerable households using an existing beneficiary list that included persons with disabilities and chronic diseases; lonely and older widows and widowers and those, in need of outside care; families with five or more children; individuals who lost their source of income due to quarantine measures; and vulnerable, poor and needy families (ESCAP, 2021).

In Malaysia, the Government rolled out a one-off grant given to low- and middle-income households under the economic stimulus package, which was subsequently followed with a second grant. Also, a childcare subsidy was provided to working parents during the period of conditional movement control and social assistance was provided to vulnerable groups that included persons with disability and single mothers. In Australia additional funds were provided to support families whose employment has been impacted by COVID-19 and access to this support was made more flexible to make it available to a wider group of beneficiaries (*ibid.*).

In the Caribbean St. Lucia increased the number of households benefiting from the Public Assistance Cash Transfer Program as part of the Government's plan for economic recovery and resilience. Trinidad and Tobago also announced an increase in the coverage of the food card for families with children, to include families whose employment opportunities were affected in terms by the pandemic (ECLAC, 2021a).

In Indonesia, the Government topped up the benefits for the Program Keluarga Harapan and increased the number of beneficiaries by 15 per cent, from 9.2 million to 10 million households. In the Philippines, the Social Amelioration Program was expanded with a 422 per cent increase in benefits from the pre-COVID-19 levels, reaching out to 78 per cent of the target population with a transfer paid for two months. This expansion has made the Philippines one of the top 10 countries in the world for both number of individuals and share of population covered by pandemic relief (ASEAN/ ESCAP 2021).

An analysis of social assistance measures in the Arab States noted of the 152 measures only 29 were considered to be gender-sensitive in the sense that they tend to explicitly protect women namely women-headed households, women health-care providers, elderly women, with only three countries, Egypt, Kuwait and Mauritania, targeting the care services (ESCWA 2022).

It is worth mentioning that some countries explicitly adapted operations of social transfers that are based on conditionalities. In some, control or monitoring of compliance with the conditionalities associated with transfers has been temporarily suspended because families have been unable, to send their children to school (ECLAC and UNICEF, 2020 cited in ECLAC, 2021a). Colombia for example suspended compliance with co-responsibilities in the delivery of transfers associated with the Families in Action Programme in April 2020. Guatemala also announced in May 2020 that the Social Bonus Program aimed at families in poverty and extreme poverty, with children from zero to under 15 years of age and pregnant women, was granting transfers in an unconditional manner (ibid.).

While in many other countries it may be expected that in times of quarantine or during restrictive measures controls may be more flexible or stop being implemented, there are few countries that explicitly suspended them. Considering that conditionalities imply an additional burden of unpaid work for women, it would be important to consider maintaining the suspension of conditionalities beyond the current crisis context.

(b) In-kind transfers

In addition to cash transfers many countries provided in-kind support especially in the initial months from the onset of the pandemic. This includes measures to ensure or facilitate basic services for households living in poverty. Other measures include the direct delivery of food and basic hygiene or medicine supplies. While most of this support was not explicitly aimed at women, they often benefit for being overrepresented in poor households.

In Albania, Kazakhstan and Kyrgyzstan, a food basket and hygiene products were distributed to households in need (UNDP 2020 cited in UNECE, 2021). In Georgia food and hygiene kits were disseminated across the country to women-headed households, single parents, ethnic minorities, LGBTQI+ community members, Roma settlements and other vulnerable groups. In the Russian Federation, food and medicine for the elderly was distributed with the help of civil society organizations (ibid.). In-kind support and services (such as assistance with shopping) was provided in Serbia, Turkey, and the United States. In France, subnational school-feeding programs continued even in times of school closure (UNDP 2020; OECD 2020 cited in UNECE, 2020).

In the Arab region 26 measures of in-kind transfers/vouchers assistance were provided in 11 countries including Lebanon, United Arab Emirates, Algeria, Jordan, Kuwait, Syrian Arabic Republic, Djibouti, Iraq, Libya, Tunisia and Sudan. Kuwait provided in-kind transfers/vouchers to the elderly, to the persons with disabilities and to persons who need social care (ESCWA 2022).

In India several states provided in-kind food supplies, including Delhi, Kerala, and the state of Gujarat. In Mongolia monthly food stamps were doubled reaching thousands of low-income households. In Myanmar the Government provided emergency food rations to vulnerable households and at-risk populations, reaching 4.1 million households, while food packages were also provided in April 2020 to low-income households that did not have regular income (ESCAP 2021).

Several Caribbean States provided distribution food packages and essential medicines to vulnerable populations including Antigua and Barbuda, St. Kitts and Nevis and Jamaica; some in-kind assistance also included toiletries, diapers and nutrition.

In some countries, inputs have been distributed to improve food security. In Saint Kitts and Nevis, the Ministry of Agriculture has distributed free seeds to farmers and people growing food in their backyards, most of whom are women. Paraguay's Tekoporã Program has also promoted the "Mi Huerta" (My Garden) project, which aims to ensure food security while at the same time providing an opportunity to generate financial resources and promote women's economic autonomy as a measure to mitigate the impact of COVID-19 (ECLAC, 2021a).

Several countries also subsidized utility bills for limited periods. In Georgia utility fees for three months (March, April, May), which includes electricity bills, sanitary services and gas and water bills for households that consume less than 200 kWh of electricity and 200 cubic metres of natural gas per month and as the crises continued it was prolonged to cover the winter months of November and December 2020, January and February 2021. In Turkey the debts for the water bill of residences and businesses whose activities have been suspended due to COVID-19 were postponed by the municipalities for three months. In Malaysia a discount on electricity bills, initially offered at 2 per cent but later ranging from 15 to 50 per cent was increased according to electricity consumption. In India residents of Jammu and Kashmir were given 50 per cent discount for a year on water and electricity bills. In Argentina, essential services could not be suspended for users considered in a situation of vulnerability, including beneficiaries of the Universal Child Allowance (AUH) and Pregnancy Allowance benefiting principally women.

Menstrual hygiene products and contraceptive methods were distributed in some countries such as in El Salvador where emergency kits including menstrual hygiene products were distributed to women facing situations of violence, displaced women, women deported and returned from the United States and women deprived of their freedom. Other countries which included menstrual hygiene products were the Dominican Republic, Saint Lucia, and Chile (ECLAC, 2021a). In the Arab States, Egypt dispensed medicines for chronic diseases, as well as formula milk and family planning methods for women over a period of 3 months (ESCWA 2022).

3. Income generation and employment

This section presents some of the measures implemented in order to buffer and compensate for the effects of the crisis on employment and income. While a small number of these measures have incorporated a gender approach in their design or have prioritized certain groups of women (pregnant women, victims of gender-based violence, or entrepreneurs), others have implicitly benefited women by targeting lower-income earners or sectors where they are represented.

(a) Employment protection

Given the severe impact that the pandemic and its associated closures have had on employment, albeit with significant regional and sectoral differences, many countries implemented measures to protect certain categories of workers, including those with parental responsibilities or pregnant or breastfeeding mothers. In Slovakia, Spain and Turkey protection was implemented against dismissal of parents who are absent for care responsibilities. In Uzbekistan it was prohibited to terminate employment contracts of those who are parents (person, substitute, guardian, trustee) of a child younger than 14 who is infected with coronavirus infection or placed in quarantine (UNECE, 2020).

In Costa Rica, specific protection measures were put in place so that the temporary reduction of working hours and salaries could not apply to pregnant or breastfeeding workers. In addition, it was decreed that the reduction of working hours must be made proportionally between men and women on the payroll for the same or equivalent positions.

Also, at the beginning of the pandemic, some countries suspended the requirement of attendance at the workplace, with full pay for workers belonging to a risk group as defined by the national health authority, among which priority was given to pregnant and/or breastfeeding women. This was the case in Argentina, in El Salvador and in Mexico (ECLAC, 2021a).

In some countries, though protection measures were not specifically aimed at them, women benefited from being overrepresented in the sectors or types of employment affected. In Switzerland and France short-work programmes were extended to workers with precarious or temporary work contracts for example. In Belgium, self-employed who reduce their working time because of they face care responsibilities were able to defer their social security contributions (UNECE, 2020).

(b) Income subsidies

In several countries support was provided to workers in the form of subsidies, wage supplements or other financial contributions. Some of these measures were designed in such a way to priorities or benefit women more. In Chile an employment subsidy was established to encourage the return of workers whose contracts were suspended during the crisis and the hiring of new people in companies, financing part of their salaries for up to 6 months. One line offered a higher subsidy (60 per cent compared to the standard 50 per cent) for young people between 18 and 23 years of age, women and people with disabilities in order to support the groups most affected by unemployment. Despite the focus on women, data between October 2020 and January 2021 showed that only 39 per cent of the beneficiaries have been women (ECLAC, 2021a). In the Republic of Korea, a subsidy to support workers affected by a reduction of working hours foresees higher compensation for pregnant employees and was further increased during the pandemic (ESCAP, 2021).

In several European countries subsidies were given for workers that were absent for childcare reasons. Montenegro and Slovakia offered subsidies to employees, while in Austria, Croatia, Portugal and Slovenia the subsidy was received by the employers (UNECE, 2021). In the Republic of Korea wage subsidies for parents with childcare responsibilities increased by 250 per cent from the indirect employment-cost subsidies in the event they had to reduce work hours for COVID-19-related family care. This was coupled with relaxed eligibility criteria (the minimum employment duration from six months to one month). In Malaysia, income tax relief was increased for parents on childcare services costs for 2020 and 2021 (ESCAP, 2021).

In Costa Rica a temporary subsidy was established that targets those who were made unemployed or had their working hours or income reduced as a result of the national emergency. This measure prioritizes heads of household, or those with family responsibility, or people who are the sole breadwinners, with the implicit potential to benefit women in single-parent households. On the other hand another transfer, Costa Rica's Bono Proteger, monthly support aimed at informal workers and self-employed workers, as well as people who have been laid off, whose employment contract has been suspended or whose working hours have been reduced, has seen an increase in the number of women beneficiaries during its implementation, partly due to changes to the digitalization and automation of the process, which has allowed for greater access to banking and inclusion of previously excluded people, such as women.

In Colombia, a measure that was established in May 2020 to provide a monetary contribution to support and protect formal employment during the COVID-19 pandemic was extended in October and adapted to establish that employers with one or more women on their payrolls would receive an additional 10 per cent State contribution per female worker. With this affirmative action, women receive 50 per cent of the current legal monthly minimum wage, while men continue to receive 40 per cent. A supplementary salary payment that was established in Argentina did not specifically address women but had the potential to reach a significant number of women as they have lower average salaries than men (ECLAC, 2021a).

In Malaysia a subsidy was provided per month for up to six months for workers who were forced to take leave without pay from March 1, 2020, onwards, and targeted persons with lower salaries (ESCAP, 2021).

In Arab States, the mapping found that 81 measures have been taken by Arab governments to mitigate the impact of the COVID-19 pandemic on labour markets—which broadly correspond the two categories discussed above. These measures incorporate (i) Wage subsidies to employers against lay-offs, (ii) Paid leave or work from home, (iii) Labour regulation adjustments, (iv) work hours adjustment and (v) Activation (Training). Out of the 81 market-related measures, 15 measures were considered to be gender-responsive and 8 fall under the categories of care policies, taking into consideration women's unpaid care work. Some of these measures mainly include paid leave for pregnant women, breastfeeding mothers and mothers of children under 12 years (ESCWA 2022).

(c) Employment-related measures in sectors with a high presence of women

Another way in which women may benefit from employment or income-generation measures has been through interventions in sectors where they are overrepresented. In several Caribbean countries, for example, employment and income protection measures have focused on the tourism sector, which has been hit hard as a result of restrictions on international travel. Grenada established payroll support for company workers, temporary income support for self-employed workers and benefits for workers who lost their livelihoods, particularly benefiting workers with precarious jobs in call centres or the tourism sector. In the Bahamas, financial support was provided to self-employed persons in the tourism sector and other sectors whose sources of income have been interrupted by COVID-19. In Jamaica, the CARE Program contains several components with the potential to benefit women, such as temporary transfers for small businesses (COVID-19 Small Business Grants), self-employed workers (COVID-19 General Grants) and also businesses in the tourism sector (COVID-19 Tourism Grants) (ECLAC, 2021a).

In Turkey rediscount credit was given by the Central Bank to goods and services importers to increase their access to finances and to support employment. In Georgia an interest subsidy was issued to help hotels meet their banking obligations and to co-finance up to 80 per cent of the annual interest rate on loans issued to family-owned, small and medium-sized hotels (UNECE, 2021).

Box II.3

Affirmative measures for the participation of women in strategic economic recovery sectors

Economic reactivation measures can also mean prioritizing sectors that have traditionally been considered as strategic to face crises, but these are not always sectors where women participate in significant numbers. To ensure women and men benefit equally in reactivation measures, some countries have engaged in affirmative measures. In Costa Rica the campaign #JuntasConstruimosElFuturo (TogetherWeBuildTheFuture) was launched to break down sexist stereotypes and encourage the employability of women in jobs traditionally considered masculine, such as the construction sector. Chile has promoted the creation of the "Women and Construction Working Group", a public-private alliance in collaboration with the Ministries of Economy, Labour, Public Works and Housing, with the purpose of reinserting women into the labour market by incorporating them into the reactivation of the construction sector. Along the same lines, Argentina launched a public works plan with a gender perspective that includes the construction of territorial centres for gender and diversity policies, and the prioritization of smaller work projects led by women's groups, among other efforts to increase employment opportunities for women in public works.

Source: (ECLAC, 2021a).

(d) Support for women in micro, small and medium-sized enterprises

Different types of support have been implemented to support micro, small and medium-sized enterprises (SMEs). Some of these specifically target women's entrepreneurship while others have the potential to support women who work in these kinds of employment, especially noting that

women-owned enterprises are often SMEs, including enterprises offering care and personal services. In some cases, new initiatives have been identified, as well as the strengthening of existing programs in areas such as training, marketing and financing.

In some countries the programmes have prioritized women in access to financing or programmes for the development of productive units. In Guatemala, new resources were provided to support the financing needs of small and medium-sized enterprises (SMEs) for expansion and growth in June 2020, which gave priority to women entrepreneurs in six rural areas of the country. In Chile, the PAR-Impulsa Reactivation Support Program launched provided subsidies for micro, small and medium-sized enterprises (MSME) led by women to reactivate, reconvert or digitize their businesses, in eight regions of the country.

In Colombia, the first autonomous patrimony has been created for in order to mitigate the effects of the crisis. The Fondo Mujer Emprende was included in the new Entrepreneurship Law, approved in December 2020, which furthermore establishes differential criteria to boost the participation of women's businesses in the public procurement system.

In Costa Rica, the Fund for the Promotion of Productive Activities and Women's Organizations was amended in 2020 to make access to the fund more flexible and allow for the participation of organizations that face difficulties in complying with all the requirements, individual women's projects, and eliminated the restriction on the participation of those that benefited from the fund in the last 5 years. In Honduras, the "Strategic Alliances for Women's Entrepreneurship" programme was launched virtually, providing support through training, improved access to markets and low-interest financing linking the efforts of various sectors to support microenterprises led by women (ECLAC, 2021a).

In Tajikistan, women entrepreneurs were prioritized for credits with preferential conditions through the Fund for State Support to Entrepreneurship, loans that were accessible to businesses involved in the production of food and medical goods. Furthermore, a large number of self-employed women in Tajikistan benefited from tax measures targeted at individuals working on markets, in shopping centres and service centres (among them hairdressers, beauty salons, fashion stores and sewing shops) who were exempted from paying taxes from May to August 2020 (UNECE, 2021).

Some programmes launched or expanded since the pandemic also give priority access to women who live or have lived through gender-based violence (GBV) and are in a situation of vulnerability, thus recognizing the link between physical and economic autonomy and the indivisibility of women's rights. In Mexico, one million new microcredits were granted to people enrolled in the Tandas para Bienestar programme, of which 71 per cent of the beneficiaries are women, and which prioritizes access to women victims of GBV. In Argentina, people in situations of gender-based violence have been included in the Potenciar Trabajo programme launched in June 2020, which also access for women and LGBTI+ people (ECLAC, 2021a).

In several other countries measures were introduced to benefit entrepreneurs or small- and medium-sized companies, which though they did not target women explicitly could benefit them for participate in this form of employment.

In Azerbaijan a programme was developed to compensate entrepreneurs and their employees for the damage caused by the pandemic and the lockdown. In Bulgaria, a programme was developed to provide liquidity support to small and medium-sized enterprises operating in various sectors, including those most affected by the crisis, such as tourism, transport, wholesale, and retail trade. In the UK the government provided coverage up to 80 per cent of earnings of the self-employed up to a maximum per month, for three months from June 2020 (UNECE 2021).

Some countries also provided relief in the form of tax breaks or postponed social contributions for self-employed or SMEs. In Kazakhstan, SMEs were exempt from personal income tax and social payments (social tax and insurance) for six months (from April through September 2020), including in

sectors such as tourism, transport, information technology (IT), consulting, private education, and private healthcare. In the Russian Federation, enterprises from 10 heavily affected sectors (including tourism, hospitality, and education) were granted the right to postpone all tax payments. In Tajikistan enterprises were allowed to postpone the payment of social security contributions for the months of May to August 2020. In Ukraine, entrepreneurs who work independently were offered a temporary exemption from social security contributions in March and April, and fines for incomplete contributions and reporting were suspended (UNECE 2021).

Mapping in the Arab region found that despite the provisions made for small and medium enterprises (SMEs) in the region, those measures did not for the most part specifically target women or include specific conditions for women entrepreneurs. Among the 241 financial policy support measures that were introduced by Arab States, 25 measures are devoted to individuals and families, whereas the rest are addressed to businesses and to the economy where women are less present. Of these measures, only one targeted women —namely women entrepreneurs in Egypt. The Egyptian government announced increasing the number of beneficiaries of soft loans and loans with negligible interest rates to set up micro enterprises so that they can improve the living standard of their families, including specific economic opportunities for women in need of microfinance loans. The government also allocated funds, over three months from April to June 2020, to irregular and daily workers in the informal economy, where women are concentrated (ESCWA 2022).

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III. Towards integral care systems for a transformative sustainable recovery

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The evidence presented in this study shows that the unequal distribution of care limits women's opportunities and economic autonomy, regardless of significant regional and national variations. The COVID-19 pandemic has exacerbated the care crisis which predated it and has brought the importance of care to the forefront. Measures implemented to prevent the spread of the virus have led to a profound transformation of daily life, manifested in new ways of carrying out paid work, finding jobs, moving around and maintaining emotional ties. These changes have made it glaringly clear how important care services are for sustaining life and maintaining the economy as a whole, but they have also highlighted the lack of infrastructure and resources such as time that are needed to make care viable (ECLAC, 2022).

In the first half of 2020 many States implemented some of the most restrictive policies with severe impact on unpaid work. As the pandemic now moves into its third year, the long-term impact is only beginning to emerge on multiple levels ranging from the effect on economies, changes to working and schooling patterns, and the impact on individual's mental health. Given the continued and in some cases cyclical nature of the pandemic there is also a significant variety in terms of the approach, ranging from a crisis/ recovery discourse to simply grappling with the "new reality". This final section will argue that regardless of the approach taken, the potential benefits of recognizing and redistributing care work by investing in integral care systems is likely to outweigh the costs of failing to address care through public policies, recovery or otherwise.

This chapter first puts forward the case for a public investment in care, before presenting recommendations for moving toward integral care systems as a fundamental aspect of sustainable development and recovery. Given that the pandemic is far from over, with new variants providing additional challenges, some short-term considerations on care in the context of the pandemic are presented. The chapter closes with a set of guiding principles for development and investment in integral care systems.

A. The case for public investment in care

Based on the research undertaken⁹ this section summarized the four key arguments for investing public resources in care systems: firstly the need value care for its contribution to the national economy and view it as a pillar of social protection given its widespread benefits to individuals and societies; secondly the resulting job creation and contribution to the economy, thirdly the significant impact on women's employment and hence economic autonomy and finally the resulting reduction in inequality and poverty.

1. Care as a pillar of social protection and well-being

Care fulfils a social and economic function and is also a need. Everyone is at some point in their life a recipient of care, depending on age, health and personal circumstances many will in their lifetime be recipients of care from third parties. Care is fundamental for the reproduction of societies but also accompanies the life cycle of individuals and as such can be an important factor in their personal development (UN-Women/ECLAC, 2021).

Investment in care can contribute directly to people's well-being and has long-term benefits for human capabilities and the quality of life, especially when the quality of care services is regulated and monitored. Provision of quality care has positive effects not only to reduce unpaid care work but, among other things, on job creation, on the availability of time for women carers and on access to education for children and adolescents.

For example, several studies¹⁰ have shown that "preschool education and childcare can improve children's physical and cognitive development, especially for those from very poor backgrounds, with lasting effects even into adulthood, through, for example, employment and income prospects" (UN-Women and ECLAC, 2021). Others have emphasized the particular nature of care as an expression of human relationships (Tronto 1993; Folbre 2004 cited in UNECE/UN-Women, 2021) and the importance of taking into consideration the needs of both care providers and recipients.

At present national accounts do not measure or capture unpaid care work, or the short- or long-term contributions of care: "The SNA (system of national accounts) classification fails to recognize the long-term productive contribution of the social infrastructure that employment in the teaching and caring industries builds, through creating and maintaining the stock of 'human capital'" (UNRISD 2016 cited in UNECE /UN-Women, 2021).

While social protection systems are often built around three pillars: health, education, and social security, care needs to be more comprehensively integrated to complement the typical social protection axis. This is essential in order to recognize, redistribute and reduce unpaid care work. The creation and consolidation of a new pillar of social protection, ideally through the establishment of national care systems, in turn is an opportunity to increase the efficiency of other welfare pillars through their mutual articulation, coordination and strengthening (UN-Women/ECLAC, 2021).

2. Job creation and revitalization of the economy

Care services are important for income generation and for economic development. Investing in care has been found to have a direct and indirect impact on employment. It directly impacts care sectors such as: childcare institutions, elderly-care services, health and care-related services, but it can also have an impact on adjacent economic sectors linked to care services such as, such as cooking, laundry and similar.

⁹ The case for investment in care is based on the following studies: UNECE and UN Women (2021), Public Investment in the Care Economy in the ECE Region; Chapter V in ECLAC (2021a) Social Panorama 2020; and UN Women and ECLAC (2021) Towards the construction of Comprehensive Care Systems in Latin America and the Caribbean: Elements for implementation.

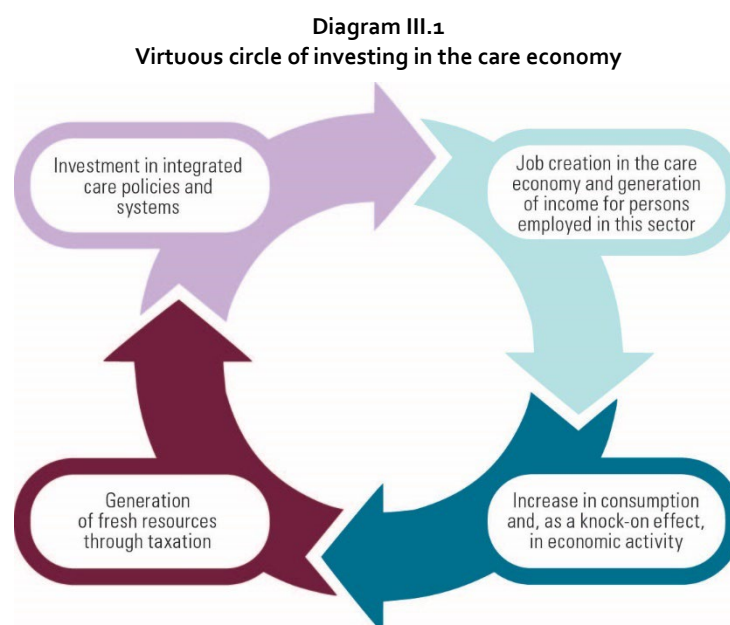
¹⁰ Yoshikawa, H., & Kabay, S (2015). The Evidence Base on Early Childhood Care and Education in Global Contexts, UNESCO, Paris; Pianta et al (2009), "The Effects of Preschool Education: What We Know, How Public Policy Is or Is Not Aligned with the Evidence Base, and What We Need to Know", Psychological Science in the Public Interest, Vol.10, No. 2, pp. 49–88; J. Schweinhart et al (2005). Lifetime Effects: The High/Scope Perry Preschool Study Through Age 40 – cited in UN Women and ECLAC 2021.

Creating jobs to meet care demands, specifically through public investment in high-quality care services and better conditions for care workers, should be an essential element of economic recovery to counteract the impact of the crisis (Heintz et al. 2021 cited in UNECE and UN-Women 2021). Including the care economy into reactivation plans not only contributes to boost and grow the economy but will help prevent setbacks in gender equality and women's rights which the pandemic has put at risk (UN-Women/ECLAC, 2021).

In 2017 De Henau, Himmelweit and Perrons calculated that overall employment could rise by between 1.2 per cent and 3.2 per cent if emerging economies were to invest at least 2 per cent of GDP in the health and care sector (ECLAC 2021). A simulation for Turkey from 2015 estimated that increasing public expenditure for early childhood care and preschool education by 1.18 per cent of GDP could potentially generate 719,000 jobs directly in these care sectors and indirectly in other sectors (Ilkkaracan et al. 2015 cited in UNECE/UN-Women, 2021).

While financing of care services is usually registered in budgets under social spending, several studies¹¹ argue that allocation of resources to the care economy has positive spillovers for the rest of the economy and is more accurately described as an investment. The creation of jobs in the care sector also acts as a boost to aggregate demand, and this in turn drives the economy.

Job creation that occurs through investment in care-related policies and services impacts sectors where women are traditionally concentrated. This can lead to improvements in the quantity and quality of work in these sectors, and in pay levels. In turn these improvements increase households' capacity for consumption, spurring economic activity and indirectly impacting employment and income in other sectors as new demand is created for goods and services. These changes even allow part of the initial investment to return to governments in the form of tax payments and social security contributions. This virtuous circle that generates economic and social returns is shown in diagram III.1 below (ECLAC, 2021).



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

¹¹ Braunstein, van Staveren and Tavani, cited in ECLAC, 2019b; ILO, 2018 as quoted in ECLAC, 2021a and Women's Budget Group 2016, 2017; Ilkkaracan et al. 2015; Ilkkaracan et al. 2019; Ilkkaracan 2018; Çağatay et al. 2017 as quoted in UNECE/UN Women, 2021.

There are also broader indirect effects of investing in care services since they free those with unpaid care responsibilities. Therefore, job creation takes place not only in the care economy but also more broadly as more women are able to enter the labour market (see 3. below).

In Uruguay, estimates in 2018 found that a gross annual investment of 2.8 per cent of GDP could ensure universal coverage of early childhood care and education for all girls and boys aged 0 to 5. It would also create more than 80,000 new jobs increasing women's employment by 4.2 percentage points. It was calculated that as a result of these new jobs new tax and social security revenues would be generated of up to 638 million U.S. dollars (UN-Women 2018 cited in UN-Women/ECLAC, 2021).

Similar estimations were done in Mexico in 2020 which found that to ensure universal, free, high-quality childcare system for boys and girls under 6 years of age would have an annual cost of 1.16 per cent of the 2019 GDP on average, over a five-year period. This would in turn translate into an average annual increase of 1.77 per cent in the total gross value of output and a 3.9 per cent jump in total employment relative to the size of the working population as of 2019. The calculations found that the financing gap would be on average 0.58 per cent of GDP (UN-Women and ECLAC, 2020, cited in UN-Women/ECLAC, 2021).

While the benefits to women's economic autonomy and gender equality are discussed in detail below, there is also evidence that reducing gender-based employment gaps will boost the economy's growth potential. Estimates in Latin America by the McKinsey Global Institute in 2015 found that if men and women had the same labour-force participation rates, worked the same number of hours and had the same level of productivity the region's GDP could increase by nearly 34 per cent by 2025, assuming adequate investments in care and reproductive work that free up women's time equal to men. A similar study on Chile by Berlien and others (2016, quoted in ECLAC 2021), estimated that GDP would grow between 6 per cent and 9 per cent if gender gaps in labour-force participation closed. Finally in 2018 ECLAC estimated that if female labour-force participation rate were to climb by 1 per cent per year until 2030, this could amount to 2.14 percentage points of GDP in that year (ECLAC, 2018b cited in ECLAC, 2021).

3. Women's labour participation, economic autonomy and gender equality

Both the care sectors and those that provide the infrastructure and services for the functioning of the care sector (catering, laundry and similar) are services that typically employ large numbers of women. Therefore, investing in these services and boosting employment therein has a positive effect on women's employment.

The ILO has proposed that investing in care can also act as an antidote against the so-called "motherhood employment penalty", that is the negative impact that motherhood has on women's economic empowerment (ILO, 2019 cited in UNECE and UN-Women, 2021). In the ECE region in Hungary, the Czech Republic, Austria, Slovakia, Estonia, Germany, Finland, Latvia and Switzerland the gap between the employment-to-population ratio for women living with and women living without children aged 0–5 years was found to be extremely high in 2018. It ranged from a maximum of 42.2 percentage points in Hungary, 27.4 percentage points in Germany and 20 percentage points in Switzerland (ILO, 2018b cited in UNECE/UN-Women, 2021).

Furthermore, investing in the care economy could allow women who are currently outside or at the margins of the labour market because of their care responsibilities, to engage more fully in employment (UNECE and UN-Women 2021). This requires careful planning of investments in care to ensure universality of access especially to those who may find it more difficult to access services (see the universality principle below). The ILO has found employment rates of women aged 18–54 tend to be higher in countries that have a higher share of GDP invested in pre-primary education, long-term care services and benefits, and maternity, disability, sickness and employment injury benefits (ILO, 2019 cited in UNECE and UN-Women, 2021). By freeing up women who were previously inactive or restrained

to part-time or informal work due to care responsibilities, investments in the care economy contribute to both integrating more women into the labour market and the quality of their participation. Allowing women to gain an independent income is a vital component of women's economic autonomy, as well as being crucial to autonomy in other areas such as physical and political. In Latin America for example 27.8 per cent of women do not have any income of their own (that is almost one in three women) compared to only 12.0 per cent of men in the same situation.

Finally, investment in the care economy not only reflects a society's recognition of the value of care more generally but also the importance it places on gender equality. The recognition of care and investment in care play a "transformative role in advancing gender equality" (ILO 2019, 2018a cited in UNECE/UN-Women, 2021).

4. Reduction in inequality and poverty

There is evidence that investing in the care economy can contribute to a reduction in inequality and poverty. The previously cited study on Turkey found that expanding social care and targeting disadvantaged households could reduce the relative poverty rate by as much as 1.14 percentage points, versus 0.35 percentage points in the case of increased spending on physical infrastructure (Ilkkaracan et al. 2015 cited in UNECE and UN-Women, 2021). In the ESCAP region, simulations in 13 developing countries have found that public investment in universal child benefits, old-age pensions and disability benefits has the potential to lift more than one third of people out of poverty, even at modest benefit levels (ESCAP, 2021).

There is also a clear link between investing in gender equality by increasing women's labour participation and reducing poverty. For example, closing the gaps between the male and female labour-force participation has argued to potentially lower poverty in 18 Latin American countries by between 1 and 12 percentage points while inequality (as measured by the Gini coefficient) could be reduced by between 1 and 4 percentage points (ECLAC, 2014 cited in ECLAC, 2021).

As chapter I of this study has shown, the unequal social distribution of care also cuts across other lines of inequality and discrimination, including income, ethnic, territorial lines. Evidence from some regions has shown that unpaid care burden disproportionately affects women in the lower-income quintile, who spend more time on unpaid work than those in higher income brackets who can afford to outsource care, generating a vicious circle between care, poverty, inequality. Investing in universal, quality, free or affordable care services can therefore also contribute to addressing this time poverty and inequality between women from different income groups. A report prepared in the ECE region also argued that investment in care could help address other intersecting forms of economic and social inequality, noting that the sectors that would benefit from care-focused investments employ significant numbers of women, often women of colour or ethnic/national minorities and migrant workers—who are precisely the workers that have been disproportionately harmed by the pandemic (UNECE and UN-Women, 2021).

Box III.1

Short-term perspectives on investing in care during the pandemic

The fight against the pandemic has highlighted the important role of care in all aspects of social life. The care economy thus needs to be sheltered from the pandemic's immediate consequences. Unpaid and paid care providers need support to cope with the increased care needs caused by the pandemic, and safe care provision under pandemic conditions needs to be insured by all necessary means.

1. Emergency packages and budget reallocations in response to COVID-19 need to prioritize care. Where necessary, virements between line items are needed to secure care provision during the COVID-19 response. A concern for care and concerns for gender justice and women's economic empowerment are closely intertwined. Immediate needs arising in the care economy, such as the supply of personal protective equipment and the additional cost of hygiene and equipment must be adequately addressed in emergency packages, as well as funds to ensure workplace quality and safety.

2. Childcare services and schools are essential for child development and women's employment participation, before, during, and after the pandemic. Much more attention would be necessary to develop adequate short-term solutions that allow maintaining care and education institutions open or reopen as fast as possible under adapted conditions. Investment in technical solutions like air filters, as well as investment in digital infrastructure, additional hygiene and safety equipment, more individualized COVID-19-compatible education services for children with special needs or earlier vaccination for childcare staff and teachers could be items for consideration, of course under consideration of fiscal circumstances. It is feared that the effects of mandated care service closures on women's employment will increase over time and persist even after the reopening (Russell and Sun 2020).
3. To enhance the efficiency and effectiveness of investments in care during the emergency, policies are needed that simplify governance of the provision and financing of care services. Multilevel financing and governance can pose a challenge to ensuring care services during the pandemic. Economic stimulus packages can therefore increase budget transfers to subnational levels in the interest of support for the care economy. The enhanced collaboration between governments at the local level, employers, trade unions, private sector and non-profit care providers can ensure accessible and affordable care services, including safe childcare and long-term care during the pandemic.
4. Emergency enterprise support needs to explicitly include care enterprises and self-employed care providers. They need to be included in all direct financial support schemes, as well as programs to protect employment and avoid unemployment. Innovative enterprise support in response to the pandemic could stimulate care services, thereby also supporting women's entrepreneurship.
5. Adequate support for parents and all workers and self-employed with care responsibilities needs to be included in emergency measures, especially during the closure of care services. This can include parental leave schemes and benefits, entitlements to home-based work, reduced working time, or flexible working time arrangements. The development of innovative solutions could be supported at local levels. While care-focused emergency support is essential for families to get through the pandemic, State support for care needs can also play an important role when aiming at supporting the private sector's efforts to deal with the crisis.
6. Redistributing care responsibilities between women and men must be a central objective of care policies during the pandemic, to stop eventual trends of a solidification of stereotypical gender roles during the emergency.

Source: UNECE/UN-Women (2021), Public Investment in the Care Economy in the ECE Region.

B. Principles for care policies that promote equality and sustainability

The shift toward comprehensive care systems implies greater equality between men and women and the recognition, redistribution and reduction of care tasks within the framework of human rights and the commitments made in the 2030 Agenda. Several of the studies which are brought together in this global analysis have explored the key elements which are required for the design and implementation of care policies that can promote a transformative recovery with equality and sustainability.

Two studies produced with the support of ESCAP in Asia based on the same methodology identified a three-tier care-sensitive approach that includes: i) core principles and ideas that need to be embedded into a care-sensitive policy framework; ii) policy actions that need to be tailored to each country's national context and priorities; and iii) levers of change which are elements that need to be put in place for policy efforts to succeed in creating gender-transformative outcomes (ESCAP/ASEAN, 2021). The levers of change are seen as factors that determine the nature and extent of policy actions that can be taken within a country context. This conceptual approach sees the type and effectiveness of policy actions to be dependent on the core principles at the normative end and the levers of change at the practical and programmatic end —a dynamic which is in turn shaped by each country's social, political and economic context as well as their gendered political economy (ESCAP/ASEAN, 2021).

In Latin America and the Caribbean, ECLAC together with UN-Women developed a tool for the construction of comprehensive care systems in the region which includes a set of principles that should guide this process and follows with elements relating to the core aspects of implementation of care systems. Similarly in the Social Panorama of 2021, ECLAC's chapter on "Transitioning toward a care

society: the keys to a transformative recovery with equality and sustainability” which has been edited and included in Part II of this study, the last section analyses the key elements in the design and implementation of care policies within the framework of transformative recovery with equality and sustainability. The following section incorporates elements of all the studies mentioned above.

1. Care as a right and public good – the universality perspective

The present study reiterates the centrality of care to human life and its function for the reproduction of society. Conceiving care as a right means incorporating the rights-based approach into the construction of all care actions —conceiving policy targets as subjects of rights rather than passive beneficiaries of care. In some countries advances have or are being made to that effect by incorporating the right to care into legal frameworks, like in the Constitution of Mexico for example.

Recognising care as a right also means acknowledging care as a public good as well as recognizing the role of the State as the guarantor of this right. The provision of care thus becomes a key activity within State– society relations and a crucial element of social policy (Daly, 2002 cited in ESCAP/ASEAN, 2021). This is in line with the State’s commitments under the SDGs and in particular SDG 5.4 which focused on unpaid care and how its unequal distribution hinders progress toward gender equality.

As guarantor of rights the State must recognize the structural diversities that impact the right and access to care including life cycle, physical conditions, socioeconomic and income conditions, and territorial differences, among others. Aspiring to universality in care requires recognizing that there are populations with greater demands and profound deficiencies when it comes to access to care. In the context of profound inequalities that characterise most societies, care policies need to be progressive to achieve access for all, without compromising on the quality of the services offered (ECLAC, 2022).

Universality implies that access is guaranteed to all persons who have the right, however it must also consider the quality of care provided. This is important in all services to ensure that public policies do not reinforce inequalities or produce stratification along lines of "State services of uncertain quality for economically vulnerable people" and "private services for those who can afford to pay for quality". (UN-Women/ECLAC, 2021). Universality in access and affordability therefore implies ensuring no differentiation between care provision along income, class or privilege lines. This means that policy actions need to cover persons that may face multiple forms of discrimination, those that may be marginalized, underserved and who could be easily left behind, especially during times of crises (ESCAP/ASEAN, 2021).

In addition, ensuring quality takes into account not only the needs of those requiring care also but also adequate conditions for caregivers such as rest and decent working conditions, regardless of whether this care takes place in the labour market or in the home. For example, chapter VIII in Part II below shows how in Latin America there are wide gaps in incomes and employment rights between people with specialized care training and those who provide care without specific training or in an informal work setting. This means that quality care also means ensuring progress on formalization, training and certification of the skills and capabilities needed to carry out care work (ECLAC, 2022).

In some regions care workforce shortages are significant and the pandemic has highlighted, once again, the need to develop effective recruitment, training and retention strategies in all care sectors. While public investment in care is the key for solving care workforce shortages and creating decent work conditions, there is also a need to include investment in digital infrastructure for care services, whereby the pandemic has also highlighted the deficiencies in this regard (UNECE/UN-Women, 2021).

For a State to achieve this it also needs to have strengthened capacities and an institutional framework that can coordinate care policies.

2. Shared responsibility – reduce and redistribute

Reducing the care burden that falls on women requires redistribution and co-responsibility. Co-responsibility has two dimensions.

On the one hand there is social co-responsibility which implies that care should be addressed through a combination of efforts of all actors in society: the State (at different levels), the market, families or households, and the community—all of which have an equal and important responsibility to share in providing care in a sustainable and inclusive manner (UN-Women/ECLAC, 2021; ESCAP/ASEAN, 2021). This so-called “care diamond”—that refers to the distribution of care among the different actors— will take specific forms depending on specific situation in each country (Esping-Andersen and others, 2002 cited in ECLAC, 2022). It is important to note that the role of the State differs qualitatively from other institutions for its central role not only as service provider but also the decision maker and regulator when it comes to establishing the role, rights and responsibilities of the other actors (ECLAC, 2022).

The second dimension is that of gender-co-responsibility which refers to the possibility to transform the sexual division of labour by incorporating men into the care giving both within the home and in the labour market (UN-Women/ECLAC, 2021).

Co-responsibility for care, especially gender co-responsibility, requires addressing the social and cultural norms which have been shown to be the primary factor that reinforces the sexual division of labour. This includes challenging traditional mindsets and stereotypical beliefs on men’s and women’s roles in society and family. It can include transforming negative masculinities and normalizing public discourse that shows men as participating in domestic chores and care work. It also means engaging more men in paid care work—including by revising labour regulations that systematically exclude men from the right to exercise care (ESCAP, 2021), and this also contributes to advancing cultural norms of men’s roles in care taking (UNECE/UN-Women, 2021).

3. Intersectorality and coordination – State, territorial and regional

The above-described redistribution of care by sharing responsibilities both within and beyond households, demonstrates the complex and innovative nature of care policies which—in order to adequately capture the gender perspective and fully achieve objectives— require an intersectoral approach and coordinated efforts. This is the case both when it comes to the provision of services and benefits and their regulation. Care cuts across different sectors, hence for institutional coordination to be effective it needs to be based on clearly defined competencies and roles both at different levels (subregional, local and national) and among different sectors and institutions of the State (ECLAC, 2022).

This is what ASEAN and ESCAP report (2021) has deemed the whole-government approach. The authors of the report argue that comprehensive, transformative, inclusive and sustainable national legislations, policies and programmes are needed to address the multiple intersections of poverty, vulnerability and marginalization women face and that these require interministerial collaboration and coordinated national efforts.

ECLAC has also put forward a strong case for ensuring that care policy is based on a territorial approach that takes into account the care needs and demands within each territory. This is because the inequalities, especially gender inequalities, strongly reflect not only the characteristics of households (in terms of their composition, socioeconomic status, etc.) but also of the surrounding context, which can both lessen or exacerbate the care burden of households, time poverty and gender gaps (ECLAC, 2022).

Box III.2**Care policies with a territorial perspective: the District Care System (SIDICU) in Bogotá**

In the process to develop a district-wide care system in the city of Bogotá, ECLAC together with the District Secretariat for Women of the Office of the Mayor of Bogotá have established a set of gender-based indicators geared toward the design and implementation of the District Care System from a territorial perspective. A territorial approach to care policy means taking account of the socioeconomic, demographic and geospatial characteristics of territories and ensuring that care policy considers and is aligned with other territorially based interventions.

A key step has been the development of a map with georeferenced data containing detailed information on these indicators and their territorial basis. It was found, for example, that certain characteristics of the city's infrastructure (paved roads, basic infrastructure, sanitation) and different forms of transport have a significant impact on the burden of domestic and care work. Women are particularly dependent on public transport and non-motorized transport (cycling and walking) and are more likely to move around with packages, shopping, prams and children, and so feel the negative effects of any deficiencies most severely.

Likewise, people living in territories that lack basic services such as safe drinking water are subject to a number of adversities, including the additional costs of obtaining water from tanker trucks, negative effects on health and the opportunity cost of spending time carrying water, which particularly affects women.

All these factors point to the need to take a territorial approach to the design of care policies and services while taking particular care not to compromise the criteria of quality, adequacy and equity that characterize the universalist vision of public policy. Without an approach that fully reflects the sociodemographic, infrastructural and geographical characteristics of each territory and their concrete impact on the care economy, care policy could tend to reproduce and even increase the inequalities it seeks to address.

Source: Economic Commission for Latin America and the Caribbean (ECLAC), "Diseño y puesta en marcha del Sistema Distrital de Cuidados en la ciudad de Bogotá: un pacto político, social y fiscal", *Gender Affairs series*, November 2021, in press, cited in ECLAC 2022.

While effective care policies need to focus on territorial specificities, they can also benefit from regional collaboration. Regional collaboration and commitments are crucial for filling the gaps around fiscal, informational, administrative and other kinds of support. In addition, insights from one country or programme can be drawn out to benefit other countries and programmes (ESCAP/ASEAN, 2021). In Latin America and the Caribbean, the Regional Conference on Women is a unique intergovernmental forum which has been in place for over 40 years. It has been instrumental in providing not only a space for countries to exchange and learn from each other, but a long-standing intergovernmental space and platform which has allowed countries to reach ambitious commitments and support each other on the path toward creating a Care Society (ECLAC 2021a).

Finally, the design and implementation of care policies could be greatly enhanced if paid and unpaid caregivers and if the people needing care themselves, either individually or through representative organizations are involved. This is also the case when it comes to ensuring women's representation and voices are heard, especially women's lived experiences of providing care, which are required for policy programming to be care-sensitive and gender-differentiated (ESCAP, 2021).

4. Financial sustainability

Whether it is investing in care policies or services, or creating comprehensive care systems, economic commitments from public expenditure are required which should ideally take financial sustainability into account right from the beginning. Macroeconomic policies, especially fiscal policies that deal with revenue, expenditure and investment, need to incorporate objectives relating to the redistribution of care (ECLAC, 2022). Globally much has already been done to increase gender responsible planning and budgeting, as well as to adopt a gender lens in public financial management tools. In addition, it would be important to track and report on care-specific expenditures as part of the gender budgeting exercises (ESCAP/ASEAN, 2021). Studies such as some of the ones cited at the beginning of this Chapter are important for demonstrating the important impacts investments in care policies can have employment, tax revenues and income inequality.

When it comes to financing comprehensive care systems, ECLAC argues that the resources allocated must be adequate, non-transferable and sustainable, and must cover all levels and areas of public policy. From this perspective it is important to develop a sustainable financial plan, which takes into account the budgetary requirements of all the different government agencies involved in care policies, obtained through costing exercises (ECLAC, 2022).

Tax policies can play a central role for an inclusive and sustainable recovery from the pandemic, to create the fiscal space which is otherwise a core constraint for care-focused investment. Efforts to promote progressive and inclusive tax systems in the aftermath of the pandemic will have to address dimensions of equality and care (Mooij et al. 2020 cited in UNECE/UN-Women, 2021).

To make more resources available for care policies, regional cooperation and the implementation of tax policies can help combat tax evasion and avoidance and illicit financial flows, and thus improve tax collection from the groups with the highest levels of income and wealth via corporate income tax and wealth and property taxes, among others (ECLAC, 2017 cited in ECLAC, 2022).

Decision makers should avoid fiscal austerity and procyclical policies under the assumption that the market is the most efficient allocator of resources as these will not contribute to address inequality gaps. Instead, the recommendation is to opt for countercyclical fiscal policies that incorporate the gender perspective into their design (Bidegain, Scuro and Vaca-Trigo, 2020).

In smaller and highly indebted countries, agencies of the United Nations and intergovernmental organizations could provide time-limited support for the implementation of care policies, as essential for the realization of gender equality and women's rights objectives.

An additional consideration when it comes to fiscal policies which can have an impact on women's unpaid care burden is the need to conduct gender impact studies before and after fiscal policies are implemented to prevent these having an explicit or implicit negative effect on the overload of unpaid and care work, and thus on women's time and monetary poverty (ECLAC, 2022).

It is important to consider that to an extent care policies are self-financing increased income tax from earnings of women, increased indirect tax from higher consumption and reduced social spending on unemployment benefits or social assistance, whereas in the long run, the benefits are accrued in human capital gains and earnings for children; accumulated earnings of women who stay in the workforce and acquire social security benefits; and reduced spending on other social services, like health and dependency payments (World Bank Group, 2021 cited in ESCAP, 2021).

5. Data collection and analysis on care and gender

As chapter I of this study has shown there are significant disparities across the globe when it comes to the systematic collection of time-use statistics and data. While many countries have at some point undertaken efforts to measure time-use, only a few have a mandate, earmarked resources or periodicity in collection and analysis of data on unpaid care work. There are also significant challenges when it comes to broader gender statistics and indicators, although many countries have now recognized the importance of collecting gender-sensitive data and have made advances in this direction.

Improved data on care is important both for assessing impact on care from any policy decision and for gender-responsive budgeting. It supports evidence-based decisions regarding investment in the care economy. This data is important for the design but also for monitoring care provision in order to address any existing inequalities such as those due to geographical region, age and income group etc. In addition, the cost and benefit of investment in care in terms of employment creation and quality of care, among other factors, should ideally be systematically evaluated based on a transparent expenditure monitoring and reporting system (UNECE and UN-Women, 2021).

The Sustainable Development Goals have underscored the importance of unpaid care work to gender equality and women's empowerment through Target 5.4, the achievement of which is measured through indicator 5.4.1 which is the proportion of time spent on unpaid domestic and care work, by sex, age and location. Governments committed to the achievement of the SDGs therefore have the mandate to collect time-use statistics and indicators in order to monitor progress toward SGD 5.

For data collection on care to inform policy, additional considerations to keep in mind are reliability of data (using good instruments and accuracy by trained collectors); accessibility of data (to State officials and policy researchers alike); and analysis of data (for policy relevance to inform evidence-based policy recommendations) (ESCAP/ASEAN, 2021).

An additional advance would be for countries to seek to align methodology for collection of time-use statistics, at least at the regional level initially, which would allow for data to be standardized and comparable. Important advances in this regard have been attempts to harmonize time-use surveys in Latin America and the Caribbean which date back more than a decade and have recently culminated in the adoption of the Methodological guide on time-use measurements in Latin America and the Caribbean by governments at the XI Statistical Conference of the Americas (CEA) in November 2021.

C. Concluding remarks

The COVID-19 pandemic has brought new light on the relevance of care for social well-being and sustainable development, goals that have long been on political agendas and are firmly enshrined in the SDGs (UNECE and UN-Women 2021). Indeed, it has made it clear that that sustainable development was unviable without care work (ECLAC, 2022).

The case studies presented in Part II reaffirm the two-way relationship between care and the COVID-19 pandemic. On the one hand the pandemic has exacerbated the pre-existing care crisis as well as having a differentiated and disproportionate impact on women, in particular women's economic autonomy.

On the other hand the care economy also plays a central role in the fight against the COVID-19 pandemic, at different levels —being essential in the fight against the infection, the protection of vulnerable groups of the population, the education of children and the physical and psychosocial support for everyone affected by the pandemic.

As this chapter has shown, investing in care could also be a crucial strategy to boost the economy while providing vital policies for the promotion of women's autonomy and gender equality, essential to offset the negative impact of the pandemic on women's rights. While most countries have undertaken palliative measures to mitigate the immediate consequences of the crisis, not all of these have taken the gender dimension into account, and the medium- and long-term impact of these measures has yet to be evaluated fully. In the long-run, and in light of the ongoing crisis, what is needed is a rethinking and reorientation of patterns of production and consumption —new ways of designing businesses, economies, global trade, fiscal and monetary policies, infrastructure, environment and social security systems. The guiding principles offered above are a first important step toward building or strengthening care systems, with the aim of redistributing time and resources, thus contributing to efforts to build more resilient, equal and sustainable economies and societies.

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Part II

Regional and national case studies

IV. The impact of COVID-19 on the care economy in Africa

Dr. Seithati Maria Motebang

Introduction

According to Ataguba (2020), recent analyses of the economic implications of the COVID-19 pandemic have focused mainly on global and macroeconomic impacts, which is only one part of the bigger picture of economic impact. This is especially the case in Africa, with its high disease burden, poorly developed infrastructure and safety nets and weak health systems. For example, the first comprehensive report on COVID-19 from the Brookings Institution modelled the implications of the COVID-19 pandemic on macroeconomic outcomes and financial markets. The preliminary analysis in that report showed that the containment of the COVID-19 pandemic would have an impact on global economies in the short term. Interestingly, that report concluded that significant costs associated with the COVID-19 pandemic “might be avoided by greater investment in public health systems in all economies but particularly in less-developed economies where health care systems are less developed and population density is high” (p. 1). Ataguba (2020) further argued that it is crucial to highlight that the costs associated with the COVID-19 pandemic are not just about direct financial outlays but include the opportunity cost. For example, the opportunity cost of an individual’s time not spent in productive work activity due to COVID-19 is the productivity cost to an employer.

The microeconomic costs of the COVID-19 pandemic relate to those borne by individuals/ households, firms and other establishments like schools, hospitals, clinics, health centres, health facilities, health workers and the government. These include the burden of morbidity and mortality. With the COVID-19 pandemic, families may bear costs for diagnosis and treatment where, for example, they are not covered by the government or health insurance schemes. Even where these costs are covered, households may still incur co-payments, transport costs and other related expenses, including the indirect

costs of care. Out-of-pocket health spending remains high in many African countries and could be as high as > 70 per cent of current health expenditures as in Cameroon, Comoros, Equatorial Guinea, Guinea Bissau and Nigeria. The COVID-19 pandemic could exacerbate the burden of out of-pocket health spending on households in Africa and dampen financial protection for health. Any restriction on or removal of the ability to work and earn a living, especially for informal workers who are predominantly women and account for about 89 per cent of all employment in sub-Saharan Africa, will put a strain on families. The precarious nature of informal work, as evidenced by the absence of a contract or income protection, means that their sources of livelihood may be impacted significantly by the COVID-19 pandemic, especially when countries experience lockdown (Ataguba, 2020).

Such financial modelling analysis is likely to omit the care economy especially in the informal sector and homes, as well as unpaid care sector in which women are the majority by virtue of the gender division of labour. The COVID-19 pandemic has had more devastating impact on women in the already more fragile economies of Africa because the women are already more marginalized from the mainstream economic development. The case studies that follow are intended to demonstrate the diverse and yet in some cases similar consequences of the COVID-19 in the care economy. Most macroeconomic considerations have tended to ignore the structurally gendered dimensions of the COVID-19 crisis. They ignore the fact that women continually meet the daily and generational needs of poor working-class households in the absence of adequate provisioning by the State and market (Ossome, 2021). Existing policy responses and recommendations do not account for the reproductive structure of African households, and essential-care activities remain uncounted by GDP. While data on the social and economic cost of the pandemic on the continent is still scant, available data highlight the grossly underestimated household reproductive needs in State provisioning (Ossome, 2021).

It is a known fact that women in Africa make a sizeable contribution to Africa's economies. Women are more active as economic agents in Africa than anywhere else in the world. They perform the majority of agricultural activities, own a third of all firms and, in some countries, make up some 70 per cent of employees. Over and above their income-earning activities, they are central to the household economy and the welfare of their families, and they play a vital —if sometimes unacknowledged— leadership role in their communities and nations. African women spend too much time in unpaid activities such as collecting firewood and water. While African women work 50 per cent longer than men, the gender gap between men and women is very wide (African Development Bank, 2015). Still, during the Global Gender Summit held in November 2019, it was revealed that 70 per cent of women are financially excluded in Africa. Due to the \$ 42 billion financing gap, they are constricted to low-value-added occupations and subsistence-level agriculture, getting marginal returns and barely breaking the barrier into more productive pursuits. It is estimated that achieving gender parity could take Africa up to 140 years —a costly period for the continent, considering that unlocking the unparalleled economic opportunities in Africa is urgent and will require the full participation of both women and men. Women account for 70 per cent of informal cross-border traders in Africa where they often face security issues. Women in Africa generally face other obstacles that make it difficult to participate meaningfully in economic and social development. These include inferior legal minority status which make it difficult to make independent decisions about issues such as opening bank accounts, taking credit, obtaining passports and where to live. They are also discriminated when it comes to education. Boys' education is prioritized over that of girls. Some girls are also forced into early child-marriages, female genital mutilation and rising levels of sexual violence (Maningi, 2021).

Against this backdrop, the care economy however, tends to favour women more than men although the activities are substantially more labour intensive. The care economy, both paid and unpaid work activities provide direct and indirect care necessary for the physical, psychological, social well-being of primarily dependent groups such as children, the elderly, disabled and ill, as well as prime age working adults. The gender composition of the care employment, care services expansion

creates new jobs particularly for women and promotes gender equality, narrows gender economic gaps (Ilkkarcan, 2021). The disruption of the economies that was caused by lockdowns such as closures of schools, restaurants, limitations in access to domestic work and care services increased the demand for household production and unpaid work.

The responses of many low- and middle-income households to COVID-19 in Africa were mediated by the State through various means including direct cash transfers, food distribution, and distribution of rural agricultural produce to urban areas, in response to the social reproduction crisis that the pandemic precipitated. However, it has also been argued that most of these early “stimulus packages” assumed that the “pandemic shock” would be short-lived and easily reversible, and have largely ignored addressing the unsustainability, inequality, instability and other vulnerabilities of their economic, social and ecological systems. Thus far, African countries have only been able to adopt stimulus packages worth on average 0.8 per cent of GDP, in comparison to an average of 8 per cent in advanced capitalist countries (Ossome, 2021).

Beginning in March 2020, quarantine restrictions, mandatory curfews, and bans on public gathering bans were implemented in order to stem the spread of COVID-19. These measures required that only industries categorized by the government as “essential” were allowed to continue operation outside of the home. Notable in cross-country responses is the ways in which what was considered essential was mainly care labour broadly defined. Lockdown protocols in South Africa did not exempt the informal economy, and specifically food sellers were not allowed to continue while supermarkets were allowed to trade. The centrality of the rural-urban food supply chain was illustrated in Kenya too, where public transport vehicles were converted for courier service to transport food from rural to urban families on a daily and weekly basis. Informal sector workers of whom women constitute a majority, were the most affected by ongoing curfew restrictions.

According to Ossome, (2021) to varying degrees, many African countries have seemed to borrow from Keynesian interventions aimed toward lessening the dire impacts of the economic shock on working people. In Kenya, for instance, the set of fiscal and monetary interventions tabled by the government included 100 per cent tax relief for persons earning a gross monthly income of up to Kshs. 24,000 (\$225), reduction of income tax rate (Pay as You Earn) from 30 to 25 per cent, and reduction of the Value Added Tax from 16 to 14 per cent. These measures were clearly aimed at relieving low wage and precarious earners. The “rescue package” proposed by the South African government of R500 billion (\$26.3bn) was primarily earmarked to fund health-care interventions and for special increases in the monthly social grants upon which more than a third of its population relies for survival. Fiscal and monetary responses across African countries, however, belie economic structures that are predominantly engaged in the precarious and informal sectors, and which retain fundamental (if statistically, increasingly insignificant by GDP measure) links with the agrarian economy.

The case studies represented below are of three African countries which are diverse and yet similar in some respects in the way they dealt with COVID-19. Egypt is the third largest economy in Africa after South Africa and Nigeria. It has a GDP of \$ 237.1 billion and a diversified economic system with key sectors such as tourism, services and agriculture (Olawale, 2022). South Africa is the second largest economy with a GDP of \$ 349.3 billion. It is the most industrialized country in Africa. The World Bank puts it in the category of upper middle-income economy. It is also characterised by high unemployment. Unlike other African countries, it has one of the lowest shares of informal workers, accounting for about one-third of all workers and their contribution is estimated at ~ 10 per cent of the country’s gross domestic product (GDP). While there may not be a full impact on informal work, the 10 per cent of South Africa’s GDP is higher than the share of total health expenditure in the country’s GDP (~ 8 per cent). The impact on other African countries with a relatively high informal sector will be more significant (Ataguba, 2020). Kenya was one of the fastest growing economies in Africa, with an annual average growth of 5.9 per cent between 2010 and 2018. With a GDP of \$95 billion, Kenya recently

reached lower middle-income status and has successfully established a diverse and dynamic economy based on construction, tourism and agriculture. It also serves as the point of entry to the larger, 300 million East African market (USAID, 2021).

A. South Africa

South Africa has a population of 59 million. Its first identified case of COVID-19 was on March 5, 2020. To date only 50 per cent of the adult population has been vaccinated. 95,835 people have succumbed to the virus. Prior to the COVID-19 pandemic, the value of the Human Development Index in South Africa was 0.705, which is position 113 out of 189 countries. The country has made considerable progress over the past 27 years in poverty reduction and human development, through a number of strategic measures that include improvements in access to basic services (electricity, water, and sanitation), the provision of houses through State programs, and the expansion of social assistance which have improved living standards for millions of South Africans (Department of Social Development (DSD) 2020).

Before the pandemic, unemployment was at 6.7 million people or 29 per cent of the population, and 4.3 million people did not have access to piped water. There are 30.9 million South Africans living in poverty (UBPL), roughly 55 per cent of the population (DSD). 2021 South Africa went into a hard lockdown on March 26, 2020, with Level 5 disrupted all major economic and social activities in the country including manufacturing, hospitality, education, sports, arts and culture. The restrictions allowed only essential services such as supermarkets, hospitals, some manufacturing industries, bus services, taxi services, e-hailing and private motor vehicles operating at restricted times, with limitations on vehicle capacity and stringent hygiene requirements. No interprovincial movement of people was allowed except for transportation of goods and exceptional circumstances. By level 1 all major economic activities and education were restored except for sports with spectators. All modes of transport, with stringent hygiene conditions in place and interprovincial movement was allowed with some restrictions on international travel. All these restrictions impacted on major sectors of the economy, including and particularly on the activities in the care economy, both paid and unpaid and more so on women.

Table IV.1
Profile of the workforce
(In million)

Variable	Male	Female	Total (male + female)
Population above 15 years of age	20.43	21.76	42.18
Labour force	12.76	10.61	23.38
Employed	9.33	7.31	16.64
Unemployed	3.44	3.30	6.74
Not economically active	7.66	11.14	18.81
Discouraged work-seekers	1.35	1.51	2.87
Other (not economically active)	6.31	9.63	15.94
<i>Rates (percentages)</i>			
Unemployment rate	26.92	31.11	28.82
Labour-force participation rate	62.49	48.78	55.42
Work force participation rate	73.08	68.89	71.18

Source: Statistics South Africa, 2019.

The South African economy slowed down in third and fourth quarter of 2020. Loss of income to the workforce is estimated at R 89 to R 96 (\$5.74 to \$6.2) billion during the 65 days of lockdown at levels 5 and 4. An estimated 2.6 million informal workers in micro and small enterprises were impacted in the same period, resulting in estimated income between R 15.7 and R17.0 (\$1) and \$1.09) billion. 25 per cent of informal workers who are just above the are likely to fall into poverty. It was estimated that Formal sector enterprises needed assistance of up to R 114 000 (\$7,300) on average per firm for each quarter. Out of this R 68 400 (\$4,412) would be toward employee cost that could be funded from the National Treasury's budget head *Job Creation and Support to SMME and Informal Businesses* and the remaining R 45 600 (\$2,903) assistance could be to facilitate their working capital needs through a *Credit Guarantee Scheme*. Similarly, each informal sector enterprise may need up to R 86 000 (\$5,548) on average per firm in each quarter. This need could be wholly met through the *Job Creation* scheme as they may not qualify for a credit guarantee scheme. In addition, the Special COVID-19 Social Relief of Distress Grant for a period of six months to Own Account Workers, those who "Do not know" size of their employers, and discouraged job seekers was estimated to be R 18 (\$1,1) billion. The Expanded Public Works Programme (EPWP) provided relief to impacted construction and eco-restoration workers for a period of 6 months through an outlay of R 10.7 (\$ 0.69) billion comprising R 2.2 (\$0.14) billion for the informal sector and R 8.5 (\$0,54) billion for the formal sector (DSD, 2020).

1. Women in South Africa

Women in South Africa face multiple challenges and these have worsened with COVID-19. Before COVID-19, women already faced a greater burden of poverty and hunger, low income, unemployment and underemployment and economic participation, and gender-based violence. Almost 50 per cent of female-headed households live in poverty compared to just under a third of male-headed households. Most women are employed in low-paying, insecure, and informal jobs such as domestic work or administrative functions which are not usually a priority for companies accessing the government relief measures or contemplating retrenchments. Women also play a key role in the care economy. They constitute (294, 675 which is 70 per cent of the total teachers' population) (DBE, 2016). In addition, domestic workers constitute 8 per cent (1 million) of the workforce and have been largely unable to work during lockdown. Women undertake three times the amount of daily care work that men do, on average, and care that was previously undertaken by public institutions (education) has largely fallen on women during lockdown (Department of Social Development (DSD) 2020).

South Africa has one of the highest inequality rates in the world in which the bottom 60 per cent hold 7 per cent of the net worth. Poverty is to a large extent predicted by sex, race and location. Poverty is higher in rural areas where 60 per cent of the population resides. Poverty is higher among, single, rural women at 51 per cent compared to 31 per cent male-headed households (Stats SA, 2020).

(a) Gender gap in the informal sector

A higher per centage of males and females in informal employment worked between 31–45 hours per week. Females were, however, more likely than males to do so. Results indicate more than a third of females in informal employment worked more than 46 hours a week (31,4 per cent in 2013 and 30,6 per cent in 2019), while males worked even more at 46,7 per cent in 2013 and 45,6 per cent in 2019—indicating overtime according to the Basic Conditions of Employment Act (Statistics South Africa, 2019).

A study by Casale and Posel (2020) made the following observations with regards to how COVID-19 impacted in the economy, but especially women:

Women's employment fell by relatively more compared to men's because of the crisis and 'hard' lockdown. In February 2020, or pre-crisis, 46 per cent of women and 59 per cent of men aged 18 and older reported being employed. In April 2020, or the month of the 'hard' lockdown, 36 per cent of women and 54 per cent of men reported being employed (or having a job to return to). This amounts to a 22 per cent decline in the share of women employed compared to a 10 per cent decline in the share of

men employed between February and April. The gender gap in employment has therefore grown. Among those working, women experienced a greater decline in the average number of hours worked a week than men. In February, women were working on average 35 hours a week and men 39 hours. In April, the average hours worked per week had fallen to about 23 hours for women and 29 hours for men. This constitutes a 35 per cent decline for women and a 26 per cent decline for men. As with employment, the gender gap in hours worked among the employed has therefore grown. Where job losses occurred, women suffered more, and where job gains were made, women benefited less. The two points above describe the overall employment picture, but between any two time points, both job loss and job gain occur. Among those who were employed in February 2020, job losses were much larger for women than for men; 30 per cent of women who were employed in February were no longer employed in April 2020, compared to 20 per cent of men. Among those without employment in February, job gains were much lower for women than for men; 7 per cent of women who were not employed in February were employed in April, compared to 16 per cent of men. Of the approximately 2.9 million net job losses that occurred between February and April 2020 among all adults aged 18 and older, women accounted for two-thirds. Because women were more likely than men to have lost a job and less likely than men to have gained a job, overall, women accounted for the bulk of net job losses. Although women comprised less than half of total the employed in February (47 per cent), they accounted for the majority (66 per cent) of the net job losses between February and April. The more vulnerable groups of women (and men) suffered greater job losses. The per centage of those employed in February who had lost their job by April was higher for Africans (compared to other racial groups), those in the lower earnings brackets (based on February's earnings), and those without a tertiary education.

According to DSD (2020) access to contraception and maternal care as well as routine programmes (HIV, TB) have been disrupted. Gender-based violence within the home appears to have increased markedly, although this is difficult to assess. The need to support businesses and sectors that impact women (e.g., small holdings, many SMME in the informal sector) and to require recipients of large-scale rescue grants to consider the interests of women employees who may be particularly vulnerable was also identified.

The narrative below depicts the extent to which women are key players in the care economy in paid and unpaid care and how their participation was affected. The case study covers mainly four of the Care Economy sectors in which women dominate, namely: education, health, social welfare and domestic work.

2. Education

South Africa has approximately 13 million students in the basic education systems. One half of public schools have no Internet, a quarter have no running water, and over 10 per cent have no perimeter fence and no electricity (Department of Social Development, 2021). These conditions made strict adherence to COVID-19 regulations difficult to achieve and consequently schools had to be closed while strategies to cope with the pandemic were being developed. In their annual report of 2020/2021, the DBE acknowledged that 9 months of schooling were lost due to COVID-19 and that teachers, non-teaching staff and basic education stakeholders played a crucial role in saving the academic year. There are two educational levels in which women are the majority of grades employees, namely basic education (which includes Early Childhood Development and grades R to 12). There is a total number of 418, 613 teachers in the basic education sector. Women comprise 294, 675 (70 per cent) of teachers. The median salary for teachers is R194,000 (\$12,516) per annum.

Schools were closed in March 2020 and special measures were put in place to lessen the impact. These measures included broadcast support (radio and television), video tutorials and online learning. Teachers had to be taught how to deliver lessons using the new methods and were under immense pressure to adapt. Special guides for teachers to use the new methods were developed as well as psychosocial support resources to cope with stress during the outbreak. There was added pressure of

additional responsibilities that were placed on teachers to ensure compliance to social distances and other measures that were introduced to manage the outbreak. Physical classes resumed in July 2020 on a rotational basis. The schools only opened in full in February 2022. This meant that children spent almost two years attending school from their homes adding to the burden of care and supervision that was mostly provided by mothers or other women guardians.

(a) Early Childhood Development (ECD)

Women play a critical role as primary caregivers in ECD either as parents or ECD practitioners. ECD initially fell under the Department of Social Development (DSD). ECDs are registered as Non-Profit Organizations under the DSD and are provided subsidies, curriculum and training by government. However, a pronouncement was made in February 2019 to move the function to the Department of Basic Education (DBE). This was in recognition that ECD is less of a child protection function and more of an early learning function and would assist to streamline continuous education and create greater resource allocation into ECD. This transfer will be completed in April 2022. Meanwhile the current COVID-19 mitigation measures for ECDs were administered by DSD from a financial assistance perspective but by DBE from an Occupational Health and Safety perspective.

There are approximately 225 862 ECD practitioners, the majority of whom are women. This figure excludes play assistants and day mothers. The average ECD practitioner's salary is US \$5 419. There are 3,8 million children below the age of 6 are enrolled in ECD centres. At the onset of the lockdown all schools closed in March 2020. Even after ECD centres reopened it was revealed that by 2021 there was a decline of 2.3 per cent in the enrolment of children below 6 (Gustafsson, 2021). Although it is not easy to make a tested relationship between this drop and COVID-19, Mkhabele (2021) stated that a survey in 2020 revealed that many ECD facilities closed down and did not recover from the economic impact of COVID-19. Forty-eight (48 per cent) of the respondents (parents) said they could no longer afford the fees due to their socioeconomic status. It is worth noting that ECD practitioners were not included in initial preferential roll-out of COVID-19 vaccines for frontline workers and teachers.

The South African government introduced an ECD stimulus relief to recover from the loss of income by subsidizing the cost of employment. Each practitioner received a once-off payment of US\$288. It was limited to only four staff members per ECD (Mkhabele, 2021). 116 102 ECD employees benefited from the stimulus package to the tune of R28, 194 million (DSD, 2021b).

Most families with children therefore would have had their children at home for an extra 5 to 9 hours a day from March 18, when school closures began. In addition, during the hard lockdown phase (March 27 to April 30) domestic workers and childminders were unable to continue working in private households. While most parents would have also been in lockdown from March 27, along with their children, some would have been trying to work from home and others would have continued to work outside the home as essential workers. Pre-lockdown, women were responsible for more unpaid work than men in South Africa.

(b) Childcare

The COVID-19 crisis and lockdown destabilised work not just in the paid economy, but also in the unpaid (care) economy, with the childcare burden increasing substantially. With schools and ECDs closed, domestic workers and childminders were unable to work in private households. This raised the provision of childcare in households with children considerably. Because women are more likely to live with children than men, the relative increase in the childcare burden would be higher for women than men. At the time of the interview, 74 per cent of women and 61 per cent of men reported living with at least one child aged 0-17, and among those living with children, women lived with a larger number of children on average than men. Among those living with children, a larger per centage of women than men reported spending more time than usual on childcare in April 2020 (Casale & Posel, 2020).

Ordinarily, women, on average, perform over 2.2 hours more unpaid housework and care work per day than men; and this figure rises to about 3.3 hours more if a child under the age of 7 is present in the household. This is unsurprising given that a large share of children lives with their mothers only (43.1 per cent) or with both their parents (33.8 per cent), and only a very small percentage lives with just their fathers (3.3 per cent) (Statistics South Africa 2019, based on 2018 General Household Survey data). Where children live with neither parent, they are often in the care of another female relative, often a grandmother (Hatch and Posel 2018; Posel and Grapsa 2017). The expectation therefore is that during the lockdown phase, women would carry much of the additional burden associated with having children at home all day, eating, playing and in some cases learning in the same space.

About 73 per cent of women and 66 per cent of men living with children reported spending more time than usual looking after children in April 2020. About 80 per cent of women and 65 per cent of men reported spending more than 4 extra hours a day on childcare. A gender gap in childcare persists even if the sample was restricted to men and women with a post-secondary education or with employment in April (Casale & Posel, 2020).

3. Health care

South Africa spends 8.7 per cent of GDP on healthcare. Of this, 43 per cent is public expenditure catering to 84 per cent of population. Thus, most of the spending on healthcare is private, catering for fewer than 20 per cent of the population. This indicates a highly inequitable health system, which government is trying to improve the situation through major health sector reforms, including the introduction of National Health Insurance (NHI). There are 814 health-care facilities nationally (DSD, 2020). There has been a shortage of skills in the nursing profession due to among other reasons emigration to other countries that offer better pay. The Health and Welfare Sector Education Training Authority (HWSETA) showed that the positions for Registered Nurses and Nursing support workers ranked first and third in scarce priority occupations (HWSETA, 2017). Wage disparities within the Health and Social Development Sector and between the sector and other sectors of the economy also have a direct bearing on organizations' ability to fill vacancies.

In South Africa there are vast differences in the working conditions of public servants and those in the private sector. In the public service the freezing of clinical posts leads to untenable burdens on the remaining clinical staff who are already stretched to breaking point (HWSETA, 2017). This in turn creates a 'domino effect' leading to more resignations and eventually to the potential collapse of poorly staffed district hospitals and community health centres. Poor working conditions also undermine the implementation of government policies. For example, it is reported that the DoH failed to attract a sufficient number of GP from the private sector to do session work at NHI pilot sites with poor working conditions and remuneration levels among the reasons given. As a result of the nature of the work environment, the health and social development workforce are exposed to major occupational health risks associated with serving members of communities with a high TB and HIV disease burden. As a result of HIV/AIDS, skilled workers leave the sector prematurely, either because they fear infection, become ill themselves, or need to care for others who fall ill. These risks impact directly on service provision, staff retention and employers' operational costs.

Health professionals are highly mobile and are often attracted to better career opportunities in more resourced countries. Migration of health professionals from South Africa is conservatively estimated at 25 per cent. This mobility depletes the skills base locally, affects the quality of health services and the working conditions for the remaining workforce. Recent research found that it is common for nurses to hold multiple jobs (i.e., to be engaged in moonlighting) and to work excessive overtime. More nurses are opting for temporary employment via nursing agencies that contracts the nurse to health providers in the public or private sector. This has an effect on the filling of permanent positions (HWSETA, 2017).

COVID-19 demonstrated limited capacity to cope with sudden increase in demand for health care services. Health-care workers were exposed to risk and extreme working conditions (Ilkharacan, 2021). Nationally there are 32 medical practitioners per 100 000 population. This low doctor patient ratio results in the bulk of health-care services are provided by nurses in the 3240 primary health care clinics. Consequently, nurses were at the forefront of the fight against the virus. On healthcare in particular, spending was increased by R 20 billion for frontline health services, to support the treatment of those affected by COVID-19, as well as to manage its spread through mass testing and contact tracing, and the procurement of personal protective equipment. Frontline staff were also prioritized for the first roll out of the vaccine in February 2021. Women are overrepresented in the nursing profession as indicated in the table below.

Table IV.2
Nursing staff
(Number of nurses)

Sex	Registered nurses	Enrolled nurses	Nursing auxiliary	Total
Females	138 681	50 556	57 992	247 234
Males	17 711	5 928	5 542	29 181
Total	156 392	56 484	63 539	276 415

Source: South African Nursing Council (SANAC), 2022.

The South African Nursing Council (SANAC) is the regulatory body responsible for registration of nurses as well as ensuring adherence to norms and standards. It prioritized communication to its staff and members during these period, and utilized channels that would effectively reach staff during the lockdown period through videos (motivational), posters (Occupational Health and Safety), WhatsApp groups (departmental), Regular check-ins with staff via WhatsApp and sending updates and emotional support messages and to create awareness among staff and clients about COVID-19 and its prevention. Furthermore, the SANC contributed to the pandemic by allowing free restoration for nurses who qualified, were no longer on the SANC Nurse Register and were volunteering to assist during the pandemic. The free restoration allowance is for the official disaster period only.

The assessment of the impact of COVID-19 by the DSD 2020 predominantly focused on the health infrastructure, procurement, bed-occupancy rates etc to the neglect of the impact on the well-being of health professionals. This was despite that health services staff had to be re-purposed from existing chronic illness support and they worked extended hours and they were at higher risk of infection due to exposure to patients.

4. Social protection relating to the care economy

South Africa has a relatively comprehensive social assistance system (social grants). The bulk of social assistance transfers are unconditional transfers that are targeted at poor and vulnerable individuals such as children, older persons and persons with disability. According to National Treasury 17.6 million beneficiaries received monthly grants in 2018/2019, and it is estimated that 18.7 million beneficiaries will receive social grants in 2021/22. In 2018 the per centage of households that receive at least one social grant stood at 44 per cent. More than one-third of African individuals (33.9 per cent) received a social grant, 29.9 per cent of coloured individuals, and 12.5 per cent of Indian/Asian individuals. Only 7.5 per cent of the white population received grants (DSD, 2020).

South Africa's social protection system has been especially effective in reducing poverty, and if further harnessed to extend its coverage and allocations it can help build resilience, protect the gains achieved and prevent another lost decade in development.

Table IV.3
Types of social grants in South Africa

Type of grant	Description	Amount (South African Rand and its equivalent in US Dollar)
Old Persons' Grant (1)	Women over 60 and men over 65.	R 1 890 (\$122)
Older Persons' Grant (2)	Anyone Over 74.	R 1 890 (\$122)
Disability Grant	18 or older but who are younger than pensionable age, whose disability will last more than a year and who cannot support themselves because of the nature of their disability.	R 1 890 (\$122)
Grant in Aid (GA)	Older people or Disability or War Veterans who need full-time care because of their physical or mental disability.	R 460 (\$30)
Care Dependency (CDG)	For people who care for children with severe disabilities and who are in need of full-time and special care. This applies to parents, foster parents and court-appointed caregivers.	R 1 890 (\$122)
Foster Child Grant (FCG)	Children who are placed in the care of a person who is not their biological parent such as grandparent.	R 1 050 (\$68)
Social Relief of Distress (SRD)	A temporary grant awarded to people in dire need. It may be paid out to people in various circumstances, including to people awaiting payment of an approved social grant, or who have been affected by a disaster, such as severe flooding.	R 350 (\$22)
Child Support Grant (CSG)	Child Social Grants (CSG) is payable for the child from birth to 18 years to a primary caregiver who cares for a child or up to six children who are under the age of 18. The caregiver can be the mother, father, grandparents, relative, friend or any other of the child or children. It is aimed at lower-income households to assist parents with the cost of basic needs of the child.	R 460 (\$30)

Source: Department of Social Development in South Africa (2021a).

The criteria for the grant the Social Relief of Distress Grant (SRD) was: South African citizens, permanent residents or refugees registered with Home Affairs; resident within the borders of the Republic of South Africa; above the age of 18; unemployed; not receiving any income; not receiving any social grant; not receiving any unemployment insurance benefit (UIF) and does not qualify to receive UIF; not receiving a stipend from the National Student Financial Aid Scheme (NSFAS); not receiving any other government COVID-19 response support; and not a resident in a government funded or subsidized institution (DSD, 2021). In the period May to November 2020, SASSA received 9,537,077 applications (with more males applying). Of these 6,449,916 (67.6 per cent) were approved, with men making up 67.9 per cent (4,379,331) of approved Special COVID-19 SRD grant applications compared to only 32.1 per cent (2,070,285) women. The age distribution from the information collected by SASSA shows that applicants below age 20, age groups 20-24, 25-29 and 30-34 when combined make up 61.3 per cent of all applicants. However, when analysis of age and gender distribution is undertaken, it shows that in the 18-24 years and the 49-59 years age categories more women than men applied. The lower applications submitted by women were at their peak reproductive ages. This suggests that the receipt of the Child Support Grant (CSG) was a key factor driving the applicants submitted by women (DSD, 2021).

During lockdown the situation changed drastically for both individuals and households as 42.93 per cent recipients and 49.85 per cent rejected were not able to look for jobs like they used to prior to lockdown, 32.68 per cent recipients and 33.71 per cent rejected lost their jobs, and 26.26 per cent recipients and 22.44 per cent rejected were not paid during lockdown. A further 18.69 per cent recipients and 13.32 per cent rejected reported that they stopped their business because of lockdown. The main issue for the respondents (53.49 per cent) was that they were not able to look for jobs like they used to because of the lockdown. Other respondents answered that they lost their job (11.07 per cent), were not paid during lockdown (9.40 per cent) and for 9.66 per cent 'stopped my business because of lockdown' (DSD, 2021).

The Rapid Assessment study (DSD, 2021) found that the grant was mostly used to purchase food, as reported by 93.3 per cent of surveyed applicants. Electricity was a distant second choice with 31.85 per cent of respondents saying that they use the Special COVID-19 SRD grant to purchase this commodity. This result and observation support and is in line with studies and research conducted in South Africa on the use and benefits of social grants.

The government also leveraged its existing transfer programmes, making available R50 billion to top-up social grants and introduced a COVID-19 distress grant of \$22 per person for 6 months to ensure that low-income households can meet their basic needs. Women and children were in the majority of recipients.

In addition to social grants in response to COVID-19 and the lockdown, the Development (DSD) also provides food parcels to indigent families based on needs that are identified by local government officials. The DSD shifted its food provision from centre-based feeding using the country's existing network of Community Nutrition and Development Centres (CNDC) to food parcels distribution as a short-term relief measure. The Department partnered with the Solidarity Fund and SASSA to distribute additional food parcels in partnership with other National Food Relief Organisations. As of May 20th, a total of 788 283 food parcels had been distributed to 3.15 million people across all provinces. While there seems to be a sufficient food supply in South Africa and the government has provided much needed food parcels, there are indications that access to food is a problem (DSD, 2020).

(a) Social Service workers

These are classified as any person registered to render a service within the social sector according to the Social Service Practitioners' Act 110 of 179. A draft Social Service Practitioners' Bill of 2019 was developed to augment the powers and functions of the old Act. Among its functions are the establishment of the South African Council for Social Service Practitioners (SACSP) which will be a juristic person. The SACSP will among other things recommend minimum standards for practice, practical training and qualifications, competency framework and conditions required for the registration of practitioners (DSD, 2020 (c)). There are 48,000 registered social service professionals in South Africa.

Social workers form part of the social protection services for individuals, groups, and communities to become capable and active participants in the development of their societies. There are 31,000 social workers of whom 85 per cent are women. The average salary is R238 942 (\$15,415). There has been a shortage of social workers in South Africa for many years. The HWSETA Sector Skills Plans of 2017 showed that social workers were the second highest occupation that was listed as having high vacancy rate following Registered Nurses. In 2016 four of the provincial departments of social development that reported high numbers of social workers needed were visited and interviews were conducted with senior officials in an effort to develop an understanding of the situation. At the time the HWSETA was aware of the fact that the DSD had made available large numbers of bursaries for social work students and that the student output in social work had soared. It was also known that there were large numbers of unemployed social work graduates in the labour market. The interviews revealed that the needs reported by the respective provincial departments are largely unfunded vacancies or positions that the departments wish to have (HWSETA, 2017). According to Skhosana (2021) this shortage of social workers further exposes South African's most vulnerable groups to a greater risk of harm and to a lack of capacity to implement policies and programmes that deal with social issues such as substance abuse, HIV and AIDS, chronic poverty, food insecurity, and other related social conditions. The high turnover and vacancy rates in social work have been attributed to several factors which include low salaries, discrepancies in salaries and working conditions between NPOs and government workers, policy changes that lead to more paperwork, low morale, stress, burn-out and career opportunities outside the profession and the country.

The Department of Social Development absorbed the services of 108 000 social workers on a three months' contract to deal with societal behavioural change as a result of COVID-19. As a result, this increased the Compensation of Employees' budget from R537 860 000 to R570 860 000. The Free State Province extended the contracts of its social workers by another nine (9) months. This will mean that these social workers will be in the employ of the province for a full year. The Provincial Department continues to engage the Provincial Treasury to look into possibilities of employing these contract social workers full-time (DSD,2020b).

This is critical as the country needs more social service professionals (SSPs) during and beyond the state of disaster and national lockdown. Social service professionals remain important as the country battles with high prevalence of gender-based violence and femicide (GBVF) which are increasing at an alarming rate. To deal with this problem, DSD also increased the number of social service professionals that the Gender Based Violence Command Centre (GBVCC) has employed. They were distributed across all provinces in need of the Social Relief of Distress (SRD). Government is looking into finding ways of employing contract social workers permanently.

5. Domestic work

Domestic workers include maids, housekeepers, gardeners, drivers and people who look after children, the aged, sick, frail and disabled in a private household and house workers. Studies have shown that with COVID-19, many of these workers have been dismissed with no compensation or access to social protection (UN-Women, 2020). Those who continue to work report difficulties commuting to workplaces in contexts of lockdown, heavier workloads and limited protection from infection. It is estimated that there are 856,000 domestic workers in South Africa (Statistics SA, 2022). This figure has dropped by 144 000 compared to the DSD figure of 2020. Domestic workers' minimum wage was, under the National Minimum Wage Act of 2018, set at 75 per cent of the national minimum wage and was increased to 88 per cent in 2021. In 2021, the minimum wage for domestic workers was R19.09 (\$1.20) an hour while for everyone else it was R21.69 (\$1,40). This is a 12 per cent difference. In early January the department of employment and labour announced that the national minimum wage should be increased by 1 per cent per centage point above inflation, which would take the 2022 rate to R23 (\$1,49) an hour (Mkhabela, A., 2022).

There was a mixed reaction by employers of domestic workers. Some asked them to stay at home and not come to work until the lockdown was over. For the lucky few this arrangement was with pay, while for many it was without pay. By law, employers are expected to register their employees with the Department of Labour for the Unemployment Insurance Fund (UIF). However, few domestic workers are registered for UIF. For some, it is because they are undocumented immigrants. For others, it is because the employers exploit them and do not pay them the minimum wage.

In addition to being underpaid, working longer hours and working in precarious conditions, a study which was conducted on the living conditions of domestic workers revealed high levels of impunity by both employers and law enforcement agencies. Research indicates that domestic workers frequently do not report abuse because despite legal protections, almost every avenue of recourse directly threatens their livelihoods. As in other areas of South African society, the situation has worsened during the COVID-19 pandemic. During this period, many domestic workers have been locked down at their workplaces, unable to leave the house. This constant contact and lack of privacy has increased the potential for employers to take advantage of them. The domestic workers reported incidents of GBV especially emanating from male employers. These included, walking around the house without clothes, into the rooms of DWs during their private time at all hours, engineering opportunities for DWs to bring them something while employers are bathing or taking a shower, asking DWs to have sex with them for extra pay, forcing DWs to have sex or oral sex with them, engineering for DWs to be fired when they refuse to be subjected to sexual violation (Izwi, 2020).

Government instituted a UIF Temporary Employer/Employee Relief Scheme (TERS) scheme to lessen the impact of temporary unemployment. Employers who are not able to pay salaries during the lockdown are compelled to apply for UIF TERS on behalf of their employees. But this excludes workers who do not contribute to the fund (often in the informal sector) and undocumented foreign nationals. The third annual SweepSouth Report on pay and working conditions for domestic work in South Africa painted a stark picture of the impact of the COVID-19 pandemic on the lives of domestic workers. The report showed that underemployment peaked during the lockdown, with 80 per cent of respondents reporting they worked fewer than eight hours a day, and 74 per cent earning less than R2 500 (\$161 a month) up significantly from the pre-lockdown figure of 37 per cent. This report was compiled from almost 5 000 responses, overwhelmingly from women (97 per cent). Stats SA Quarterly Labour Force Survey for the three months to June 2020, showed that 2.2 million South Africans lost their jobs in the second quarter (Sokanyile, 2020).

When vaccines became available, there were mooted discussions by corporates, large businesses and tertiary institutions on whether these should be mandatory. These discussions were extended to domestic workers too in the context where employees felt that they should be vaccinated to protect everyone in the households. On the other hand, this was juxtaposed with the reality that in the absence of a national mandate, forced vaccinations would be in contravention of the labour laws of the country which protect employees' rights. There is limited data or studies on the extent to which employers compelled domestic employees to be vaccinated. However, it is possible that some employers could have used the threat of expulsion to employees who did not want to be vaccinated.

6. Conclusion

Casale, D. and D. Posel (2020) at the height of the pandemic concluded that while both men and women have suffered substantially from the initial effects of the crisis and the early lockdown, women have been affected more than men, both in terms of labour market outcomes and unpaid care work in the home.

Recommendations:

- Policy responses have to reflect this unequal effect of the pandemic on men and women.
- The length of UIF support for workers unable to return to work because of childcare constraints should be extended.
- The country's social assistance transfers are effective safety net measures for reducing poverty. They must be strengthened by: (i) Scaling-up the coverage to include the highly vulnerable groups identified by the assessment and that currently do not benefit from financial assistance (ii) Increasing the allocation of the COVID-19 Distress Grant to R810 (\$52).
- Interventions that safeguard access to food and nutrition for the most vulnerable groups, especially households with acutely inadequate access to food, children without school feeding, and pregnant and breastfeeding women must be augmented and sustained.
- Vulnerable groups, including female-headed households, people with disabilities, older people, refugees and asylum seekers, and other disadvantaged groups must be prioritized in programmes that are meant to lessen the impact of COVID-19.
- Mechanisms must be put in place to closely monitor household welfare and food security in the rapidly over the coming months during the pandemic, to ensure that assistance is responsive to evolving needs and priorities, ensuring flexible and adaptable policies and measures.

B. Kenya

Kenya is the sixth largest economy in Africa. However, Kenya continues to face significant challenges to sustainable and inclusive economic growth, which have been exacerbated by COVID-19's economic disruptions, alongside long-running challenges including corruption and economic inequality. Two-thirds of the Kenyan population lives in poverty below \$3.20 per day and have since independence. As a result, most Kenyans, particularly women and girls, can be considered chronically vulnerable (USAID, 2021).

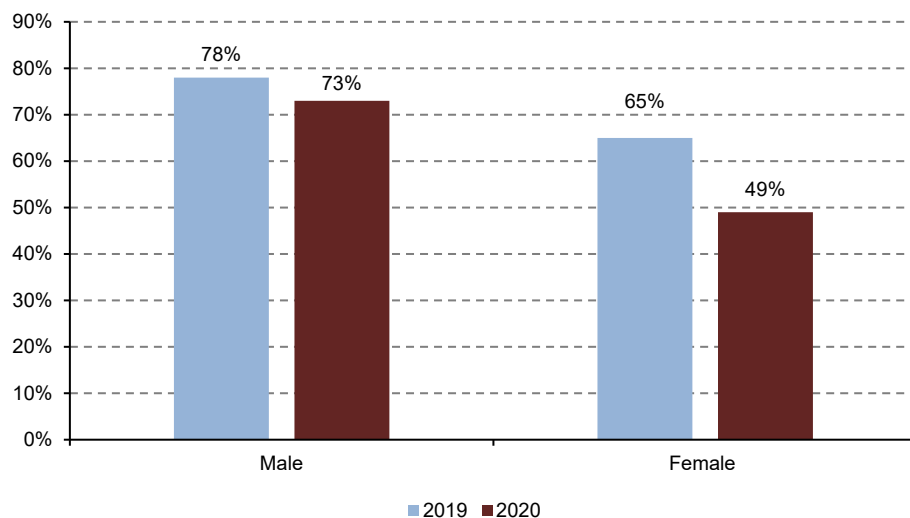
In Kenya, 77,372 confirmed cases, 51,507 recoveries and 1,380 deaths were reported as of November 23rd, 2020. More than half of the cases were women and men living in urban areas, particularly in Nairobi and Mombasa compared to rural areas. Cumulatively, for every 5 adults infected, 2 are women. Infections among the youth (20–39 years) accounted for 54 per cent of all the infections. Among the fatalities, the majority comprise of those above 19 years, whereby for every 5 deaths reported, 2 are women. With the daily positivity rates having increased from less than 5 per cent in September to 15 per cent in November, the country is projected to be experiencing a second wave of infection (UN, 2021).

1. Labour force

The Kenya 2019 census estimates a working labour force of 22.3 million, with women accounting for more than 50 per cent of the total working population. According to the World Bank, Kenya's informal sector accounts for at least 87 per cent of the employment opportunities. The informal sector in Kenya offers employment to approximately 15 million Kenyans, according to 2018 estimates, compared to the 2.9 million who work in the formal sector. These 15 million Kenyans are domestic workers, cleaners, hairdressers, informal eatery operators, cobblers, shoe shiners, beauticians, mechanics, and street vendors, with women as the majority.

COVID-19 affected the labour-force participation with a decline reported between 2019 and 2020 due to lockdowns, curfews, and school closures, as shown by the figure below:

Figure IV.1
Decline in labour force for males and females
(Percentages)



Source: ICRW (2021).

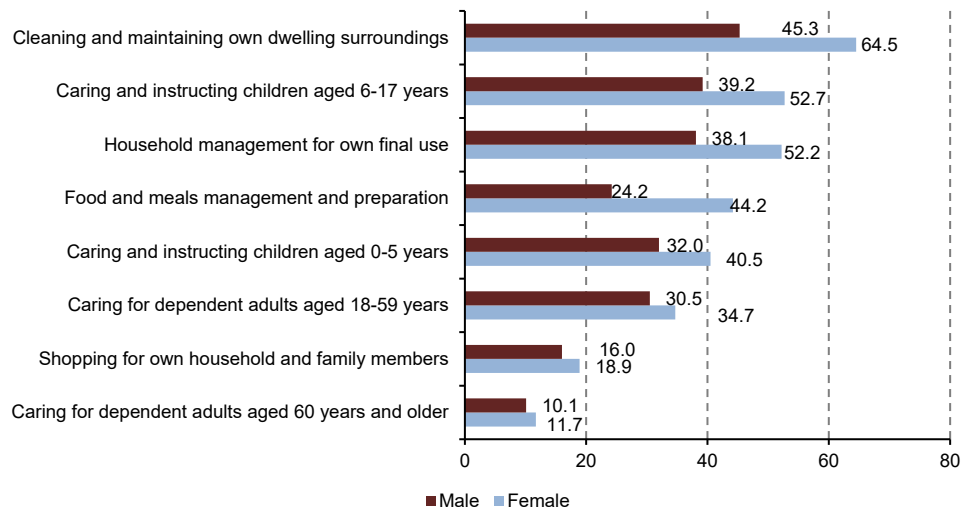
Most informal women workers relied on daily wages and had difficulties selling their products or accessing markets due to supply chain disruptions during COVID-19. The closure of markets and businesses and strict travel regulations severely impacted women traders who rely on public transport to access markets. In Kenya, women are primarily employed in low-skilled activities, where job losses hit women the most. Those working within the hospitality and service industries lost their jobs due to business closures, social distancing measures, and the closure of eateries, recreation facilities, and learning institutions. Ban on domestic and international travel also heavily impacted the tourism and hospitality industry, where women dominate as frontline workers. Enterprises prioritized laying off workers in low skilled, casual, seasonal, and informal jobs while keeping those in high-skilled positions (ICRW, 2021).

2. Unpaid care and domestic work

According to UN report (2020) that was informed by primary data collected from a sample of 2,587 individuals from all the 47 counties in Kenya between August 4 and September 8, 2020, a higher proportion of women than men spent more time in unpaid care work. The increase was higher for unpaid care work related to children, such as minding children at 40 per cent for women and 37 per cent for men; teaching children at 53 per cent for women and 15 per cent for men; and caring for children at 41 per cent for women and 39 per cent for men. This is likely to have affected their labour participation with the new norm of working from home.

In addition, a survey conducted by the Kenya National Bureau of Statistics (2020), in the period of May 30 to June 6, 2020, on 14,616 respondents, females constituted 51.3 per cent of the respondents while males were 48.7 per cent, has revealed that 64.5 per cent of women reported that the time spent on cleaning and maintaining own dwelling surroundings had increased compared to 45.3 per cent of men. Notably, a higher proportion of women reported increased time spent in all unpaid work activities compared to men.

Figure IV.2
Proportion of individuals whose time spent on unpaid care and domestic work increased in the last two weeks, June, 2020
(Percentages)

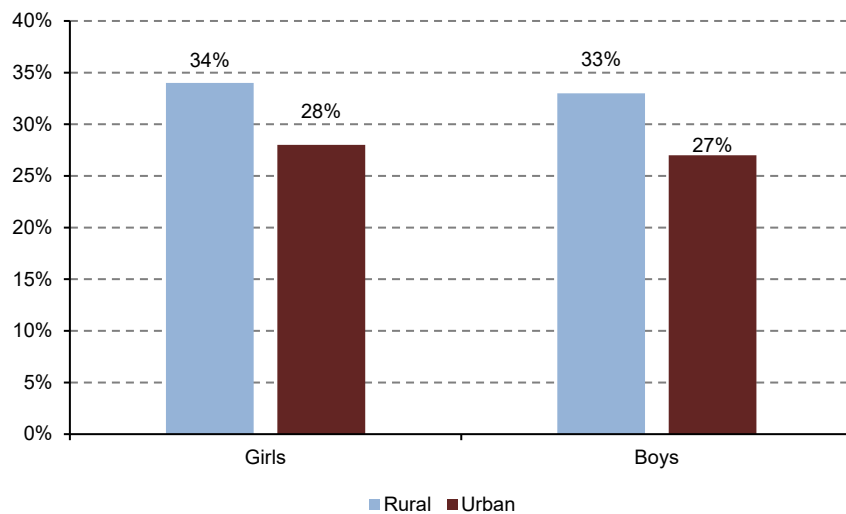


Source: Kenya National Statistics Bureau (2020).

3. Education for girls and boys

Although 76 per cent of women and 24 per cent of men helped their children continue with learning activities from home, more girls (34 per cent rural and 28 per cent urban) than boys (33 per cent rural and 27 per cent urban) did not continue with learning from home. This is probably because more girls (18 per cent) than boys (11 per cent) spent most of their time helping with household chores (UN, 2020). Lack of a conducive environment and skilled instructors were cited as some of the major challenges affecting girls' and boys' ability to learn from home. In addition, correlation test results indicated a significant relationship between not learning from home and challenges that hindered girls and boys from learning from home.

Figure IV.3
Number of girls and boys that did not continue learning from home
(Percentages)



Source: UN (2020).

4. Access to care-supporting infrastructure and equipment

According to the study of the Oxfam (2021), before COVID-19, 57 per cent of households in informal settlements had sufficient access to water; during the pandemic, this decreased to just 26 per cent. Given the emphasis on hygiene measures, and with many people confined to their homes during lockdown, increased household demand for water has compounded the underlying challenges of water shortage due to climate change. This means that women and girls are spending even more time collecting water: women reported spending close to 20 per cent of their time each day collecting water for household usage. Some 63 per cent of women said that washing, cleaning and sweeping took up most of their time, while only 27 per cent of men said the same (Oxfam, 2021).

5. Health care provision

The government's national home-based isolation and care protocols to combat COVID-19 have transferred health-care responsibilities from public health providers to homes and communities, where women make up the majority of carers and community health workers. In addition to increasing women's time poverty and exposure to the disease, this further reinforces traditional norms around women (as opposed to men) as caregivers. The unavailability or unaffordability of care affects the choices that parents, particularly mothers, make regarding paid work, e.g., whether to stay at home or how to combine their paid work with unpaid care (Oxfam, 2021).

6. Recommendations

- Laws and Policies promoting equal pay for work of equal value should be adopted/strengthened.
- The Government of Kenya through its development partners should invest in quality, affordable care-related infrastructure, public services and social protection to reduce long and arduous hours of Unpaid Care and Domestic Work.
- Prioritize gender-responsive budget allocations for public services and infrastructure that reduce the time and intensity of UCDW, such as water points, sanitation services, electricity, health-care facilities and early childhood development and education (ECDE).
- The Government in collaboration with civil society organizations should promote societal behavioural and social norms change to encourage men to take up more roles in unpaid care and domestic work. This can be done through public sensitizations for awareness including use of the media and public fora, including places of worship and vocal community members.

C. Egypt

Introduction

The COVID-19 pandemic has among other things emphasized the degree to which care—particularly of children, the elderly and the ill or disabled—is a global public good. In Egypt like in other countries, the pandemic has also exposed and foregrounded existing socioeconomic inequalities. Most poor and marginalized communities and individuals were adversely affected by the pandemic as they were less equipped to cope with the pandemic primarily due to lack of information and basic resources and services such as water, soap and housing. The pandemic had a negative effect on the economy and this would lead to increased poverty levels and reversal of recent economic recovery. Notably, prior to the COVID-19 outbreak, the Egypt economy was on a growing trajectory, because of an economic reform programme introduced in 2016 aimed at achieving the United Nations (UN) Sustainable Development Goals (SDG) indicators.

Evidently, the pandemic affects men and women in Egypt differently. Women are the most vulnerable group, with higher risk and exposure of infection and are so far most impacted by COVID-19. Egyptian women represent on average 50 per cent of the country's population (CAPMAS, 2020) and already had fewer jobs than men and are generally paid less than men. As a result of COVID-19 they experienced more job losses and reduced income levels thus pushing more women and their households into poverty and may face increased stress and pressures within the household. Further, women more than men had an increased burden of care-related tasks and domestic work for example caring for the sick, out-of-school children, the elderly and the disabled who need more support which results in high opportunity cost of time for paid work.

In Egypt since the confirmation of the first COVID-19 case in February 2020, the Government of Egypt together with Non-Governmental Organisations (NGO) and corporates initiated several measures to try containing the spread of the virus and mitigating the impact of the pandemic. These include but not limited to, closure of schools and all public places of gathering, public health measures and messages and initiated several targeted interventions, encouraged remote working, stimulus packages such as tax breaks and delayed payment of taxes, expansion of social safety net programmes such as cash transfers and monthly income for rural women, initiation of workers emergency benefit fund, public awareness raising campaigns, introduction of online schooling system and more.

1. Income generation and employment

The Egyptian economy is on a downward slide. The poverty rate nearly doubled between 2000 and 2018, from 16.7 per cent to 32.5 per cent. Approximately 30 million Egyptians out of a population of about 100 million live in poverty as defined by an income of less than \$3.20 daily. The population has been forced to cope with stagnating incomes and rising household expenses. The economic decline is because of the Egyptian pound's appreciation, which increased family incomes in dollars, the currency in which global poverty rates are calculated (Associated Press, 2019). Egypt's public annual debt level has in recent years increased because its economy is far from generating surpluses or being self-contained, it "has become a beggar state" because its economy is more reliant on external funding resources especially loans from other countries (Springborg 2022, p1). Other than the hydrocarbon and real estate sectors, Egypt attracts relatively little foreign direct investment (FDI), and even these two leading sectors are pulling in less than what is needed. As a share of GDP, FDI flows into Egypt declined from more than 8 per cent in 2005–06 to an average of less than 2 per cent since the 2013 coup. By 2020, FDI as a share of GDP was less than half what it had been in 1979 (World Bank, 2020). Despite the challenges, Egypt has made significant progress in implementing the SDG goals; with high growth rate which increased from 5.3 per cent to 5.6 per cent, reduction of unemployment (from 10 per cent to 7.8 per cent), reduction of inflation (from 14.4 per cent to 9.2 per cent), reduction of budget deficit (from 14 per cent from GDP to 8.4 per cent) thus reducing the growth in public debt, reduction of public debt and increase foreign reserve (Ashraf, Nahla, Lobna & Fatima 2020, Ratings, 2021). Notably, the authorities remained committed at the highest levels to advance structural reforms to achieve more inclusive private sector-led growth and jobs and reduce poverty and inequality (Saifaddin Galal, 2021, Wu 2021).

Egypt has a shortage of skilled and semi-skilled workforce but an abundance of low-skilled labourers. Even if there are any high-skilled workers available, their quality of training is quite poor. This is mostly a problem in small-medium companies and large public industries that work in "protected" domestic markets. Egypt, like much of the Middle East, faces a major unemployment problem, which is exacerbated by its relatively young population. Youth unemployment is very high, primarily due to lack of education system in providing necessary training under TVET programs. It is expected that employment prospects for youth who are transitioning from education to the labour market will be more precarious due to the economic slowdown caused by the pandemic. Privatizations or closings of State-owned enterprises, such as the historic Helwan Steel Works that employed 7,000 workers, have added to downward pressure on overall employment both in public and private sector (Springborg 2022).

Most Egyptians work in agriculture or the informal economy, but others work in manufacturing, social services, the government sector, tourism and other industries. There is a high rate (63 per cent, about 30 million people) of informal workers in various sectors, all in all contributing to 30-40 per cent of the GDP (Stephan 2020 cited by Wu 2021). Nearly half of the population works in the service sector, but a large percentage of these workers are employed informally. Population growth translates into growth in the services sector. Big infrastructure projects employ large numbers of workers, though many of the jobs are temporary in nature. Financial services experienced growth during the first decade of the twenty-first century, with jobs at branches of local and international banks. Egypt's oil and petroleum sectors are crucial export industries that provide some employment, but they still employ relatively small numbers of workers. In the service sector, Egyptian women make up 56.8 per cent of employment in service sector and are under-represented in certain positions or are not allowed to hold certain positions. Furthermore, those employed on average, get paid 34 per cent less per hour than their male counterparts and are under-represented in boards of companies (9.7 per cent) as well as in managerial positions (7.1 per cent). Government is the largest employer with 30 per cent of government employees being teachers. For some time, there has been little to no growth in that sector. Government employment has long been sought after by workers because of its relative stability plus the assurance of a pension, medical insurance and other privileges. Initiatives to eliminate public waste and

inefficiency have reduced the number of people entering employment in the public sector, but it remains a vital part of the economy (WHO 2019, Nermine Saadany 2021). Apparently since 2019, wage and salary expenditures by the government remained flat. The World Bank's 2019 Women Economic Empowerment study showed that while women are better represented in the Government and public sectors, as only 18 per cent of the female workforce is employed in the private sector (compared to 36 per cent in the government and public sectors combined). Reportedly, only 18 per cent of the working-age women in Egypt are participating in the economy, compared to 65 per cent of men who therefore have potential to generate income for themselves and or for their families. Therefore, a lot of Egyptian women remain an untapped resource.

Unemployed women face numerous challenges that may discourage them from entering the workforce or from working, including disability, harassment, sexual and gender-based violence, early marriage, workplace policies that are preferential to men, social and cultural practices which for example prevent them from working in certain sectors such as taxi driving. Apparently, the stress associated with decreased income also led to an increase to domestic violence. Prior to the pandemic, an estimated 37 per cent of Arab women have experienced some form of violence in their lifetime, a number that has increased substantially with the pandemic. Women in MENA for example, have been more vulnerable to domestic violence, as shutdowns largely isolate them with their abusers. Other organizations have also contributed to the mitigation of the effects of COVID-19 on women and girls, including increased violence against women. USAID (2021) which implements activities that focus on the most vulnerable and marginalized populations funds communications campaigns to prevent domestic violence while bolstering support for hotlines and women's shelters. As of 2018, the employment rate for all disabled Egyptians was only about 44 per cent, and only 17 per cent of those are women (Nielsen, 2021). Given the existence of barriers to employment, the USAID is strengthening the legal environment around these challenges to decrease them (USAID, 2021).

Despite rising educational attainment, female labour-force participation (FLFP) has declined in Egypt. In for example, 2018, only 17 per cent of Egyptian women were employed and most of them (about 70 per cent) were paid care sector workforce, mainly working as teachers, health and social workers. Women are almost four times more likely than men to work in the paid care sector. The paid care sector in Egypt represents around 28–31 per cent of overall female employment. Reasons for low participation include mainly preoccupation with household obligations and responsibilities, weak labour demand, and restrictive gender norms. Importantly, a national strategy for women's empowerment which aligns with the SDS and reflects the country's goals for 2030 has been developed, which if implemented equity for women and girls in Egypt will hopefully be achieved.

A concerning reality in Egypt is that *"unfortunately, a significant number of women do not seek jobs in the first place. They are either reluctant to apply for fear of competition, or they believe it is unlikely to find suitable job conditions"* (Nermine Saadany 2021, p1). Also, women are more likely to be engaged in short-term, part-time and other precarious employments/ contracts which offer poorer social insurance, pension, and health insurance schemes, lower payment and are particularly at risk in an economic downturn. They face several challenges such as gender wage gaps, low literacy levels and job losses as they are easier to lay-off because they were viewed as not being fully committed to their careers. Female labour represents a disproportionate share of the informal market, and most of these women workers are unregistered, therefore lacking access to social insurance programmes and minimum employment wages. Also, informal work has a higher rate of unpredictability of income which is a source of vulnerability. A lack of work for one day has an immediate impact on living conditions. The informal sector, which is dominated by women as stated above, has been severely hit by COVID-19 thus reducing or limiting women's ability to make a living and meet their families' basic needs even further. To try to overcome the economic impact of COVID-19, more parents sent their children to child labour in agriculture. In the light of increased child labour because of the pandemic, eliminating it became one of

ILO's priorities and requires coordinated action more than before centred on protecting the health, jobs, and income of adult workers and their families while at the same time ensuring continued education for all children (ILO 2020). Legalizing the status of labour in the informal sector will grant women access to legal protections and provide them with medical and financial aid to help the most vulnerable women survive the pandemic and beyond.

For the elderly in Egypt, the main channels of income support are employment-related contributory pension schemes. Around 63 per cent of individuals aged 65 and above receive this type of pension, and slightly more are elderly men (66 per cent) than women (60 per cent). The per centage of workers covered by social insurance has declined since 2006, reaching only 32 per cent of all workers; hence, the proportion of elderly receiving employment-related pensions is expected to drop substantially in the coming years. There are other non-contributory schemes such as the unconditional cash-transfer programme "Karama" (dignity) and the comprehensive scheme (Ma'ash al-daman) formerly known as Sadat/Mubarak pensions which cover 8.5 per cent of individuals aged 65 years and above. Notably these resources also indirectly serve as a form of financial support for their caregivers who are mostly their daughters and or wives who do not have another source of income (Selwaness & Helmy, 2020).

Of all sectors of the economy the oil industry has been one of the most negatively impacted by the COVID-19 pandemic, with oil prices falling at the start of the pandemic. As a result, oil sector workers experienced a reduction in incomes and job losses. Positively, lower global oil prices have had a net positive effect on the Egyptian economy, causing an expected shrinkage of the overall trade deficit. It has also reduced the national budget deficit and has helped mobilize money into the economy, financing both investments and social expenses (Mohamed, Hathout & Hasssan 2021).

In Egypt, the distribution of unpaid work is unequal. More women than men perform unpaid work as the norms dictate that women are the main caretakers of the household playing critical roles in supporting households (Wu, 2021). According to the United States Government, through the U.S. Agency for International Development (USAID), Egypt, is working to reduce gender disparities, empower women and girls, and help build an economically stable, sustainable future and to reduce the burden of unpaid care work on work (Radwa Elsaman 2021, Nermine Saadany 2021). The onset of the COVID-19 has led to women giving up work and taking an increased burden of unpaid domestic care work in the home impacting their levels of income and heightening exposure to the virus. Additional responsibility includes monitoring the health of elderly family members, childcare, caring for the sick, home-schooling, household chores and more. Normally women spend longer hours than men on unpaid care work. The household responsibilities' challenge has been more so for women retaining their jobs throughout the pandemic, particularly amidst stay-at-home orders (Nermine Saadany 2021, Radwa Elsaman 2021). Additionally, the outbreak of COVID-19 has due to health concerns, illness, travel bans, business closures quarantine measures and other mobility constraints, made it difficult for many workers to get to work which has resulted in loss of incomes and lower consumer demand for business which negatively affected earnings.

In Egypt, to mitigate the socioeconomic effects of COVID-19, government took several measures and had to refocus priorities to minimize the economic impact of challenges posed by COVID-19 on individuals, households, the country's financial resources and various sectors. Some of the interventions were specifically targeting informal casual workers and those on low incomes who have been hit hard by the pandemic to try and protect workers from seeking alternative sources of income. As part of the economic reform programme, the International Monetary Fund (IMF) provided the country with SDR 3.76 billion (about US\$5.2 billion or 184.8 per cent of quota). These funds were to help preserve the achievements made over the past four years; support health and social spending to protect vulnerable groups and advance a set of key structural reforms to put Egypt on a strong footing for sustained recovery with higher and more inclusive growth and job creation over the medium term. Government also allocated 2 per cent of the GDP to a comprehensive stimulus package including cash transfers for

informal workers and tax breaks for enterprises. It is believed that the Government of Egypt must implement gender-responsive economic policies to enable women to re-enter the workforce after being laid off. This includes providing support to women with special social status, such as pregnant employees, working mothers, and the disabled, and allowing flexible working hours and exceptional leave to support families. Moreover, psychosocial and social support to those who suffer mental distress can rehabilitate their re-entrance to the workforce. Further, implementing legal protections to end discriminatory lay-offs and raising awareness about these gendered lay-offs is essential (UNICEF, 2020).

2. Early childhood development

Despite progress in maternal health, children in Egypt encounter high levels of inequality in terms of their chances of healthy development, based on factors beyond their control. About 26 per cent of births, did not receive prenatal care and about a fifth (21 per cent) were not delivered by a skilled attendant. Nationally immunization rates are high (92 per cent), but pockets of insufficient immunization rates remain. There is a high percentage (29 per cent) of children under 5 years who are stunted.

Early childhood care and education (ECCE) in Egypt is according to the Egyptian Child Law of 1996, Article 31 divided into nurseries, for children who are less than four (4) years and kindergartens commonly referred to as preschool education is for those aged between four and six years. It is important to note that some parents rely on nurseries and kindergartens for day care and developing their children's skills during the first few years of life. The Ministry of Social Solidarity (MoSS) is the supervisory body that technically and financially monitors nurseries while kindergartens (KG) are the responsibility of the Ministry of Education and Technical Education (MoETE). Reportedly there is not exact data on the number of these institutions. What is certain is that in Egypt the enrolment in these institutions has substantially increased and that the demand exceeds the supply. The number of public childcare institutions is limited and has grown considerably slower than the number of children while the number of children aged 0–3 grew rapidly between 2006 and 2017, at an annual rate of 3.6 per cent, to reach over 11 million children by 2017 which was much faster than the 0.8 per cent annual growth in the preceding decade (1996–2006). The enrolment rate in pre-primary education increased substantially, from 11 per cent in 2000 to peak at 26 per cent in 2017–2018, with boys slightly more likely to attend KGs than girls. Despite this increasing trend in enrolment, the growth in the number of children in the population reflects a need for more facilities reportedly especially in poor and rural areas of Upper and Lower Egypt. As a result, for example, KG-aged children in these areas are often enrolled in nurseries for younger ages, because they cannot find schools with KG classes in their proximity. It can also be assumed that some end up staying at home. By comparison, the number of childcare facilities in the private sector exhibited the opposite pattern of growth, with a much faster increase during 1996–2006 than 2006–2017. Reportedly, the majority (75 per cent in 2017) of children enrolled in pre-primary education went to public kindergartens. Public school fees for children in KG were about EGP 145 yearly (USD 9) in 2019 (Selwaness & Helmy, 2020).

In Egypt, over and above nurseries and kindergartens, there are several informal home-based nurseries and very little is known about enrolment numbers and fee structures in those institutions like is the case with private ones which vary according to the type of school and region but is generally higher than public school fees (Selwaness & Helmy, 2020).

The COVID-19 pandemic is harming health, social and material well-being of children despite children being said not to be a category at risk from a medical viewpoint. When nurseries and kindergartens were closed to curb the spread of infections, children were deprived of peer interaction which can hinder their social and behavioural development. In some instances, children became more vulnerable to various types of violence, poverty and mental health issues. Furthermore, most parents had a challenge of caring for their young children, playing a facilitating role at home. In Egypt, UNICEF has been working with the Government and other development partners to try mitigating the negative impact of the pandemic on the well-being of children and ultimately their communities. One of the initiatives that

was adopted to try commit to the Government's decision to close nurseries while preserving the right of children to education included the adaptation of the activities Early Childhood Development (ECD) voluntary centres¹² from a 'usual' nursery to an inclusive new system where parents are actively involved at home. The ECD voluntary centres contacted parents to explain the importance of learning during lockdown, created WhatsApp groups to support parents with age-appropriate lesson plans, learning tips and activities and to exchange experiences, mothers were trained on simple home-made toy and games making and enriching the educational environment for children at home. UNICEF also worked on ensuring continuous access to essential maternal and childcare health services (UNICEF press release 09 July 2020, Younis, 2020).

3. Education

Egypt has approximately 25 million students enrolled in schools and universities across the country and has become home to the largest school system in the region (Middle East). For public schools, school fees are government subsidized. The Egyptian education system is divided into three stages namely, basic education which includes primary and preparatory stage, secondary education consists of general and technical types and post-secondary stage. It has achieved near-universal access to primary education (97 per cent net enrolment) as well as gender parity in both enrolment and completion rates. At secondary level there is just over half (56 per cent) net enrolment and gender ratio favours girls. However, population growth and overcrowding have strained the system resulting in lack of access and quality of education remaining a critical challenge, and students are reportedly not mastering foundational skills due to low quality of education in public schools, at basic and secondary levels, as such there has been a big market for private tutoring which comes at a cost for parents taken by especially rich families that can afford the cost thereof. Other common challenges or shortcomings in public schools in Egypt that prevent the achievement of desired quality education include unqualified or poor quality of teachers that teach in public schools, teaching styles of trial and error, overcrowded classes, lack of technology, dropout from school, poor state of school builds, theft of public educational funds and leakage of exams and more (Tamimi & Company, 2020; UNICEF, 2020).

With regards to teachers, the number of teachers in Egyptian schools during the year 2019/2020 was over 629.8 thousand. Of these, the majority were in primary schools which coincided with the number of students at that level. Teachers were over the years traditionally women with little formal university training. Apparently, most teachers in Egypt resort to teaching because of a lack of better options and because the job does not conflict with their more important gender role as mothers. Despite education system reforms, there are still gender imbalances in the number of trained educators even though there is some improvement. The low salaries offered by the public schooling system in Egypt attracts low-skilled employees who are ill equipped to teach children. Reportedly underpaid teachers also push for uptake of private lessons and go to an extent of threatening to fail children unless they pay for private lessons. Also, they spend less time and put little effort in their day jobs (Tamimi & Company, 2020; UNICEF, 2020, UNESCO institute of Statistics 2021).

Lack of access to education has repercussions throughout children's lives. In Egypt, literacy rate has dropped in recent years. According to UNESCO Egypt has an adult literacy rate of 71.17 per cent, showing a gap between sexes with male literacy rate at 76.5 per cent and for females 65.51 per cent. Egyptian girls, especially in rural areas, are afforded fewer educational opportunities than boys which contributes to a lower literacy rate among Egyptian women compared to men. Reportedly there has been special attention given by the government and other NGOs to reduce gender disparity in education. Illiteracy rates for children with disabilities are high, with 61 per cent of boys and 70 per cent of disabled girls in Egypt who do not know how to read (Nielsen, 2021). This finding is not surprising as

¹² A unique project of UNICEF Egypt in collaboration with the Ministry of Youth and Sports funded by H&M Foundation.

studies across the world have found that children with disabilities are less likely to go to school than children without disabilities and are more likely to drop out (Groce et al., 2011, p. 1498; Morgon Banks & Polack, 2014, World Bank, 2011). Further it is estimated that literacy rates for adults with disabilities in developing countries are possibly as low as 3 per cent overall and 1 per cent for women with disabilities (Groce & Bakhshi, 2011).

The education sector in Egypt is one of the sectors that was most affected by the COVID-19 pandemic. As a response to minimize the spread of the virus and the effects thereof, in March 2020, the Egyptian Government shut down all schools and universities. The national education system required a different set of arrangements for many students to continue with some level of learning and progress. Prior to COVID-19 outbreak, the Ministry of Education and Technical Education (MoETE) launched a reform strategy in 2018 and its key feature was the roll out of a new curriculum for kindergarten and primary levels and expansion of digital learning and testing and technological infrastructure for secondary school education. Even though the impact of the reform was yet to be fully realized, it may have come in handy in mitigating the impact of school closure because of lockdown and strengthening Government's response to the pandemic. Some technology which was already rolled out as part of the reform programme in some schools such as connectivity in about 2500 public schools, digital infrastructure, that is smart boards and tablets for teachers and computer-based testing platforms were useful. The Government facilitated access to the Egyptian Knowledge Bank (EKB),¹³ online platform to provide access to digitized curricula for students and teachers. The Government also worked with telecom companies to ensure reduced communication charges when students access the EKB. Notably, the Ministry of Communications and Information Technology offered free browsing on all educational platforms to make the transition easier and cheaper for all students. Blended learning approach, combining in-person and classroom learning from home was also considered to secure social distancing (Tamimi & Company, 2020; UNICEF, 2020, UNESCO institute of Statistics 2021).

The Egyptian Ministry of Education launched an online portal where all the teaching material was uploaded and where the students were to submit their work to be reviewed by their teachers. With higher education, the Ministry of Higher Education ensured that all lectures were taught online and allowed each faculty to endorse the method of teaching. Examination methods were also altered across the educational system to minimize physical interaction between students by considering material taught in class and online. Clearly, the pandemic confirmed the importance of the role of teachers, supervisors and principals in ensuring effective use of these technological resources. Additionally, more virtual learning and e-learning have led to reduced need for stationery. Even though, e-learning was by and large a success, it brought about new challenges and opportunities for all stakeholders such as infringement of intellectual property rights of teachers and institutions, misappropriation or misuse of material issues of confidentiality of student personal information, increased unsupervised online Internet use, cyber-bullying, lack or limited access by some students to connectivity and digital devices, need for well-trained teachers and empowering school principals to take on greater responsibilities and offering school more income for infrastructure and more which would need to be considered if e-learning is to be adopted as a permanent learning method (Tamimi & Company, 2020, Amira Kazem 2020). Not only was a response done by government, but private sector and other social organizations also made contributions. For example, CARE Egypt works to promote handwashing and physical distancing in challenging environments like schools and local communities in rural Egypt. Messages about precautions against COVID-19 were displayed. Banners and posters were hanged in schools and main public areas in villages. Teachers helped disseminating these messages among the students (CARE Egypt Foundation, 2021).

¹³ The world's largest digital library that provides access to learning resources and tools.

With schools' closure as a containment strategy, it is likely that girls in Egypt who already face pressure to drop out of school due to societal roles may not return. Parents may pressure their daughters to drop out of school to care for siblings and do other unpaid domestic work thus limiting their access to remote learning programmes, contribute to supporting their households financially, and or marry and have children when they are still children themselves. These pressures may be heightened due to interruptions in their education. The Government of Egypt may need as a response to develop or update and enforce regulatory framework (including legislation and policies) that will prohibit or minimize some of these practices such child marriage.

4. Health care

Egyptian women are critical frontline responders in the health care system, placing them at increased risk and exposure to COVID-19 infection between people within a health-care facility such as doctors, nurses and patients and balancing paid and unpaid work roles. They are the most employed in health care services. They for example make up 73.1 per cent of nursing staff in the private sector and 1 per cent of nursing staff for the Ministry of Health, 42.4 per cent of doctors (UNICEF, 2020). Reportedly, the overwhelmed health services limits access to services and commodities that women need such as family planning services, contraceptives and reproductive care, potentially leading to a rise in fertility rates and the socioeconomic impact on individuals, households and communities. Also, given that pregnant women are more likely to have contact with health services (antenatal care, safe delivery and postnatal healthcare), they can be greatly exposed to infections in health facilities which may discourage attendance.

To try to mitigate the outbreak of the pandemic in Egypt, it is estimated that the Government allocated EGP 3.8 billion (\$241 million) in 2019/20 financial year to strengthen the health-care sector. The funds were used to equip hospitals with medical supplies to withstand shock, and to compensate medical staff, by increasing wages. Also, enhanced testing capacity, contact tracing, as well as allocating extra funds for additional health professionals to contain SARS-CoV-2 and extra funding toward increasing testing laboratories to conduct 200,000 tests and some hospitals were designated for treating COVID-19 cases and case management. These interventions were obviously necessary when one observes the current state of Egypt's health-care system, it could have led to a worsening of the epidemic and it is acknowledged that had it not been of the outbreak of the pandemic these diverted funds could have been used for other Government initiatives (Yai-Ellen Gaye, Christopher Agbajogu, & Reida El Oakley, 2021).

To try to combat the spread of the pandemic among health care workers, Egypt responded by among others providing support especially to those treating infected patients by for example providing them with personal protective equipment (PPE) and kit such as surgical masks, N95 masks, and goggles. Although, the efforts were carried out to combat the pandemic, PPEs were said to be inadequate, and this had a deleterious effect on the life and mental health of Egyptian health-care workers (EHCWs). According to the Egyptian Medical Syndicate (EMS), by four months into the outbreak, around 400 cases of health workers were reported and 111 deaths caused by the virus were recorded despite the failure of the MOH to divulge information on the number of medical professionals who died of COVID-19, including physicians, nurses, and technicians. This apparently placed Egypt in seventh place out of 10, in countries with the highest COVID-19 health worker deaths (Saied, Metwally, Madkhali, Haque & Dhama, 2021).

It was also reported that at least 68.2 per cent of SARS-CoV-2 infections were asymptomatic infections, and most infected EHCWs were nurses. Another study found that workers responsible for transportation of patients and cleaning, nurses, and administrative employees were more likely to get SARS-CoV-2 infections higher than physicians. Moreover, 14.3 per cent of frontline health-care workers in the emergency department (ED) had contracted SARS-CoV-2 infections. This highlights the importance of more stringent infection control measures, education, and supervision to these health care workers

alongside regular molecular testing, even in the absence of symptoms, to protect them from COVID-19 and reduce transmission from infected health workers to the public (82, 83). Seemingly it is for this reason that the Egyptian government has prioritized COVID-19 vaccination for health care workers and the elderly. Consequently, a measles vaccine trial has been registered to prevent COVID-19 among health care workers in Egypt (Saied, Metwally, Madkhali and others, 2021).

5. Social protection relating to the care economy

According to Elsayed (2018), Egypt has one of the most comprehensive social welfare systems in Africa and the Middle East. The inability of the system to improve income distribution or economic efficiency is because they themselves are inefficient and inequitable. There are six social insurance schemes which include:

- (i) Governmental, public and private sector employees.
- (ii) Members of some professional syndicates and employees in foreign and large Egyptian firms.
- (iii) Migrant Egyptians, self-employed workers and employers.
- (iv) Employers and employees that draw incomes high enough to expand the provisions in the other scheme referred to under point Scheme 3.
- (v) Informal sector workers.
- (vi) Amy personnel and top bureaucrats. This is a con-contributory scheme financed through taxes.

Over and above the list there is the Social Aid and Assistance programme (SAA) which is the largest programme that targets the most vulnerable in Egypt. The SAA is a monthly cash transfer programme, principally for those who cannot work. Those eligible for SAA cannot be covered by any other insurance scheme and are considered the neediest in society including divorced women, widowed women, orphans, deserted women, women who have never been married, households with a disabled or sick husband and the elderly.

About 5.8 per cent of the population is aged 65 or above (CAPMAS 2020) and it seemed in Egypt, not much attention has been given to the elderly even though the elderly population is said to be growing. The population of people over 65 years of age has grown between 2-2.6 per cent per year between 1996 – 2006 and 2006 – 2017, respectively. Of concern, is the very low rate of development and use of care services for the elderly even though the elderly population is projected to increase (Selwaness & Helmy, 2020).

There are high rates of disability and poverty in Egypt. Of the poorest 20 per cent of Egyptians around 18 per cent have disabilities. As with many countries, there is a link between disability and poverty and the consequences thereof affect mostly women and children (Nielsen, 2021).

Social assistance type support is needed to mitigate the economy-wide or sector-specific downturn created by the virus. Poor households will require social assistance to smooth consumption, compensate for higher costs and lost income to avoid falling further into poverty and resorting to coping strategies with long-term negative impacts, such as eroding human capital. Many of the beneficiaries of social assistance support happen to be women and therefore expanding social safety net umbrella, (Takaful and Karma), during the COVID-19 is a critical social protection measure. Social protection systems can act as critical countercyclical fiscal tools to provide this economic response and mitigate the effects of the economic downturn. The Social Safety Net is managed by the Ministry of Social Solidarity in Egypt.

Older women living alone or within families, disabled, and those with certain health conditions require special attention because of their increased risk for severe COVID-19. Given the fact that formal elderly-care programmes in Egypt are not yet that frequent, and family support is the most common

practice, additional measures to help household caregivers could also be useful, not only during this period but in the long run. These could include: Response Measure (1): (a) Promote household plans on the needs and daily routine of the household members, including access to several weeks of medications and supplies in case there is a need to stay at home for prolonged periods of time; (b) Implement online community actions designed to reduce exposures to COVID-19 and slow the spread of the disease; (c) Implement online community social activities for the specific population; (d) Create a national supply distribution helpline (for medicine, advice, etc.) and develop accessible information on COVID-19 responsive to family caregivers of older people who mostly have non-communicable diseases, and disabled; and (e) Implement more flexible measures from employers for those employees that are caregivers of old or disabled family members.

UNICEF provided technical assistance in the field of social protection to Government partners based on an assessment of the impact of COVID-19 on high-risk groups, poverty analysis and real-time monitoring of the consequences of the crisis. UNICEF also contributed food, developed and disseminated information on best practices for child feeding, and built capacity of health professionals to deliver and monitor nutrition interventions (UNICEF press release 09 July 2020).

D. Concluding remarks

Although the COVID-19 pandemic had negatively impacted the care economy, it may have created opportunities to speed up reforms which could result in long-term improvements. It appears that the effects could be minimized with the end of the pandemic and be mitigated through adequate social and economic policies, that could be used to introduce for example new learning methods paying more attention to the quality of educational system, addressing the flexibility offered by the use of technology, modern learning techniques and more to achieve sustainable development and poverty reduction.

Egyptian women are critical frontline in the care economy, placing them at increased risk and exposure to COVID-19 infection. Together with other factors such as age, marital status, cultural beliefs, education, health conditions, employment and many more, these further compound individual experiences and the impact thereof.

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V. Childcare, women's employment and COVID-19 impacts in the Serbia¹⁴

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Introduction

As is the case across the world, women in the Republic of Serbia carry a disproportionate amount of unpaid work. On average, Serbian women spend 4 hours and 36 minutes per day on unpaid household work, whereas Serbian men spend an average of only 2 hours and 5 minutes per day on the same category of work (UN-Women, 2020). While the unequal distribution of unpaid work—especially care work—is evident across all types of families, mostly in families with children under 6 years of age and in cases of single parents (who are mostly women). The disparity between women and men in care responsibilities has significant ramifications for women's economic empowerment.

Similar to global trends, women's labour-market participation in Serbia is lower than that of men. Despite increases over the last few years, women's employment rate in 2019 was about 14 percentage points below men's employment rate (58 per cent compared to 72 per cent) (Eurostat Database, 2021).

¹⁴ Published as a UNECE-UN Women series: Rethinking the Care Economy and Empowering Women for Building back Better. Available at: <https://unece.org/gender/publications/childcare-womens-employment-and-covid-19-impacts-serbia>.

The difference in employment rates is mainly due to women's markedly higher inactivity in the labour market. In Serbia, women's labour-market inactivity rate in 2020 was 53.5 per cent, whereas men's rate was 28.1 per cent (ILOSTAT, 2020).¹⁵ Women also take on fewer full-time roles. Among those who cited the care of children and other persons as the reason for part-time work, 96 per cent are women and only 4 per cent are men (UN-Women, 2020; SORS, 2019). Seven per cent of women cited care responsibilities as a primary reason for their labour-market inactivity, compared to 0 per cent of men citing this reason (UN-Women, 2020).

The simultaneous and conflicting demands on women's time for care and work activities represent a fundamental barrier to their economic empowerment. These demands generate a vicious circle of a role as primary care provider, which subsequently lowers their labour-market attachment, which in turn reinforces sociocultural expectations of that caretaking role. This cycle perpetuates gender-based inequalities and women's economic vulnerabilities. Gender equality and women's economic empowerment are thus closely intertwined; childcare provision is a key component in ensuring more balanced sharing of family responsibilities and investing in children.

COVID-19 has brought these issues into sharp relief. The pandemic has affected women's participation in the economic sphere in several ways. In terms of jobs and livelihoods, women were already paid less and held less secure jobs, often in the informal sector (informal sector employment is less likely to provide sick pay or social protection). The pandemic and related response measures have had the greatest impacts on employment sectors in which women tend to be overrepresented (retail, hospitality and tourism). Finally, women already carry a disproportionate amount of unpaid care responsibilities, which have increased due to childcare and school closures, the cessation of contact with elderly family members and the provision of care to the ill.

This study explores how childcare provision (or the lack thereof) affects women's labour-market participation in Serbia. It provides an overview of public and private care provision and explores the extent to which this responds to the care needs of families with children, particularly the women and girls in those families. Furthermore, it provides an overview of the framework of formal childcare services in Serbia, its legal and financing systems, its current provisions and the gaps therein. It examines the perceptions and barriers to the use of quality formal care, explores the reasons behind the continued predominance of informal care provision (especially for very young children), and analyses the sharp differences in urban and rural experiences in relation to childcare provision, affordability, quality and accessibility. The study looks at the current situation of women's labour-force participation, unemployment and activity rates, the gender pay gap and the link between women's employment, childcare provision, and family policies (including maternity and parental leave). It examines the impacts of COVID-19 response measures, especially in terms of closures and the reopening of child and early education facilities, the indirect effects on women's labour-market participation and the policies introduced as part of the response. The study concludes with recommendations for policies and measures on childcare and women's employment in general, and steps Serbia can take to mitigate the worst effects the crisis has had on women with childcare responsibilities.

Political and socioeconomic context

Serbia's population of around 7 million people reflects an ageing demographic that is declining due to emigration and a negative natural birth rate of -5.4 (SORS, 2019). It is among the richest countries in the Western Balkan region as measured by GDP; its GDP per capita of EUR 5,450 is, in purchasing power parity, 41 per cent of the EU-27 average. Serbia's economic growth rate has been strong over the last few years, although this has been accompanied by a rapid increase in income inequality. In 2017, the income of Serbia's top population quintile was 9.4 times the size of the bottom quintile (for comparison, the EU average was 5.1 times the bottom quintile).

¹⁵ It is notable that different sources (SORS, Eurostat, etc.) give quite different figures for labour force participation, employment, and activity rates. The ILO provided the latest available data (November 2020) which is referenced here.

Although poverty rates have decreased in recent years, they remain very high; over one-fifth of the population in Serbia still lives in poverty. This is a higher than in other Western Balkan countries. The “at risk of poverty” rate is 28 per cent, compared to the EU average of 24 per cent. After social transfers, the rates fall to 23 per cent for Serbia and 16 per cent for the EU (Eurostat Database, 2021).

Other ongoing challenges include low levels of employment, high levels of unemployment, and relatively low levels of social spending and investment in education, health care and social protection. As with almost every other country, Serbia has been impacted by the COVID-19 pandemic. A strength of the Serbian economy is that its broad base is not overly dependent on any one sector, which suggests greater flexibility in reacting to the consequences of COVID-19. Despite that, growth rates are expected to fall by around 5 per cent due to contracted demand (especially drops in external demand) (World Bank, 2020).

Serbia opened formal negotiations with the EU for accession in 2014. The process has brought renewed impetus for economic, social, and political development; Serbia is making significant progress in structural and institutional reforms toward that goal. In 2016, Serbia became the first non-EU country to introduce the Gender Equality Index, providing an assessment of how equal women and men are across key areas in society including health, money, knowledge, work, time, and power. With a score of 55.8 points out of 100 (placing it in twenty-second place), Serbia is halfway toward gender equality (EIGE, 2018).

The country has made some progress toward achieving the Sustainable Development Goals (SDGs), particularly Goal 5 to “achieve gender equality and empower all women and girls”. However, the overall picture is very mixed. For example, in relation to Target 5.5 (“ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life”), the proportion of seats held by women in the National Assembly in October 2020 was 38.8 per cent while the proportion of seats by women in the Government was 50 per cent (SORS, 2020a). In relation to Target 5.4 (“to recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family”), there had hardly been any change in the proportion of time spent by women on unpaid domestic and care work prior to the pandemic and related response measures, which have intensified this already disproportionate burden. Similarly, Serbia has made limited progress toward Target 5.2 (“eliminate all forms of violence against women and girls”) and Target 5.3 (“eliminate all harmful practices, such as child, early or forced marriage”).

A. Childcare provision

The COVID-19 pandemic has underscored the long-established importance of childcare to gender equality. Globally, women do more unpaid work than men do, with women accounting for around 75 per cent of unpaid care work (King and others, 2020). Therefore, many women are restricted in their employment opportunities. The latest available figures for Serbia show a difference of around 14 percentage points in female labour-force participation for the 15-64 age group (SORS, 2019).

Accumulated evidence shows that support for childcare improves women’s labour-market participation because much of the employment rate gender gap is due to women’s markedly higher labour-market inactivity. UN-Women estimated that the overall annual monetary value of unpaid and so-called “unproductive” household care work in Serbia is EUR 9.2 billion, or 21.5 per cent of GDP (UN-Women, 2020).

Childcare in Serbia is generally understood as care for children through to preparatory school age (between 5.5 and 6.5 years old) and after-school care for older children. Informal care refers to mostly unpaid and generally unregulated care, typically provided by family members (informal care can also be paid such as babysitters). Formal care refers to care that is paid and is thus regulated by some type of a contractual arrangement. The interaction between a country’s institutional environment and prevailing social norms tends to determine the reliance on modalities of caregiving.

Most childcare needs in Serbia are met by informal care or a combination of formal and informal care. Users of informal care are those reporting to receive regular help with childcare from relatives or friends or other people for whom caring for children is not a job. Formal care includes those reporting that they receive regular help from a day-care centre, a nursery or school, an after-school care centre, a self-organized group, a babysitter or from some other institutional or paid arrangement (World Bank, 2016).

1. Legal and regulatory context

In Serbia, early childhood education and care is regulated by the Law on the Foundations of Education System, the Law on Preschool Education and a series of ratified international conventions and accompanying documents based on children's rights and the developmental, educational, social and health needs of preschool-age children (Eurydice, 2018). In 2006, Serbia amended the Law on the Foundations of Education Systems to include nine months of publicly funded preparatory preschool as part of compulsory education. Childhood development and early education programs in Serbia are mainly provided through networks of public preschool institutions. These institutions can be established by the central government, autonomous province, local self-government or other legal or physical entity in accordance with the law.

2. Funding model

The education sector largely depends on public funding, yet public spending on education has been historically low in Serbia. In 2017, education spending was around 4 per cent of GDP compared to an OECD average of 5.3 per cent (Eurostat, 2019). From 2007 to 2017, per-student spending in primary and secondary education decreased by 6 per cent and 2 per cent respectively. In contrast, per-student spending on early childhood education saw a significant increase of 65 per cent over the same period. Nevertheless, absolute spending on early childhood education remains low by international comparisons. The share of education spending out of total government expenditure also remained low and mostly unchanged over the past decade, well below the United Nations benchmark of 15-20 per cent (OECD, 2020).

Early childhood education and care is provided across three levels for children between the ages of 6 months and 7 years of age: nurseries, kindergartens and preparatory preschool programmes.

The first level, nursery, is intended for children between the ages of 6 months and 3 years; the second, kindergarten, is intended for children between the ages of 3 and 5; and the third, the preschool preparatory programme, is aimed at children between 5 and 7 (no younger than 5.5 years and no older than 6.5 years upon starting). While nursery and kindergarten are optional, the preparatory preschool programme is mandatory for all children. It consists of either half-day or whole-day educational activities with optional specialized programmes according to children's and parents' interests (Eurydice, 2018).

Public nurseries and kindergartens are the responsibility of local authorities and predominantly funded by them, with a minority of the cost covered directly by the central government (OECD, 2020). But these institutions are not free for parents. Local authorities usually cover up to 80 per cent of the cost; the remaining 20 per cent is covered by fees paid by parents (Eurydice, 2019; UNICEF, 2012). The fees for public childcare services vary depending on the income and the marital status of the parents.

Private nurseries and kindergartens are fully financed by the institutions themselves and their users. While there is no systematic funding at the central government level, some local governments offer financial support for parents who enrol their children in private kindergartens. Some public and private institutions offer discounts that depend on family circumstances (parental income, number of children from the same family, whether the father is a war invalid) (World Bank, 2016). It is determined on a local city/municipality level; parents usually pay about 20 per cent of the price. There are also circumstance-dependent schemes to partially reimburse parents for the 20 per cent fees paid at the nursery and kindergarten levels (OECD, 2020). In the city of Belgrade, the monthly reimbursement varies from min RSD 11,000 (EUR 94) to max RSD 22,000 (EUR 188), depending on number of absent days of the child in one month.

Regarding preparatory preschool programmes, there is a public/private divide, with the former entirely financed through the national budget. Funds are transferred to local authorities to be distributed to their respective institutions. Private institutions that offer preparatory preschool programmes are paid for by the enrolees' parents. Recent measures, however, allow local authorities to reimburse, by special decision, part of the costs of preparatory preschool programmes in private institutions (Eurydice, 2019).

3. Enrolment and capacity

In 2019-2020, according to the annual statistical survey of preschool education (SORS, 2020b), approximately 225,000 Serbian children attended preschool education (48 per cent of which were girls). Children aged from 6 months to 3 years were 24 per cent of preschool attendees; 76 per cent of attendees were children from 3 years up to the age of starting school. Almost 11,700 children were enrolled over capacity, while around 6,900 have applied for enrolment but were not enrolled due to lack of capacity.

Preschool education is organized across 466 pre-primary institutions with 2,842 facilities. Of these institutions, 162 (with 2,426 facilities) are State owned and 304 (with 416 facilities) are privately owned. Overall, Serbia shows low preschool/early childhood education attendance and high disparities in coverage. The lowest in terms of coverage is observed for children at nursery age. In 2018, only around 26 per cent of children between the ages of 0 to 3 were enrolled in nurseries; 64 per cent of children aged between 3 and 6 were enrolled in kindergartens (OECD, 2020; UN-Women, 2020).

There are both supply and demand reasons for low and unequal preschool coverage in Serbia. With regards to supply, preschool capacity is insufficient and unevenly distributed geographically; disparities in preschool coverage are characterized by significant regional and urban/rural differences. For instance, children aged between 3 and 5 in rural areas are much less likely than their urban counterparts to be enrolled in kindergartens (just 27 per cent compared to 62 per cent) (OECD, 2020).

Access to early childhood education and care institutions is a particularly acute problem in rural areas, where preschools are typically located twice as far from users' homes than they are in urban areas. For 17 per cent of children who live more than 2 km away from a preschool institution, the average distance is 6 km. Furthermore, there is a lack of resources in these areas to build the infrastructure (primarily transport) needed to facilitate access. In a 2016 World Bank study, lack of access to formal childcare and lack of transportation were explicitly reported as an issue by participants of rural focus groups. Parents have also reported that it is difficult to meet the cost of transportation in addition to the cost of care (Pešikan and Ivić, 2016; OECD, 2020; World Bank, 2016).

Some of the disparity in coverage is due to ethnic divides. For example, Roma children's access to preschool services are very limited. Only 10 per cent of urban Roma children and 5 per cent of rural Roma children aged between 3 and 5 are enrolled in early childhood education (UNICEF, 2019).

Cost is another factor underlying low participation, although the evidence on this is mixed. In a Multiple Indicator Cluster Survey, 12 per cent of parents reported cost as being one of the reasons for not enrolling their children in nurseries and kindergartens (UNICEF, 2012). Studies show that affordability is raised as an issue among parents even after the introduction of measures that allow for a system of reimbursements (World Bank, 2016). While charging fees are a common practice across OECD countries, the relatively high poverty rates in Serbia (over 25 per cent of the population is at risk of poverty) even after transfers, means fees are difficult for parents to pay.

The lack of financial resources, particularly in the least developed municipalities, has led some preschool institutions to favour children from families in which both parents are employed (so-called "reliable payers"). Fees paid by these often constitute the only operating income available to preschools. In turn, it creates a disincentive to implement the legal requirement to give enrolment priority to disadvantaged and vulnerable children, which further accentuates inequities in access to preschool education.

Children aged between 3 and 5 from the richest 20 per cent of families have an enrolment rate three times higher than the poorest 20 per cent. With regards to children with disabilities, about 5 per cent of children between the ages of 3 and 5 have a disability, but only about 1 per cent have enrolled. Finally, children of mothers with no formal education are also under-represented. Only about 5 per cent of children aged between 3 and 5 whose mother has no formal educational qualification is enrolled in preschool education, and these are exclusively Roma children, compared to over 60 per cent of children whose mothers have a formal education (UNICEF, 2012).

Early childhood education and care institutions are often perceived as places for childcare rather than an important part of child development, learning and social interaction. For example, around 50 per cent of parents in Serbia say that their child is not attending a preschool programme because he/she is taken care of at home (World Bank, 2016). This points to critical capacity gaps among parents, who appear to lack awareness and information about the importance of early learning. However, evidence with regards to this is mixed. The World Bank found that among survey respondents irrespective of whether they were in an urban or rural location, children's education and development was reported as being one of two primary motivations for seeking childcare services. The other primary motivation reported was specific to women that were either working or wanted to seek work but had little or no informal childcare support.

Another factor, admissions criteria, partially explains the generally low levels of coverage for children aged between 0 and 5.5 years. Programmes aimed at the 0 to 5.5 age group were designed to support working parents, and their employment remains one of the main criteria for admission into preschools. As a result, only 10 per cent of children with unemployed parents were enrolled in early childhood education and care institutions, compared to 61 per cent of children with parents in employment (OECD, 2020). This criteria can also cause parents to self-exclude from these programmes, as they do not apply thinking they will not be accepted (UN-Women, 2020).

Inequalities reduce somewhat once children are old enough to enter preschool preparatory programmes. Because these programmes have been mandatory since 2006, they are generally well attended (around 97 per cent of children of the appropriate age groups are enrolled).

Roma children are the only group whose participation is not effectively universal; only 63 per cent of Roma children participated in preparatory preschool programmes in 2014, compared to 98 per cent of non-Roma Serbian children. This is partially explained by the fact that Roma parents were reportedly unaware of the mandatory nature of the preparatory preschool programmes (Pešikan and Ivić, 2016; OECD, 2020). Roma children are also the least likely to be enrolled in any form of preschool education. Only 6 per cent of them below 5.5 years of age attended preschool (OECD, 2020).

4. Social norms and gender stereotypes

Social norms, gender stereotypes, and gendered family roles are key ingredients in the high level of informal care provision in Serbia. Serbian society displays high levels of gender-unequal norms and beliefs with respect to the division of labour within households. For example, the Institute for Sociological Research found that in 2018 around 55 per cent of both women and men agreed with the statement "domestic household tasks are by nature more appropriate for women" (USAID, 2020). Even though the percentage of people agreeing with the statement declined slightly from 2012, when around 62 per cent of women and 66 per cent men agreed with it, gendered norms and expectations still exercise a pervasive influence on household unpaid labour distribution. Hence, the informal provision of childcare in Serbia is disproportionately performed by women.

The interaction between prevailing social norms and the institutional environment tends to lead to reliance on particular modalities for childcare. Factors include the availability and affordability of formal childcare, placement criteria, flexibility of operating hours and care quality. Other institutional factors that come into play, especially in relation to employment and women's labour-market

participation, include the availability of maternity and parental leave arrangements, flexible working hours and arrangements, financial support, and in-kind services. Norms on childcare, work and motherhood often play a role in shaping perceptions on the use of care centres. In this regard, Serbia is relatively progressive, although studies suggest different attitudes.

B. Women's employment

Women's inordinate excess of care responsibilities significantly affects their access to the labour market. The Government of Serbia recognized this in the "National Gender Equality Strategy 2016-2020 with the Action Plan 2016-2018" and accompanying Action Plan for implementing the Strategy.

1. Employment, unemployment and activity rates

If we consider people between 15 and 64 years old, the overall employment rate in Serbia in 2018 was 65.2 per cent, with 58.2 per cent being female employment and 72.1 per cent being male employment. The overall unemployment rate was 10.5 per cent, with 11.2 per cent being women's unemployment and 10 per cent being men's unemployment; the overall activity rate was 68.1 per cent, with 61.3 per cent being women's activity and 74.9 per cent being men's activity (SORS, 2019).

Different demographic groups face different issues. The largest inactivity rate gap is among the youngest workers (15-24 age group) followed by the oldest workers (over 65) (SORS, 2019). The former likely reflects a lower employment rate due to young people spending time in school (94 per cent of people aged between 14 and 17 are enrolled in secondary education) (UNICEF, 2019) as well as the greater difficulties unqualified women encounter in finding a job in comparison to their male counterparts. Lack of sufficient flexible or part-time working options for students is another reason for low inactivity.

The latter reflects higher inactivity rates for older women (59 per cent of the retired population of Serbia is female), which is partly driven by the legal retirement age (63 years and 2 months for women and 65 years for men) (PDIFS, 2020) and partly reflects the more traditional gender norms and roles among older households. The smallest gap is recorded in workers between 45 and 54 years of age. At 5 per centage points, this likely reflects the fact that women in this age group are less likely to be caring for small children. Finally, gender employment rate gaps were less evident among those with higher educational attainment, falling to 4 per centage points (SORS, 2019).

These gaps are more pronounced in rural populations, with the employment rate gap being nearly 3.5 times as wide in rural areas than in urban areas. This is probably still due to higher male employment in rural areas, especially in the formal agricultural sector and the prevalence of informal employment arrangements in that sector (SORS, 2019).

2. Gender pay gap

The gender pay gap (GPG) is closely linked to the employment data presented above.¹⁶ According to the Statistical Office of the Republic of Serbia's analysis of the Structure of Earnings Survey (a pilot survey was conducted in 2014), the unweighted GPG in Serbia is 9 per cent (women earn 9 per cent less than men), as calculated on the bases of Eurostat methodology (Anić and Krstić, 2019; ILO, 2019). By comparison, the EU averaged an unweighted GPG of 16 per cent (Eurostat 2016 data reported in ILO, 2019), which is significantly higher than Serbia's. Serbia's unweighted GPG is not surprising given women's relatively low labour-market participation, also because gender roles often determine women's and men's occupational choices across the world, and in countries like Serbia where women are overrepresented in lower paid sectors.

¹⁶ The OECD defines the GPG as "the difference between median earnings of women and men relative to median earnings of men". This definition refers to what is known as the unweighted (unadjusted) GPG. Measurements conducted using this definition are useful to analyze the net differences in wages between women and men.

Nonetheless, previous research has shown that part of the gender gap is not explainable by different labour-market characteristics. These “unexplainables” are not visible looking at unweighted GPG measurements, so weighted measurements are necessary.¹⁷ The weighted GPG in Serbia is 11 per cent (EU, 2020-2015 data), which is comparable to the EU average (ILO, 2019). Women in Serbia earn less in both public and private sectors. Working women earn less than men do in almost all areas of public-sector work. The sole exception is in Public Local Enterprises, where the average women’s wage is slightly higher than men’s. In the public sector, the difference between women’s and men’s wages amounts to around RSD 9,000 (EUR 76); in the private sector, the difference is almost RSD 6,900 (EUR 58). In the private sector, women are paid less than men in almost all sectors, with the financial sector showing the highest GPG. In it, a woman’s average monthly salary is RSD 91,144 (EUR 765), while the salary of men in the same position is RSD 120,518 (EUR 1,010). These gaps are significant given that the minimum gross wage in 2018 was RSD 30,499 (about EUR 259). Finally, a European Commission paper on Serbia, based on a 2015 study, calculates that even with identical educational attainment, work experience and vocations, a woman would have to work an additional 40 days in a year to earn as much as a man with the same credentials (EU, 2020).

3. Women’s employment and childcare responsibilities

According to the 2019 Labour Force Survey in the Republic of Serbia (SORS, 2019), only 6.5 per cent of survey respondents reported their economic status as “doing housework only”; of that per centage, 96 per cent were women. The Labour Force Survey reveals that 63 per cent of women stated that other family and personal reasons made them work shorter than full-time (UN-Women, 2020). As a result, although women spend (on average) less time than men in paid employment, when the time women spend on all work (both paid and unpaid work) is accounted for, women work one hour a day more than men do (SORS, 2016).

Unpaid care work accounts for higher levels of inactivity among women than men. Among those that mentioned care responsibilities as a reason for not looking for jobs, 97 per cent were women (SORS, 2019). Of those who were inactive in the labour market, 7 per cent cited care responsibilities as primary reason for their inactivity. In contrast, 0 per cent of inactive men cited care responsibilities as a reason (UN-Women, 2020).

In 2020, inactivity rates were 53.5 per cent for women and 38.1 per cent for men. Women also take on fewer full-time roles; 96 per cent of those who work part-time and who cited care responsibilities as the reason for not working full-time hours were women (versus only 4 per cent of men) (UN-Women, 2020; SORS, 2019). Having children is a key factor behind the differences, the younger the child the greater the impact.

The presence of young children in the house is reflected in comparisons of employment rate gaps for different age brackets. For example, women and men in the 25-34 age bracket are more likely to have young children in the home than women and men in the 35-44 age bracket. As expected, the employment rate gap of the 25-34 age bracket (12 per cent) is higher than that of the 35-44 age bracket (8 per cent) (SORS, 2019). Moreover, women with children exhibited 5-10 per cent lower employment rates than women without children.

Data from an EU-wide quality of life representative survey (with 1,000 respondents for Serbia) found that 40 per cent of participants responded that their existing working time arrangements do not “fit very well or not at all well” with their family and social obligations. Furthermore, 85 per cent of women and 77 per cent of men in Serbia reported experiencing conflict between their work commitments and their private life. Although this study included other Western Balkan countries, Serbians reported the highest per centage of experienced work/life conflicts. Inflexible working hours appear to be a significant factor (Golubović and Golubović, 2015).

¹⁷ ILO describes the weighted (or adjusted) GPG as “the difference between wages for women and men if working women were to have on average the same labour market characteristics as working men” (ILO, 2019).

Of the inactive population in the study, 57 per cent said they would like to have a paid job, indicating that more flexible working conditions and more balanced distribution of unpaid work would increase labour-market participation and decrease the gender gaps. A similar study with 330 employers (and 126,244 employees) revealed that only 20 per cent of employers allows for flexible working time, and only 10 per cent allows their employees to work from home (EU, 2020). This, of course, changed significantly during the pandemic; it remains to be seen if working from home or flexible working times endure. Prior to the pandemic, provisions for flexible working arrangements were low. There are no current political debates to change legislation to allow for further flexibility, but there seems to be a political push to sensitize employers to its importance. In 2017, the Minister without Portfolio in charge of demography and population policy and the Director of the Development Agency of Serbia signed a cooperation agreement to raise awareness about the need for a balance between work and parenting. It is unclear if there has been movement on this by employers.

4. Maternity and family leave policies

In Serbia, combined maternity and parental leave is for 12 months, broken down into three sections, pre-childbirth, childbirth, and childcare. Maternity leave is for three months, and then an additional nine months of parental leave. After a second child, parental leave is extended to two years for each subsequent child.

Specifically, maternity leave lasts from no later than 28 days before the birth, up to three months after the birth, and only the mother has the right to use it, except in special cases (when the mother leaves the child, due to the death of the mother, if she is serving a prison sentence or for some other reason that justifiably prevents her from taking care of the baby). Parental leave lasts until 365 days from the day of the beginning of maternity leave, and it can be used by both parents, but not at the same time (Article 94, Labour Law).

In 2019, only 328 men availed themselves of parental leave, reflecting traditional attitudes and stereotypical gender roles. Equal parenting and encouragement of fathers to take parental leave was focus of the National Campaign "Half-half" conducted by UN-Women and initiatives implemented by its local partners (such as SeCons and AFA) in late 2020.

C. The impact of COVID-19

The Government, like many others across the world, responded to the pandemic in mid-March 2020, with lockdowns and restrictive measures to contain or ameliorate the spread of the virus. Common measures included border closures, travel restrictions, school shutdowns, bans on large gatherings, curfews, and closure of non-essential services.

These measures eased on April 21, with further relaxations introduced on May 7. From June 5, limits on the numbers of people gathering publicly were eliminated. By the end of June, however, cases started to rise again, so new measures were introduced on July 1st. These included mandatory mask use in public transport and indoor spaces. On July 7, the reintroduction of a curfew was announced, but following an almost week-long protest, it was never enacted (ESPN, 2020).

With specific regards to labour, the government set out a series of instructions for employers through the "Decree on the Organization of Employers During the State of Emergency", which said that employers should organize work-from-home for all employees where possible. Employee's earnings should stay the same as before, but they would not be entitled to transportation reimbursement. The decree also outlines occupational safety measures that employers are required to ensure (OSCE, 2020).

The Ministry of Public Administration and Local Self-Government also issued a recommendation for organizing work in public organizations. Under this recommendation, the needs of people with chronic diseases, people older than 60 and parents of children under 12 (especially single parents or if one has work

obligations) should be prioritized. It also recommended that employers organize flexible shift work to suit the needs of the families (or single parents) with children under 12. However, these measures were not mandated through a decree, and as such employers had flexibility in their application.

1. Kindergartens and preschool institutions – reopening

The Ministry of Health and the Institute of Public Health announced easing certain measures starting from May 11, 2020. The measures, aimed at reopening kindergartens and preschool, were initially directed at children whose parents could prove they had to go to work. The Ministry of Education, Science and Technological Development recommended the creation of class groups at 50 per cent of the usual size, strict regulations in relation to disinfection and safety rules and more widespread distribution of hygiene and disinfection products.

More than 30 measures were set in practice upon the return of children to kindergartens and preschool institutions, including measures on ventilation; washing; cleaning and disinfection of facilities, surfaces and equipment, and toys; rules for parents; maintenance of physical distance; use of masks; among others.

2. Impact on women’s labour-force participation

The pandemic hit Serbia after a year of unprecedented job growth; almost 70,000 jobs had been added to the economy (ILO/EBRD, 2020). While there is not yet a comprehensive picture of overall and ongoing labour-market impacts, estimates show that as of July 2020 there were around 518,000 registered unemployed, out of which 287,000, (55 per cent) were women —4,000 more women were unemployed as compared to before the crisis.

The gender-specific impacts of the pandemic on employment reflects underlying structural and gender inequalities in Serbia, especially in relation to occupational segregation, social insurance coverage and the uneven distribution of care provision. Women make up the majority of people working in the service industries that have been particularly affected by lockdown measures. They are also most likely to be the owners of enterprises and micro-enterprises in sectors that were banned or restricted from operating during the lockdown. For example, women made up for the majority of the self-employed population of skilled agricultural, forestry and fishery workers (54.9 per cent self-employed women versus 53.4 per cent of men); service and sales workers (16.6 per cent self-employed women versus 6.7 per cent of men); technicians and associated professionals (3.3 per cent self-employed women versus 3.2 per cent of men). Men dominated sectors such as elementary occupations, pant machine operators and assemblers, craft and related trades workers, and managers (SORS, 2019).

Another striking impact is that the COVID-19 pandemic has led to a decline in working hours during the second quarter of 2020, equivalent to the loss of 510,000 full-time jobs. Already economically vulnerable workers, women and young people are at the highest risk of suffering from this economic downturn.

Over 700,000 workers are at immediate risk because of the characteristics of their jobs. When gender-specific considerations are brought into the sectoral analysis, the overall share of employment in sectors with high labour-related vulnerabilities increases by around 6 per centage points. Among the many reasons behind job loss during the pandemic, a major difference between women and men was the conflicting demands of commuting to/performing work and taking care of their children and other family members. Around 15 per cent of women reported this as a cause of job loss, while only 5 per cent of men did so (SeCons, 2020a).

Although employees in all four regions of Serbia were almost equally affected, loss of jobs was slightly more frequent in rural areas than in urban; 11 per cent of women in rural areas lost their job, compared to 7 per cent of women in urban areas (SeCons, 2020b). Among women in rural areas, 24 per cent stated they were forced to leave their jobs to take care of children and the elderly at home (compared to 11 per cent in urban areas).

Women who started working from home had different experiences; around 30 per cent of them stated they did not have an adequate area at home to fully dedicate to work, 5 per cent did not have the necessary equipment (computer or Internet access), 44 per cent reported working during night hours to finish work, and 28 per cent felt frustrated at being interrupted during work by family members (SeCons, 2020b).

3. Impact of the pandemic on women and families with children

The closures of nurseries, kindergartens and schools meant an all-day burden that fell disproportionately on women. This burden was exacerbated by the cessation of contact with elderly family members – who are often informal care providers.

An ongoing UNICEF study has tracked the social and economic effects of the pandemics on households with children aged 0 to 17. The study conducted interviews with households in several different points in time starting from April 2020. In total, 1,823 households partook, and data was collected for 3,149 children.

The study shows that during the pandemic, children aged 0 to 6 were cared for by mothers (81 per cent), grandparents (10 per cent) and fathers (8 per cent). The percentage of care provided by fathers drops to 5 per cent in rural areas. Mothers (70 per cent) spent more than three hours daily playing, reading and other activities with their children. In the case of children aged 7-12, 27 per cent spent over two hours daily helping their children in the learning process. The situation regarding children aged 13-17 is significantly different, with 46 per cent of parents reporting zero hours spent on helping their children, followed by 23 per cent who spent up to one hour on these activities (UNICEF, 2020).

In terms of employment impacts, the study shows that mothers and caregivers were affected in 33 per cent of households, and about 30 per cent of mothers/caregivers reported income reduction. The crisis has significantly affected household incomes; 47 per cent of interviewed households reported reduced income, although this had fallen to 30 per cent by July 2020. Most households reported income reductions that represented up to 30 per cent of their monthly incomes. Over 25 per cent of households reported having unplanned expenses, mainly due to increased expenditures for hygiene items, health expenses and food. For 39 per cent of these households, unplanned expenses represented over 25 per cent of their monthly income (UNICEF, 2020).

4. Effects of the pandemic on children

A report by the Network of Organizations for Children of Serbia (MODS, 2020) shows that the restrictive measures introduced during the state of emergency significantly affected children. In addition to lockdowns, closures and other measures discussed above, restrictions on their mobility and inability to see friends had particularly acute impacts. Teaching was mostly conducted online through various applications and over the Radio Television of Serbia public broadcast service.

School closures posed a real threat to a deepening inequality in learning for marginalized children, particularly national minorities, Roma students and children with disabilities. The socioeconomic impacts of COVID-19 are also felt hard by the most vulnerable children. Many already live in poverty, and the consequences of COVID-19 response measures risk plunging them further into hardship (UNICEF, 2020).

D. Socioeconomic response and recovery measures

Overall, the Government of Serbia's response is regarded as being "one of the most generous and comprehensive economic packages among the Western Balkan economies" (ILO/EBRD, 2020). The Government announced two financial packages to support the economy through the crisis. Overall, it spent around 11 per cent of GDP (EUR 5.1 billion/RSD 608.3 billion). The recovery packages contained

earmarked budget funds for direct cash subsidies to the private sector, for a programme of favourable loans and for State-guaranteed loans. Additional financial aid through support schemes was announced for particularly affected sectors, such as tourism and transport. Furthermore, the Government paid a minimum salary for employees of small- and medium-sized enterprises for three months and deferred tax payments and social security contributions. The latter two measures were prolonged in July 2020 and were complemented by the establishment of a new granting State support for each newly created job for a period of nine months. Business taxes were deferred until January 2021, and people with housing loans had an option to freeze the repayment of their monthly mortgage over a period of six months.

1. Income-support measures

The ILO/ERBD assessment report on the Serbian response to the COVID-19 pandemic details the income-support measures introduced:

- The government introduced a one-off universal cash transfer of EUR 100 to all.¹⁸ While pensioners and social assistance beneficiaries received it automatically, other adult residents had to apply.
- All pensioners and temporary benefit beneficiaries who had exercised their rights were paid a one-off financial assistance in the amount of RSD 4,000 (about EUR 34).
- More than 14,000 of the most vulnerable women in 50 municipalities across Serbia had received assistance worth EUR 100,000 in hygiene packages and essential foodstuffs as part of the EU support to Serbia in the fight against COVID-19.
- The government announced spending approximately RSD 212 million (EUR 1.9 million) from the State budget as financial assistance to independent artists. It was announced that 2,353 artists would receive RSD 30,000 (EUR 260) a month, for a period of three months, through local self-governments.
- Employees in health care institutions received a supplement to their salary in the amount of 10 per cent.
- Increased employment in the health sector. More than 2,500 doctors and nurses, who were previously doing residencies or had fixed-term contracts, have been employed. Additionally, the government approved the employment on an indeterminate basis of 455 caregivers and 127 health workers at social care institutions who were hired on a temporary basis during the state of emergency.

2. Support to micro-enterprises

Microenterprises were hit very hard by the pandemic, with more than 25 per cent completely ceasing to operate. They also have the least access to savings, assets, or credit to support recovery. Except for those operating in the textile, transport, and tourism sectors, microenterprises have generally managed to keep the dismissal of workers below 9 per cent (ILO/ERBD 2020). In doing so, they remained eligible for the most generous and powerful financial assistance measure offered by the government: employment retention subsidies which, for micro-, small- and medium-sized enterprises, amounted to about 65 per cent of total labour costs.

¹⁸ In March of 2021, the Government announced further transfers: one of EUR 60 to all adult citizens (in two installments), EUR 60 to all unemployed citizens registered at the National Employment Service on April 15, and EUR 25 for all citizens who receive at least one dose of a vaccine against COVID-19 by the end of May 2021. It was in the final design phase new transfers were announced; thus, it does not provide detailed information.

The Serbian Innovation Fund introduced a tailored call for proposals for micro-, small- and medium- sized enterprises developing new products, technologies, and prototypes that could help to cope with the crisis in the short term. In order to support tourism and hospitality, transport and logistics, the government distributed 160,000 holiday vouchers for destinations within Serbia. The government announced its readiness to provide further assistance to enterprises in vulnerable sectors, including hoteliers, travel agencies, and bus companies. Direct aid to the hotel and leisure sector was one of the measures included in the package designed to help the economy in response to COVID-19 crisis.

Overall, the support through wage subsidies (which were renewed in September 2020 for the hardest-hit sectors), and the universal EUR 100 payment have had a positive impact on containing the expansion of poverty. Indeed, microsimulations show that the cash grant alone has been able to bring down the Gini coefficient by one full point (ILO/EBRD, 2020). However, critics, including the Serbian Fiscal Council, have argued that because these two measures were not targeted, they consumed a lot of public resources and only postponed the effects of the COVID-19 crisis.

3. UNDP/UN-Women COVID-19 Global Gender Response Tracker

According to the UNDP/UN-Women COVID-19 Global Gender Response Tracker, Serbia introduced 15 measures, 10 of which were deemed gender-sensitive. As elsewhere, a significant proportion of these measures were in relation to violence against women (832 globally with five such measures in Serbia). In looking only at gender-sensitive social protection and labour-market measures, (measures that target women's economic security or address unpaid care) the Serbian response compares quite favourably.

Over 50 per cent of Serbia's social protection and jobs responses have been deemed gender-sensitive. Furthermore, only 25 countries —one of which is Serbia— have had what the Global Gender Response Tracker terms a holistic response (measures that span violence against women, women's economic security and unpaid care work).

All social assistance measures were deemed to be gender-sensitive. Although the other measures were not specifically deemed as such, they may still benefit women. For example, the one-off transfer was paid to all citizens over the age of 18 at the end of the state of emergency. This was the only measure that has encompassed women working in the informal economy or on a contract, it included marginalized women, and although one-off and instantaneous, this assistance also contributed to the survival of those who have seasonal jobs or who were unable to work. In addition, some women reported that this was the first money they received in their name, to their own account.

Despite the favourable overall and gender assessment of the response and recovery measures, the focus on the care economy (both paid and unpaid) has been minimal. From a gender perspective, the primary response measures of interest were the package of support to microenterprises, entrepreneurs and the self-employed; the one-off cash payment; the temporary extension of social assistance benefit entitlements (conditional and unconditional); and the 10 per cent increase in salary of health sector workers and care workers in nursing homes.

However, no measures were introduced that were specifically addressed to working parents who were affected by the closure of childcare services and schools (such as leave days or working time flexibilization). There was a government decree advising that parents of children in kindergartens and lower-age primary school children ought to be allowed to work from home with full salary, but it fell short of providing an adequate legal framework for implementation. Public-sector entities largely implemented the decree, but private-sector enterprises barely implemented it, largely due to the absence of financial support from the government. Despite the overall positive response and recovery measures, the Government did not respond to the intensification of care work that fell primarily on women during the pandemic.

E. Conclusions and policy recommendations

Serbia has relatively low levels of both female labour-force participation and childcare provision. Improving the accessibility, affordability and quality of formal childcare is a crucial element for increasing women's labour-market activity and for economic growth. Improved childcare options would allow informal caregivers to reallocate their time to formal labour-market activities, thus contributing to measured economic output as well as easing the costs associated with a declining, ageing population. Further, it would allow for the important recognition of care work. Unpaid work has become a critical part of the SDGs as advanced by the 5R framework (Recognition, Reduction, Reward, Representation and Redistribution of paid and unpaid work) to facilitate women's empowerment and to shape analysis and policy development.

The gender-specific impacts of the pandemic on employment reflect underlying structural and gender inequalities, especially in relation to occupational segregation, social insurance coverage and the uneven distribution of care. The pandemic has increased the visibility of these pre-COVID-19 structural and societal inequalities. The burden of care work, especially childcare, on women intensified as childcare facilities, schools and kindergartens closed. The highest economic risks from the crisis' impacts fell on already vulnerable workers, the majority of which are women, including the informally employed, the self-employed, low-wage earners and employees with non-permanent contracts.

The intensification of unpaid care work and women's loss of working hours and income due to the crisis underline the urgent needs for greater investment and flexibility in childcare provision and for employers to offer flexible working hours and appropriate work-life balance policies.

A number of key areas of concern have emerged in this review of childcare provision, women's employment, and COVID-19 in Serbia. These include the extent of the rural-urban divide in relation to the provision of childcare, labour-market opportunities, the distribution of unpaid care work as reinforced by social norms, women's low labour force participation high inactivity rates, the distribution of unpaid work in general and of care work in particular and the funding of childcare provision through local municipalities rather than central government.

The current network of childcare/preschool institutions is inadequate in terms of geographic coverage and physical capacity. Preschool institutions are frequently absent where there is the highest need for them, as in under-developed and rural areas. Higher enrolment rates are associated with children from better-off families, parents with higher educational attainment and those from urban environments; lower enrolment rates are prevalent among the poorest, rural and Roma children.

Where there is childcare provision and yet participation rates remain low, other variables, including public transport, affordability and social norms all play a role. In particular, more needs to be done to inform parents of the social, development and educational benefits of childcare/preschool education, as many parents appear to not recognize value of preschool education for the development of their children (UNICEF, 2016).

This chapter/section demonstrates the clear link between women's employment opportunities and childcare provision. Women's employment continues to lag around 14 per cent behind men's, with childcare responsibilities being a primary constraint. The unemployment rate for young women aged 15-24 in Serbia is especially high at 29.7 per cent (SORS, 2019) with the main barriers to labour-force participation identified as family responsibilities, lack of childcare and low levels of education (World Bank, 2019).

In light of the pandemic increasing an already high rate of youth unemployment, the Government has announced a new wage subsidy and on-the-job training programme, My First Salary. It is intended to provide direct subsidies to around 10,000 first-time employees with a secondary school or university education. Given the significant resources being devoted, it is essential that it

incorporates a specific gender focus and targets. To this end, it should engage with institutions that have a gender remit, including UN-Women, in programme design. The central government should make much greater investments in State-sponsored childcare facilities, especially for children under age 3. At present, local governments bear 80 per cent of current preschool education costs. Given the current inequalities in coverage related to levels of municipal development, the current funding model is a key policy issue in relation to childcare and its impact on women's employment. It is highly recommended that the government intervene and support under-developed municipalities to reach higher childcare/preschool coverage rates.

Finally, State-mandated employer flexibility to improve the work-life balance and flexible childcare provision (half-day as well as full-day options) are crucial issues for working mothers and youth. Such flexibility is key to a range of issues, from addressing income inequality, to improving women's labour-force participation rates, to strengthening the family unit through enhanced work-life balances.

The Government was performing well prior to the pandemic, which allowed a relatively good emergency response and a better possibility for growth to resume over 2021-2022. In contrast to other Western Balkan countries, Serbia's response has relied on two key measures: generous, near-universal employment retention measures and a one-off cash grant for all adults. Measures were largely aimed at maintaining existing employment levels and liquidity of economic actors. These have proven to be effective ways to support, at least temporarily, the old and newly poor and vulnerable during the pandemic (ILO, 2020).

A lesson learned regarding microenterprises, where there are more women owners than in larger business entities and which have the largest share in all areas of work, is that making budget support conditional to maintaining employment levels according to linear parameters that apply to all entities, regardless of size, is not suitable for micro companies and entrepreneurs. This crisis has shown that it is necessary to increase, intensify and expand support for women's entrepreneurship through additional measures and programs. However, to date, no special measures have targeted women-owned businesses and women entrepreneurs in response to COVID-19, although there is a need for them.

From a care perspective, the response has been disappointing, with no measures introduced that were specifically addressed to working parents who were affected by the school and childcare closures. There was only the increase in salary of mostly female care workers in nursing homes and the government decree, which was largely fulfilled by the public sector but ignored by the private sector. There were not any care-specific measures, such as leave days, mandated working time flexibilization, employment protections or leave to take care of a child sent into mandatory quarantine, or incentives or tax measures to facilitate working from home.

As the fiscal space in Serbia becomes narrower, the Government needs to focus future policies on those population groups that are the most vulnerable and most affected by the crisis. The absence of specific response and recovery measures that address care and women's disproportionate responsibility in performing this work is not the sole reserve of the Government of Serbia.

Globally, care work is long undervalued and often invisible. The COVID-19 pandemic has exposed how the labour market depends on gender roles that require more work from women than from men. The conflicting demands on women's time for care and work activities represent a fundamental barrier to their efficient and equitable labour-force participation.

Gender equality and women's economic empowerment are closely intertwined; the provision of affordable, quality childcare is a key component to ensuring a more balanced sharing of family responsibilities. COVID-19 has brought these issues into sharp relief, providing a unique opportunity to advocate for policies that address the vicious circle of low labour-market attachment and primary care provider roles that perpetuate gender-based inequalities and women's economic vulnerability.

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VI. Childcare, women's employment and COVID-19 impacts in the Kyrgyz Republic¹⁹

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Introduction

The Government of Kyrgyzstan, like many others across the region, responded to the COVID-19 pandemic in mid-March 2020 with lockdown and restrictive measures. Among them: border closures, travel restrictions, school shutdowns, a ban on large gatherings, transport restrictions, the introduction of curfews that spread over several days and closure of non-essential services. The pandemic and subsequent shutdown response has had a serious impact on the economy, with GDP falling by 8.1 per cent for January to November 2020 on an annual basis,²⁰ as well as a drop in remittances by 25 per cent and a rise in the unemployment rate to 21 per cent (ABD, 2020).

In addition to such devastating economic disruption, it has been widely recognized that the current crisis in Kyrgyzstan has exacerbated already existing gender inequalities with extensive implications for women. With the closure of day-cares and other social service premises and with a shift to working from home and online education, the need to perform unpaid chores in the household has increased.

¹⁹ Originally published as a UNECE-UN Women series: Rethinking the Care Economy and Empowering Women for Building back Better. Full study available in Russian: [https://eca.unwomen.org/sites/default/files/Field per cent20Office per cent20ECA/ Attachments/Publications/2021/6/Childcare per cent20Report_RUS-min.pdf](https://eca.unwomen.org/sites/default/files/Field%20per%20Office%20ECA/Attachments/Publications/2021/6/Childcare%20Report_RUS-min.pdf).

²⁰ <http://www.stat.kg/ru/news/v-noyabre-tekushhego-goda-prodolzhaetsya-spad-ekonomiki-kotoryj-sostavil-bolee-8-procentov/>.

Women in Kyrgyzstan carried a disproportionate amount of unpaid care work prior to the onset of the COVID-19 pandemic. Data from a time-use survey in 2015 show that females spend 1.3 hours less each day on paid work, while at the same time, they also spend 2.75 hours more per day on unpaid work than men on household work, work in the garden or orchard, and parenting. Work and care loads are even higher for self-employed women, who work about 30 minutes more per day but still spend about two hours more per day than men on unpaid work. The gap in care responsibilities has significant consequences on women's economic empowerment. Following the global trends, the economic activity rate is lower for women (45 per cent) than it is for men (75.4 per cent) (ABD, 2020). The difference in the employment rates is mainly due to the marked higher inactivity of women in the labour market. Inactivity rates in Kyrgyzstan are significantly higher for women, with the inactivity rate for women in 2019 at 57.3 per cent, against 28.1 per cent for men.²¹

Women in the country also take on more part-time employment and casual roles in the family. According to 2017 data from the National Statistical Committee, about 38 per cent of economically active females have quit their jobs due to personal family reasons (the corresponding value among males is 11 per cent) (National Statistical Committee, 2018). They are living in a society significantly influenced by traditional gender roles and stereotypes. The roles are divided into "masculine" and "feminine", with the latter being less paid and precarious. The conflicting demands on women's time for care (whether it is care for elderly members, the sick or young children) and paid work activities represent a fundamental barrier to their economic participation and contribute to the dwindling rate of labour-market involvement. Women are largely recognized as being primary care providers, and this societal expectation creates an unbalanced sharing of family responsibilities at home. Women invest more in childcare roles, and this has been especially true during the pandemic. These factors perpetuate gender-based inequalities and women's economic vulnerability.

This case study explores links between childcare provision and women's labour-market participation in Kyrgyzstan in the context of the COVID-19 pandemic. It provides an overview of care provision in the country and explores the extent to which available services meet the care needs of families with children, especially women with children of preschool age. The framework of formal childcare services in Kyrgyzstan is presented, its legal and financing model, its current provision and the existing gaps. Barriers to the use of quality formal care in Kyrgyzstan are explored, as are the reasons for the continued predominance of informal care provision, especially for preschool-age children (aged 0-7 years). The investigation also looks at the links between the employment situation of women and the provision of childcare in the country. It provides empirical evidence based on available data on the impact of the pandemic, especially in terms of the closure and reopening of preschool and school facilities, including the direct and indirect effects on women's labour-market participation. Lastly, the measures that were introduced as part of the pandemic response are assessed through a gender lens, revealing their gender-insensitive content. The study concludes with key recommendations for policies and measures on childcare and women's employment in general, as well as on the steps needed to mitigate the negative effects of the crises driven by COVID-19 on women with childcare responsibilities.

Political and socioeconomic context

As of 2020, the permanent population of the Kyrgyz Republic was about 6,523,000 people. One third of the resident population (34 per cent) live in urban areas, while two thirds (66 per cent) live in rural areas. The composition of the country's population is notable for its young people: 35 per cent of the total population are children and adolescents under the age of 16, about 57 per cent are part of the working-age population, and 8 per cent are retirees.

²¹ National Statistical Committee data retrieved from <http://www.stat.kg>.

In the 1990s, the transition to a market economy led to the formation of a new labour market, new forms of economic relationships, new types of employment and a rapid growth of unemployment at the same time. Large-scale political and economic reforms affected the whole national economy and resulted in drastic lowering of the living standards of the population. People were pushed out of the labour market, losing their secured jobs and sustainable income. There was even a more pronounced negative effect on the economic position of women, including a decline in labour-force participation and employment rates. Thus, one of the main priorities of the modern social policy of the country is to reduce poverty and improve the living standards of the population.

The poverty rate for 2019 stood at 20 per cent of the total population. The poverty rate among men and women across the country, in general, is not strongly differentiated and corresponds to the demographic structure of the population. The level of poverty in 2015 in female-headed households was lower (15.2 per cent) than in male-headed households (27.1 per cent), and the level of extreme poverty was 0.8 per cent and 0.9 per cent, respectively. The poverty rate in rural areas in 2015 had increased by 1.0 per centage points compared to 2014, while urban areas saw an increase of 2.4 per centage points. In 2019, there were 1,312,808 people below the poverty line, of whom 67.7 per cent were rural residents.

A. Overview of women's employment

Overall, women in Kyrgyzstan face a double challenge: relatively low levels of childcare provision and low rates of female labour-force participation. Given the demographic and economic trends (high birth rate, high labour-force migration, an increasing poverty rate and economic deprivation), the improvement of accessible, affordable, and quality formal care options is a crucial element for economic growth. Enhanced choices for formal care options would allow mothers who are currently busy as informal caregivers to reallocate their time to formal labour-market activities, contributing to economic output and family well-being.

1. Participation in the labour market

Despite the high education level of women in Kyrgyzstan, the difference in the labour-force participation rate between males and females increased from 23 per centage points in 2010, to 29 in 2019. The econometric analysis undertaken by the European Bank for Reconstruction and Development (EBRD) in 2015 revealed that the "Kyrgyz GDP would have grown between 0.2 and 0.4 per centage points faster each year between 1990 and 2013 had the gender gap in labour-force participation stayed at its 1990 level".

The employment rate is higher in rural areas, where the gender gap is larger.²² The gender gap in the employment rates is the highest among the age group of 20-to-29-year-olds, when most women get married and have their first child.²³

The gender gap decreases for persons in their 40s; age at which many women return to their workplaces. The gap increases slightly for the 55-64 age group, when women usually retire and become involved in the second reproductive cycle —taking care of their grandchildren or older family members. In addition to age, other personal characteristics such as having young children (under the age of 4), living with a spouse in the same household or being a member of a minority ethnic group (e.g. Dungan, Kazakh, Tajik or Uighur) decreases the likelihood that a woman will participate in the labour force (EBRD, 2015). According to 2017 data from the National Statistical Committee, about

²² The employment rate of males in rural areas and urban areas is 71 per cent, whereas the employment rate of females is 39 per cent in rural areas and 46 per cent in urban areas (National Statistical Committee 2018).

²³ The average woman in the Kyrgyz Republic first gets married at the age of 23 or 24 and at the same age gives birth to her first child. The average number of children she has is three. For more information, see <http://www.stat.kg/ru/news/8-marta-kyrgyzstan-otmechaet-mezhdunarodnyj-zhenskij-den/>.

38 per cent of economically active women have quit their jobs due to personal family reasons, with care work being one of the main reasons (the corresponding value among males is 11 per cent) (National Statistical Committee, 2018).

Despite progressive legislation and programmes²⁴ as well as wage adjustment policy in 2011 that focused on the wages of teachers, health-care workers and social service workers (positions predominately occupied by women), the gender pay gap continues to grow.

2. Women's entrepreneurship

The hurdles faced by women when establishing and running a business are vast and often differ from those encountered by their male counterparts. Thus, women have limited access to financing, information, and technology, they lack access to business networks, and they must reconcile business and family issues. Consequently, women-owned businesses are still in the minority: women head only 28 per cent of private-operating business entities in Kyrgyzstan (National Statistical Committee, 2020). The share of women among the heads of small and medium-sized enterprises (SMEs) registered as legal entities is 30 per cent for small businesses and 43.5 per cent for medium-sized enterprises. The share of women among individual entrepreneurs is 35 per cent, while they comprise 19.6 per cent of the heads of rural farms. While the number of men engaged in individual entrepreneurial activity in the past 10 years has increased by almost 100,000 people, the number of women entrepreneurs has not changed. It is worth mentioning that the lack of a legislative definition of women's entrepreneurship and the absence of gender-disaggregated statistics make it difficult to assess the level of women's participation in the management of business enterprises and organizations.

In Kyrgyzstan, female entrepreneurs earn less than their male colleagues and tend to concentrate in a limited number of activities, such as catering, tailoring, wholesale and retail trade, beauty and food processing; their activities also lag behind those of men in size and productivity. Female-owned businesses in Kyrgyzstan are more likely to be smaller and less profitable than male-owned businesses. Also, they receive lower incomes than men because of the specifics of their time budget—they must devote more time on care work at home. In addition, women have fewer opportunities to dispose of their income and tend to spend the profit on the needs of the family rather than on expanding their business (UNDP and ADB, 2014). Furthermore, women engaged in entrepreneurial activities do not receive the necessary support from their family members: husbands, children, and relatives. Thus, women are 1.7 times more likely than men to close a business due to the lack of time to manage the business (24 per cent) and the need to deal with family matters and childcare (14 per cent).²⁵

3. Impact of migration on women and the care economy

According to the Joint Report on Migration of the Kyrgyz State Migration Service (State Migration Service, 2018), more than 50,000 people leave the country as labour migrants annually, and the total number of Kyrgyzstani citizens living abroad is more than 750,000. It is estimated that about 76 per cent of migrants are under the age of 35 and that about 40 per cent of labour migrants are females (State Migration Service, 2015). Studies conducted by Russian researchers report that about 74 per cent of Kyrgyz women migrate for work alone and live in the Russian Federation independently, with about 82 per cent of surveyed female migrants answering that their husbands were left behind in Kyrgyzstan (State Migration Service, 2014). The high rate of women's labour migration creates a substantial care

²⁴ Following international and national commitments, in 2008 the Kyrgyz Republic adopted the Law on State Guarantees of Equal Rights and Equal Opportunities for Men and Women, banning gender discrimination and guaranteeing equal opportunities. Subsequently in 2012, the government approved a long-term document for the first time – the National Strategy for Gender Equality until 2020.

²⁵ The Ministry of Economy and Commerce of Kyrgyzstan, draft resolution "On approval of the Program for the Support and Development of Women's Entrepreneurship in the Kyrgyz Republic for 2021-2025", 25 January 2021 <http://mineconom.gov.kg/ru/post/6827>.

deficit for children who are left behind. According to experts' estimates, based on official figures of the number of migrants who went abroad, about 200,000 children in Kyrgyzstan were left without parental care and are often described in the media as "social orphans".²⁶

The lives of wives left behind remain largely confined to housekeeping, child-rearing and caring for elderly family members. NGOs' reports reveal that a significant number of such households have problems with housing and live in poor housing conditions with limited access to heating, lighting, fuel, safe sanitation, and drinking water. This increases the burden of household chores on rural women and children and hinders women's opportunities for income-generating activities (Djanaeva, 2015).

4. Informal employment

Employment in Kyrgyzstan is characterized by a high degree of informality. According to the official data, the volume of the informal economy is equivalent to 23.6 per cent of GDP.²⁷ Economists acknowledge that these data are far from reality and that the level of the shadow economy is likely to be higher.

A typical employee in the informal economy is a female young person with limited education who works in small-scale subsistence farming as an unpaid family worker. In 2009, about 36 per cent of those engaged in the informal economy in Kyrgyzstan were women. According to an ADB report, 374,000 (of which 40 per cent were women) were employed in retail and services; 54,000 individuals were working at the Dordoi Bazaar²⁸ and 16,000 individuals at the Karasuu Bazaar²⁹ (ADB, 2020). According to the study conducted by ADB in 2018, 218,000 individuals were informally employed in the clothes manufacturing sector, of which 44 per cent were women; and 247,000 Kyrgyzstanis were employed in the construction sector. Women made up 50 per cent of informally employed workers in the hospitality sector (143,000 unofficial workers).

In addition, the economically inactive population includes women who run households and who were forced out of the labour market. In urban areas, they find work in the shadow sector of the economy and are hired as care workers (tutors, nannies, housekeepers, etc.) in other households (Savin and Gapurbaeva, 2017). Employment in the informal economy leaves women often without any legal protection, trapping them in low-paying, unsafe working conditions and without access to social benefits such as a pension, medical insurance or paid maternity and sick leave. Such unsatisfactory employment conditions for women perpetuate the gender pay gap and gender inequality at large.

5. Women's unpaid care work

Although legal provisions are mostly gender-neutral,³⁰ current trends suggest an ongoing polarization of men and women's traditionally assigned roles in everyday life (Ibraeva et al., 2011). A time-use study in 2015 found that many women are mainly responsible for unpaid domestic work, and men, for paid employment. On average, women and adolescent girls spend 4 hours and 30 minutes per day on household chores (18.8 per cent of their time every day), whereas men and adolescent boys spend 1 hour and 34 minutes (6.5 per cent of their time) on these activities. It also found that women living in rural areas spend around 293 minutes per day on household chores, 1.15 times more than women in urban areas. Furthermore, females and adolescent girls spend three times more minutes per day on childcare than males and adolescent boys.

²⁶ https://www.gezitter.org/migranty/60351_migrantskie_deti_sostavyat_tseloe_pokolenie/.

²⁷ https://rus.azattyk.org/a/kyrgyzstan_tenevaya_ekonomika_rost_ekonomiki/30400573.html.

²⁸ The Dordoi Bazaar is a large wholesale and retail market in Bishkek, its northern Kyrgyzstan, Kazakh and Russian markets.

²⁹ The Karasuu Bazaar, located in Kara-Suu is a highly important centre of Chinese consumer goods imports into southern Kyrgyzstan, Tajikistan and Uzbekistan.

³⁰ According to article 137 of the Labour Code of the Kyrgyz Republic, parental leave can be used fully or partially by the mother, father, the grandmother or grandfather, or another relative or guardian who actually takes care of the child.

The discrepancy in the amount of time spent on unpaid reproductive labour does not depend on the employment status of women. A time-budgeting study conducted in 2015 indicated that self-employed women work about 30 minutes more per day but still spend about two hours more on unpaid work. Thus, gender expert Anara Niyazova noted: "The labour activity overlaps the reproductive activity, and a woman should have time to pay the reproductive tax, i.e. to give birth. Our women are traditionally taking care of children and other family members, for example, with disabilities, and old family members".³¹

Research on the intersection between care and employment indicates that for women, having children impacts gender inequality in two ways: unpaid labour becomes more unequally distributed while, at the same time, labour participation and employment competitiveness decreases. This trend worsens with the increase in the number of children in a household (UN-Women, 2016).

6. Social norms and gender stereotypes

Gender norms are very unequal in Kyrgyzstani society, as are beliefs with respect to the division of labour within households. Ibraeva (2006) pointed out that Kyrgyz society is patriarchal, male-dominated, and conservative (considering that the primary function of marriage is to raise children). Women have to "conform to the traditionally accepted Kyrgyz script that includes marrying on time, having children, having a husband, and being a wife and mother" (Kleinbach and Salimjanova 2007). It is worth noting that marriage and family relations in the country are characterized by an increasing number of juvenile, unregistered marriages, as well as forced marriages, including through the forced abduction of women.

The Gender in Society Perception Study (GSPS) has reported that around 81 per cent of men and women agree with the statement that "the woman should take care of the house and children, and the man should earn." Moreover, 84 per cent of respondents agreed that "a real woman is willing to do housekeeping—it is a pleasure for her". At the same time, more than half of respondents (51 per cent of women and 61 per cent of men) believe that "a wife's career is less important than the career of her husband", and 38 per cent of women and 43 per cent of men respondents agree that "a woman's work has a negative impact on the family and children". Expectations that women will combine household duties with employment limit their employment opportunities and push them to choose work that is close to home with flexible working hours (UN-Women, 2016).

Existing gender norms restrict women's activity choices and result in vertical and horizontal labour-market segregation. More than a quarter of women are employed in low-return jobs, such as those in the education, healthcare and social work sectors. Mining, electricity, gas, and other energy, IT and communications industries have the fewest female employees as these professions are considered "not feminine".³² However, the average wages are the highest in those sectors. The lower share of females employed in high-return technical jobs can be attributed to the gender specialization of women at the tertiary and higher education levels. In addition to gender differences in choice of education major, there are several legal barriers that limit opportunities for women. Legally enacted working conditions in some construction, factory and mining jobs are discriminatory to females (World Bank Group, 2015). Lower labour participation rates and wage disparities between men and women are also due to considerable vertical segregation patterns.

B. Provision of childcare and early education

The development of free public infrastructure for early childhood care is believed to decrease the burden on females for unpaid reproductive labour and to increase their rate of participation in the labour force (EBRD, 2015). The provision of social services in Kyrgyzstan has been characterized as eroded, especially the free preschool care and education system, which poses a substantial barrier to employing women.

³¹ <https://cabar.asia/en/gender-based-opinion-of-labour-market-in-kyrgyzstan>.

³² <http://kloop.media/educationwomen>.

1. Types of care

Childcare in Kyrgyzstan is generally understood as care for children up to primary school (aged 0-7 years). Informal care usually refers to unpaid and generally unregulated care, usually provided by elderly family members, although informal care can also be paid. Formal care is defined as care that is paid and is regulated by some type of contractual arrangement. There are no official estimates on the breakdown as to what proportion of care needs are met by the informal or formal sector and what the arrangements are in terms of paid/unpaid care.

The Law on Preschool Education of the Kyrgyz Republic legitimized new emerging forms of early learning and preschool education and recognized at least 12 types of preschool educational institutions.

Early childhood education and care services are predominantly publicly provided. Only 6 per cent of children were enrolled in private preschool centres in 2019.

2. Childcare coverage

In 2019, only about 37 per cent of preschool-age children were covered by preschool education, and coverage was almost two times higher in urban areas (34 per cent) than in rural areas (18 per cent). This low coverage rate, which is pronouncedly worse in rural areas, leaves a massive gap of 63 per cent of children not being taken care of by the preschool educational institutions across the country.

In the past six years (from 2013 to 2019), there has been a 63 per cent increase in public preschool institutions, from 865 institutions in 2013 to 1,406 in 2019. The private sector has experienced substantial growth with a threefold increase in the total number of preschools operating across the country (from 62 institutions in 2013 to 211 in 2019).³³ Despite the positive trends in both the public and private sectors, preschool institutions still have not reached 1990 levels, although the number of children under the age of 6 has increased 1.3 times, from 431,319 children in 2011 to 563,470 children in 2019. It is also well-reported that public preschool institutions are beyond their original capacity³⁴ and that there is a lack of qualified staff. Private kindergartens also have a few challenges, ranging from safety to nutrition insufficiency. It has been recognized by the Ministry of Education and Science that private kindergartens operate without any regulation or controls. According to the Ministry, Kyrgyzstan needs to build 1,800 more preschool educational institutions to fill in the extant gap.³⁵

The most common form of preschool education until 2011 was a child's full-day stay in kindergarten, where comprehensive education and care services were provided. Kindergartens operating as independent organizational units usually provided three meals a day and had separate sleeping and study/play areas. Full-day kindergartens usually had pedagogical and non-pedagogical staff, with non-pedagogical staff usually exceeding the number of teachers.

According to the Multiple Indicator Cluster Survey (MICS) data of 2018, about 39 per cent of children aged 3-5 years attend an organized training programme for young children (National Statistical Committee and UNICEF, 2019). These data reflect a significant increase since the previous MICS (11 per cent in 2006 and 23 per cent in 2014). The 2018 MICS also found that the coverage of early childhood development (36 per cent) for children at the age of 3 was lower than that for children at the age of 5 (64 per cent). Children in urban areas had better access to preschool education (47 per cent of children in urban and 25 per cent in rural settlements); however, there is a tendency for the gap to decrease. No gender inequality was detected at enrolment for children in preschool.

³³ However, according to the Ministry of Education and Science, there are about 500 private preschool educational institutions operating in Bishkek, more than half of which do not have a licence to do their work.

³⁴ <https://rus.azattyk.org/a/29776573.html>.

³⁵ Ibid.

The reasons for low and unequal preschool coverage in Kyrgyzstan can be found on both supply and demand sides. While charging fees for childcare is a common practice across public and private preschool institutions, the relatively high poverty rates in Kyrgyzstan—with 20 per cent of the population living in poverty—make it difficult to make payments. According to the 2018 MICS data, enrolment rate in preschool institutions varies significantly depending on the level of family income. Thus, 57 per cent of children from the highest income quintile households attend such programmes, compared with 25 per cent in the quintile of the poorest. At the same time, the public education provision sector has several challenges that affect the quality of services, such as the lack of qualified employees with adequate knowledge and skills, poor safety of buildings and structures, insufficient State funding, high corruption levels and poor provision of learning materials.³⁶

A key element in expanding access to pre-primary education programmes in recent decades has been the introduction of alternatives to full-day kindergartens in the form of preschool institutions such as community kindergartens for children aged 3-5 and the Nariste one-year pre-primary education programme, which the child attends during the year prior to entering the first grade.

3. Funding model

The State budget in Kyrgyzstan is socially oriented. In 2019, the Government allocated about 5.5 per cent of its GDP to education, which constitutes about 26.4 per cent of all State budget expenditures. The share of governmental expenditure on education expressed in per centage to the GDP is the highest in the Central Asian region and in the Eurasian Economic Union (EAEU).³⁷

In the years before the pandemic, spending on education as share of State budget expenditure, increased significantly, from 19 per cent in 2010 to 26.4 per cent in 2019 (about 5.5 per cent of its GDP) and to 26.6 per cent for the first nine months of 2020³⁸. That was the largest portion of GDP ever assigned to education in the country. Total government expenditure on preschool education increased from 11 per cent in 2013 to 15 per cent in 2019. This is a substantial share of the budget sufficient to achieve high coverage of preschool education (World Bank, 2013).

Over the past five years, the number of preschool institutions has increased by 36 per cent; at the end of 2019, 1,600 preschool educational organizations were functioning in Kyrgyzstan and covered more than 208,000 children (25 per cent), which is 29 per cent more compared to 2015. Nevertheless, the demand for preschool institutions continues to grow.

Inefficient use of the currently allocated expenditures, as well as weak institutional and management capacity in the preschool educational system, prevents use of the funding to introduce equitable inclusive education and improve the quality of education (World Bank, 2013). According to National Statistical Committee data, the average cost per child per year for education in State preschool organizations has increased from KGS 6,500 in 2010 to KGS 28,200 in 2017. In response to this high unit cost, it was decided to introduce half-day kindergartens.

C. Impact of the pandemic on women's employment and the provision of childcare and early education

The pandemic and measures to prevent its spread have deepened the pre-existing gender inequalities and have resulted in disproportionate and lasting effects on women's work and livelihoods. Women face compounding burdens: they are leading health response, face a high risk of job and income loss,

³⁶ <https://www.opengovpartnership.org/members/kyrgyz-republic/commitments/KG0002/>.

³⁷ <https://data.worldbank.org/indicator/SE.XPD.TOTL.GD.ZS>.

³⁸ Ministry of Finance of Kyrgyzstan, 2021; <http://www.minfin.kg/ru/novosti/godovoy-otchet-ob-ispolnenii-byudzheta>.

shoulder much of the responsibility for unpaid care work in households, and experience increased rates of sexual violence and abuse. Women are poorly represented in COVID-19 response leadership and decision-making and have limited opportunities to voice their needs and inform the effective policy response to the pandemic. As a result, Kyrgyzstan did not introduce gender-responsive measures to COVID-19 in relation to employment and care.

1. Socioeconomic response and recovery measures

To respond promptly and take measures to prevent further spread of the coronavirus infection in the territory of the Kyrgyz Republic, the Government established two structures: Republican Task Force (*shtab*) for the Prevention of the Spread of COVID-19 and the Republican Task Force for the implementation of economic measures aimed at minimizing the effects of external shocks and stimulating economic development.

It is notable that the Ministry of Labour and Social Development of the Republic (responsible for establishing a social protection system and implementing gender policy), was not included in either task force. Furthermore, men dominated in the National Task Forces that were established as a response to COVID-19: only 20 per cent of the members were female (UN-Women, 2020).

In response to COVID-19, the Government developed policy packages in March, May, and August 2020, as well as several strategic plans that outline the major measures that the Government stands ready to implement to prepare for and respond to COVID-19: No civil society organizations were involved in the design of the above-mentioned plans (Aitbaeva, 2020). As of May 2020, more than 160 regulatory legal acts were adopted at the central and local levels to mitigate the spread of the disease and the negative impact of the pandemic (UN-Women, 2020). The results of the analysis revealed that most of the documents did not incorporate gender-specific needs related to the impact of the pandemic and the introduction of restrictive measures.

(a) Assistance to enterprises impacted by the COVID-19 crisis

Despite the prevalence of the informal economy, the Government's response has prioritized support to formal enterprises only. Also, these economic measures were not designed to address the differentiated pandemic impact on women-owned and men-owned firms. However, since these measures are targeting micro and small enterprises, they impact many women's enterprises and women entrepreneurs.

In May 2020, an anti-crisis fund, amounting to 2 per cent of GDP in 2020 and 7 per cent of GDP in 2021, was established to support enterprises in the hardest-hit sectors. In June, the Government of Kyrgyzstan approved the "Financing of Entrepreneurship Entities" programme,³⁹ which aimed to mitigate the consequences of the pandemic through concessional financing of support businesses in several sectors of the economy; this included those fields with high rates of women's employment, such as tourism, light industry, agribusiness, education, services, trade, and others.

On January 25, 2021, the Ministry of Economy drafted the Women's Entrepreneurship Support Programme in the Kyrgyz Republic for the 2021-2025 period and proposed it for public discussion.⁴⁰ The strategic goal of the national programme is to create an entrepreneurial ecosystem for the continuous development of women's entrepreneurship by consolidating the efforts of government agencies, local self-government bodies and non-governmental organizations.

Extrabudgetary sources are to be used for the implementation of the national programme based on agreements reached with donor organizations. Targeted support to SMEs is particularly vital to preserve existing jobs—and create new ones—for returning migrants and young workers. The Government

³⁹ <https://www.gov.kg/ru/npa/s/2518>.

⁴⁰ <http://mineconom.gov.kg/ru/post/6827>.

encouraged employers to organize work-from-home opportunities for all where possible and to keep their earnings at the same level as before the pandemic. In addition, the Government recommended private enterprises provide workers with a minimum income during the period of forced unemployment.

(b) Supporting jobs and incomes

During the emergency, the Government prohibited the dismissal of workers and employees, except for valid reasons, and amended the Labour Code accordingly. Early measures also included a request that work be adapted and transfer to a teleworking mode for a significant part of the employees of ministries and government agencies.

At the end of October 2020, the Ministry of Labour and Social Development offered for public discussion the draft government decree "On temporary support provision to people who lost their jobs due to the state of emergency and restrictive measures against the spread of the coronavirus infection COVID-19".⁴¹ The purpose of the policy is to provide temporary support to citizens who are unemployed due to consequences of the infiltration of the infection by paying them a temporary unemployment allowance at the rate of KGS 900⁴² per month for six months. This draft increases the amount of the unemployment benefit and simplifies the conditions for granting them. It also simplifies the procedure for recognizing the unemployment status and payment for those benefits.

The new government programme "Real goals, new perspectives",⁴³ presented on February 5, 2021, aims to develop the domestic labour market by changing the payment system and promote hourly and piece-rate wages instead of widely practiced monthly salaries. The details of the implementation are not provided. Some experts, however, noted that such a measure will benefit only employers since it will make workers more vulnerable and dependent and will inevitably reduce the tax base.⁴⁴

(i) Compensation to medical workers

Women constitute about 83 per cent of the health workforce in Kyrgyzstan. Most of them are nurses, paramedics, and midwives. To save the lives of others, they are forced to work in extremely challenging conditions: working around the clock, sleeping two to three hours a day for a month, and then being quarantined in barracks, conditions which they describe as "prison".⁴⁵

In April 2020, the Government announced that health-care workers infected with COVID-19 at work would receive compensation in the amount of KGS 200,000 and that the authorities will pay KGS 1 million to the families of those medical workers who died from the effects of the coronavirus. Authorities decided that compensation payment will be possible only after a special commission investigates how a medic became infected. According to official data from the Ministry of Health, as of October 2020, 84 health workers have died. However, since the wake of the pandemic, only 608 medical workers who had been infected with the virus and the families of 30 deceased medical workers have received compensation. Health-care workers repeatedly report that it is very difficult to receive compensation because of bureaucracy and difficulties in collecting all necessary documents.

(ii) Compensation to social workers

Social work has had a significant front-line role in the fight against the spread of the virus by supporting vulnerable people such as the elderly, victims of domestic violence, and people with disabilities. In addition, social workers were responsible for compiling lists of especially needy

⁴¹ <https://www.gov.kg/ru/npa/s/2757>.

⁴² The size of the current basic unemployment benefit is KGS 300.

⁴³ <https://economist.kg/2021/02/04/vyrvatsya-iz-lovushki-bednosti-opublikovana-programmema-novogo-pravitelstva-polnaya-versiya/>.

⁴⁴ https://kaktus.media/doc/431777_vyberemisia_iz_lovyshki_bednosti._kakim_pravitelstvo_vidit_kyrgyzstan_bydyshego.html.

⁴⁵ <https://www.amnesty.org/en/latest/news/2020/09/kyrgyzstan-medics-suffer-rights-violations-pay-high-personal-price-during-covid19-pandemic/>.

citizens living in the settlements where the state of emergency was declared, as well as for providing them with food and essential goods. The overwhelming majority of social workers in Kyrgyzstan are women.

The Government recognized that it is important to expand social security systems in the country. The first anti-crisis package planned to increase the number of full-time social workers, as well as raise their salaries to aid the elderly, single persons, and other vulnerable categories of citizens. Some experts believe that it will be problematic to accomplish since it requires major amendments to the existing legislation.

(iii) Support to vulnerable groups of the population

As part of social support, it was planned to aid socially vulnerable segments of the population by distributing food and hygiene products to low-income families. According to numerous reports, such support was rendered by State and municipal agencies, international organizations, NGOs and individual activists across the country. In June 2020, the Government reported that about KGS 18.5 million was used to purchase food packages for the vulnerable population. However, there was no detailed information offered on how the money was spent.

The Government of Kyrgyzstan declared that it imposed temporary control over the prices of essential foods. To regulate the prices of food and medicine, fines for unreasonable price increases went up. Nonetheless, the price of food picked up by 12 per cent over the course of a year.⁴⁶

In August 2020, the Government outlined temporary financial support to families with children under 16 years of age and one-time loans to low-income families for business or farm development. Furthermore, the Government took measures to forgive credit liabilities, commercial banks deferred payment of loans for all individuals and legal entities temporarily left without income for three months,⁴⁷ and also cancelled the imposition of penalties and fines for utility services and called on Internet service providers not to disconnect services for payment delays during the emergency period.

On September 11, 2020, the Government adopted a resolution on the indexation of the base part of pensions, the total size of which is lower than the subsistence minimum for a pensioner for the previous year. On October 1st, 2020, the base part of pensions was raised by 5 per cent (KGS 100).⁴⁸

(c) Mobilizing financial resources to combat COVID-19

Since the outbreak of the COVID-19 pandemic, Kyrgyzstan has raised US\$694,432,795 (\$177,049,858 in grants and \$517,382,937 in loans) from international financial institutions.⁴⁹ About \$245.7 million were used to support the State budget and guarantee State social benefits such as salaries and pensions. To ensure transparency, the Government created a special website that was supposed to monitor the total amount of money received, the source of the funds, and how it was spent. In practice, however, the information on the website turned out to be too general, making it difficult to track spending.

The political protests in Kyrgyzstan, triggered by rigged parliamentary elections, led to the resignation of the Government and of President Sooronbai Jeenbekov in October 2020. Many experts believe that the political unrest was fuelled by the COVID-19 hardship. Two months before the turmoil,

⁴⁶ <https://rus.azattyk.org/a/31007031.html>.

⁴⁷ <https://cabar.asia/ru/problemy-obespecheniya-natsionalnoj-bezopasnosti-kyrgyzstana-v-usloviyah-nastupivshego-krizisa>.

⁴⁸ <http://kabar.kg/news/v-kyrgyzstane-s-1-oktiabria-srednij-razmer-pensii-velichitsia-pochti-na-400-somov-sotcfond/>.

⁴⁹ <https://www.gov.kg/ru/post/s/covid-19ga-karshy-krsh-maksatynda-nktr-boyuncha-el-aralyk-nktshtdrdn-zhana-chet-lkldr-dn-zhardam-tartuu-ishteri-zhnd-2021-zhyldyn-25-yanvaryana-karata-maalymat>.

a public opinion poll conducted by IRI⁵⁰ revealed the potential for such unrest, with 53 per cent of respondents believing that the country was heading in the wrong direction and 67 per cent believing that the pandemic was handled badly. Poor health infrastructure and widespread corruption during the pandemic made the people yearn for change. In January 2021, a commission that was set by the Government to monitor the use of funds for COVID-19 response revealed the humanitarian aid received during the pandemic was stolen and used ineffectively.⁵¹

2. Reopening of kindergartens and school institutions

The Ministries of Health and Education announced that schools would reopen in November 2020, which caused a public uproar.⁵² Reopening was halted to gain clarity on the epidemiological situation in the cities of Bishkek and Osh. The list of measures that aim at ensuring the safety of children and the community during the pandemic includes the following: mask-wearing and hand-washing, cleaning and disinfection of all facilities and surfaces, group shifts, and keeping a distance of 1.5 metres.⁵³ The Ministry of Education and Science has stated that kindergartens and schools are to follow an 'algorithm' for reopening. Some tenets of this algorithm include the following:

- Parents who can prove they have to work can have their children continue to attend/restart attending a preschool institution
- All types of institutions are to run offline schooling in accordance with decisions issued by the local centres of epidemiological monitoring, allowing for flexible scheduling of smaller sized groups⁵⁴
- If schools are directed to return to the online mode of teaching, then students would have to continue watching the recorded lessons on the Nariste platform and use the feedback provided

The kindergartens were officially shut down on March 18, 2020, and have started to reopen since June 5, 2020. Some (both public and private) have remained open during the summer and autumn; however, the total number of attending children has decreased. As of February 16, 2021, 1,405 kindergartens have reopened; however, there is no estimate of how many preschool-age children are attending or have started reattending kindergarten at this point. The same applies to school-age children.

In the regions, the Ministry of Education and Science recommended the creation of groups of a smaller-than-usual size.⁵⁵ There is no information on whether strict regulations in relation to disinfection and safety rules have been introduced and followed or whether there has been any widespread distribution of hygiene and disinfection products. According to unofficial sources, the bulk of the budget of the Ministry of Education and Science was spent on the development of the online educational platform in early 2020. However, it is worth noting that not all students could use the platform. According to the National Statistical Committee survey results,⁵⁶ about 83 per cent of children aged 7-17 were enrolled in distance learning and that less than a third (29 per cent) of preschool-age children who attended preschool before the coronavirus outbreak used television programmes and digital platforms for development. The lack of strict safety measures, including social distancing, masks, regular disinfection, and other required procedures, puts many families at risk of spreading the virus into the community.

⁵⁰ https://www.iri.org/sites/default/files/russian_version_kyrgyzstan_august_2020_slides_public_release.pdf.

⁵¹ https://24.kg/english/180100__Deputy_PM_COVID-19_death_toll_in_Kyrgyzstan_is_much_higher/.

⁵² https://24.kg/obschestvo/167421_vozvrat_vshkolyi_polnaya_nerazberiha_.

⁵³ https://24.kg/obschestvo/167038_vozvrat_vshkolu_kto_ikak_budet_uchitsya_s6oktyabrya/.

⁵⁴ This has caused a massive disagreement among the teachers since they will not be paid more for extra shifts. See https://24.kg/obschestvo/167421_vozvrat_vshkolyi_polnaya_nerazberiha_.

⁵⁵ According to mass media coverage, the Ministries of Health and Education did not issue any specific guidelines on how to split the classes into smaller and safer cohorts. See https://24.kg/obschestvo/167421_vozvrat_vshkolyi_polnaya_nerazberiha_.

⁵⁶ <http://www.stat.kg/ru/news/okolo-76-domashnih-hozyajstv-respubliki-postradali-ot-covid-19/>.

3. Impact on women's labour-force participation

The COVID-19 pandemic hit Kyrgyzstan after a year of declining employment rates. During the quarantine and self-isolation period, many people lost their basic and daily wages. In the first half of 2020, a total of 36,758 jobs were lost, 35,832 of which were in the informal economy sector.⁵⁷ Overall, it has been recently estimated (ADB, 2020) that the unemployment rate might rise to 13.6 per cent in 2020 (moderate-case scenario) or 21 per cent (worst-case scenario) in 2020 (compared to 6.2 per cent in 2018) because of the pandemic.

As there is not yet a comprehensive report issued by the Kyrgyz National Statistical Committee on the overall impact of COVID-19 on the labour market, it is unknown what proportion of the lost jobs were held by women. However, it is reasonable to assume that women will suffer more because of extant underlying structural and gender inequalities.

An ILO employment risk analysis has identified five economic sectors that are at the highest risk of severe losses. These sectors include wholesale and retail trade, transport and storage, accommodation and food services, arts and recreation, and real estate. The analysis implies that women are more likely to face a high risk of job and income loss since they are overrepresented (relative to their share in employment) in all high-risk sectors. Furthermore, three sectors of the five with high-risk factors have the highest informal share in sectoral employment. As women make up most people working in informal industries (ADB, 2020), they are particularly severely affected by lockdown measures. In April and June 2020, the Economic Policy Research Institute established by the Ministry of Economy conducted a socioeconomic study among self-employed individuals, owners of small and medium-sized businesses, and employees working in the informal economy. The findings of this study show that 59 per cent of surveyed businessmen lost their income, and 31 per cent reported a reduction in total income. Only 19 per cent of male entrepreneurs (versus 15 per cent female) could maintain the financial stability of their venture/business. Among self-employed individuals, 67 per cent of females and 58 per cent of males reported that there was not enough money to pay for all their household expenses.

4. Impact of the pandemic on women and families with children

Many experts believe that the crisis only emphasized the problems that already existed.⁵⁸ With its lockdowns, the pandemic has led to a spike in gender-based violence. From January to March 2020, the number of reported domestic violence cases rose by an alarming 65 per cent compared with the same period of the previous year.⁵⁹ Stay-at-home orders left many women and children trapped with their abusers.

Another striking impact is that the pandemic led to a decline in working hours during the second and third quarter of 2020, and an increase in hours spent on unpaid care work, especially for families with school-age children. Despite quarantine orders that forced many people to stay home and spend more time with their families, women spent 3.6 times more time on unpaid work than men and two times more time on childcare (UN-Women, 2020). A survey conducted by the National Statistical Committee in November and December 2020⁶⁰ revealed that mothers still perform most parental tasks for children and that the father's involvement was very limited.

There is some evidence that the burden of household chores also increased for children during the pandemic. Thus, about 59 per cent of children skipped online classes due to household duties.⁶¹ Furthermore, about 15 per cent of children under the age of 5 were left alone or in the care of another

⁵⁷ National Statistical Committee data retrieved from <http://www.stat.kg>.

⁵⁸ https://kaktus.media/doc/425075_kak_krizis_sviazanny_s_covid_19_povliial_na_rynok_tryda_ekspertnyy_analiz.html.

⁵⁹ <https://emerging-europe.com/news/joblessness-surges-in-kyrgyzstan-as-impact-of-covid-19-hits-economy/>.

⁶⁰ <http://www.stat.kg/ru/news/okolo-76-domashnih-hozyajstv-respubliki-postradali-ot-covid-19/>.

⁶¹ https://opendatacovid.kg/learningonline?fbclid=IwAR2uJdidRCPiK0l3EuoNXJP1LJClj39yl-gi-z_ohFOkkt_kiknlvePmPSg.

child under the age of 10 at least once during the preceding week.⁶² According to the Economic Policy Research Institute under the Ministry of Economy, 52 per cent of low-income families reported a deterioration in their financial situation. A huge proportion of them are female-headed households (65 per cent) in Bishkek and Osh.⁶³

It has been well reported that families have been dissatisfied with the quality of school teaching via online platforms and WhatsApp. While many parents were looking forward to schools reopening, others will not allow their children to attend an educational institution despite the benefits of normal schooling, largely because many families fear the risk of infection or reinfection.⁶⁴ Since women are the main caretakers, and an average Kyrgyz family has three children in the household, most of the pressure of home-schooling has fallen on women. Not only have they had to care for the elderly members that usually live with the family and work more from home if they are employed, but they have had to become teachers to their preschool- and school-age children, leaving an immense deficit in the time that they can spend on their work duties.

For working women, the switch to work-from-home has resulted in blurring the line between their public and private lives, which led to the simultaneous performance of their professional work and their household responsibilities. Multiple employers have complained about the reduced level of productivity and efficiency of mothers whose children have stayed at home during school closures, leaving women in the precarious position of possibly becoming redundant at some stage due to reduced productivity.

D. Conclusions and recommendations

In line with global tendencies, the COVID-19 pandemic has exacerbated already existing gender inequalities and made visible the patterns of gender discrimination and exploitation already present in Kyrgyzstan. Policy responses against the pandemic have not addressed gender inequalities.

The importance of women's unpaid work in the household has increased since the COVID-19-induced restrictions on service jobs, schools and day-care centres closures and the switch to work-from-home arrangements and online education. At the same time, new activities were added to unpaid work because of the social distancing and sanitization requirements. Based on gendered social norms that view household duties as a female responsibility, the burden of unpaid work fell disproportionately on them.

Many women have suffered job losses, particularly those in vulnerable employment. Women and girls are heavily employed in industries that have been disproportionately hit by the economic downturn arising from the COVID-19 pandemic, such as the garment industry, entertainment and tourism, wholesale and retail trade, and hospitality and food service activities.

Women are playing a key role in the response to the COVID-19 crisis at many levels—in hospitals, schools, and basic health units, risking their lives to save others. Yet they remain largely segregated into lower-paying jobs and are under-represented in decision-making processes. To counterbalance the trend toward exacerbating existing inequalities (the most pervasive of which has been gender inequality during COVID-19), policies must focus on the vulnerabilities created or deepened by the pandemic. Responses should contain the measures discussed below.

1. Ensuring transparency in government spending and progress reporting

The pandemic has shown that Kyrgyzstan, like any country in the region, does not have a coordinated system for dealing with these kinds of challenges. Most of the response measures of the government remained at the level of declarations. There is scarce information on the status and progress of most measures that were planned to mitigate the negative effects of the pandemic.

⁶² <http://www.stat.kg/ru/news/okolo-76-domashnih-hozyajstv-respubliki-postradali-ot-covid-19/>.

⁶³ https://kaktus.media/doc/425075_kak_krizis_sviazanny_s_covid_19_povliial_na_rynok_tryda_ekspertnyy_analiz.html.

⁶⁴ https://24.kg/obschestvo/167421_vozvrat_vshkolyi_polnaya_nerazberiha/.

2. Building better sex-disaggregated data and gender statistics for effective response

The COVID-19 pandemic has further highlighted the importance of sex-disaggregated data and gender statistics in order to enhance the understanding of the depth, nature and evolution of gender inequalities. Given the differentiated impacts that COVID-19 has had on gender, there is a need to ensure that sex-disaggregated data are available, analysed and disseminated, across the institutions, the regions and civil society in the country. This can include data on the direct and indirect impact of COVID-19 and the response measures on women. Beyond disaggregation by gender, data would also need to reflect the rural-urban differences and the situation of different ethnic groups.

3. Strengthening and supporting care work

The COVID-19 crisis has made clear how crucial care provision is —both paid and unpaid— for the well-being of society. The public has recognized how difficult and undervalued the work of carers often is. The increased public awareness is an opportunity to demand better working conditions, higher wages, and adequate representation of care workers in decision-making processes at all levels.

The crisis has also revealed pre-existing flaws in the health, education and care systems and the inadequacies of social protection systems. Kyrgyzstan, as any other country, has prioritized investments in health-care services in the emergency response, with the intention of strengthening the public health system. These efforts should continue and extend to other care services that suffered during the pandemic, such as early childhood education and long-term care. Investments in care services have the potential to generate decent jobs for both women and men. Other examples of jobs that can be expanded or created are:

- Home nurses, who are trained at a lower level than certified nurses.
- Teachers' assistants in schools and after-school care programmes.
- Assistants in day-care centres.
- Community assistants who care for the elderly and people with disabilities during emergencies.

It became clear it is vital to reform the complex and fragmented social care system in Kyrgyzstan, which is not capable of providing adequate services in emergency situations. The deep-rooted workforce problems in social care (low pay, poor working conditions, and low status of social work) are the major barriers limiting the implementation of quality care services. It is important to revise the regulations on social workers,⁶⁵ clearly define their job description at different levels and reconsider the compensation structures.

4. Recognizing unpaid care work

Governments should also recognize in national laws, policies and programmes the economic and social value of unpaid domestic care work. It is very important to consider the unpaid care economy in macroeconomic policy and estimate the impact of specific policies on the volume of paid and unpaid work.

Specific measures might include the following:

- An estimation of the value of the total unpaid care work relative to conventional GDP as a basis for dialogue on care work.
- A cost-benefit analysis of investments in appropriate infrastructure and public services to reduce unpaid care work.

⁶⁵ <http://cbd.minjust.gov.kg/act/view/ru-ru/93500>.

- Incorporating gender-responsive budgeting into COVID-19 response and recovery packaging and taking a systematic approach to training government officials and representatives of the local authority responsible for budgeting and policymaking. Such training can be conducted by the Training Centre of the Ministry of Economy and Finance of Kyrgyzstan.

5. Ensuring access to free public infrastructure for early childhood care

The development of free public infrastructure for childhood education and care is believed to decrease the burden on females for unpaid reproductive labour and to increase their rate of participation in the labour force (EBRD, 2015). Free early childhood education and care services would be an important contribution to women's economic involvement in Kyrgyzstan.

6. Ensuring women's leadership and equal representation in all COVID-19 response planning and decision-making processes

Although women are on the front lines of the crisis in their homes, communities, health-care facilities and schools, they are excluded from the decision-making processes and governance structures that determine the response. For example, women comprised only 20 per cent of the members of the National Task Forces that were created to develop the response plans.

Several civil society activists, women's NGOs and international agencies have developed a series of recommendations on how to involve women and how to integrate gender perspectives into COVID-19 response planning. The UNDP Gender and Recovery Toolkit (2020) includes a guidance note on how to promote the participation and leadership of women and women's organizations in crisis and recovery. The recommendations were developed based on experiences in peace and security, and disaster risk reduction principles, and they include the following:

- Develop broad and inclusive consultation mechanisms to facilitate women's participation.
- Work allied with civil society to strengthen connections with women at community level.
- Ensure women's rights organizations have access to adequate, reliable, and sustained funding.
- Address barriers to women's participation and leadership through measures that address economic, social, and political barriers to participation.

7. Promoting work-life balance policies

Trade unions and employers should provide opportunities to combine working conditions and employment (leave, working hours, etc.) with family responsibilities—that is, they should organize family-friendly workplaces. Employer-supported childcare can be integrated into family-friendly policies.⁶⁶ Such measures can be fixed in collective agreements and/or through appropriate managerial practices at the enterprise level.

8. Providing professional development opportunities that consider women's needs

Well-designed training programmes can expand women's choices and address women's constraints and needs by offering convenient locations, transport, and childcare. Training should be of a short duration, which proved to be the most effective length of time when linked to real labour market demand and strengthened by job-search support and guidance. It can be provided online, at the location, transport options and access to childcare should be considered, given the restrictions on women's mobility and the disproportionate share of care at home. Representatives of SMEs have highlighted the professional development and training in the fields of e-commerce, digital marketing, and services for distance clients.

⁶⁶ <https://www.ifc.org/wps/wcm/connect/da7fbf72-e4d9-4334-955f-671a104877a7/201911-A-guide-for-employer-supported-childcare.pdf?MOD=AJPERES&CVID=mVHadh3>.

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VII. The impact of the COVID-19 pandemic on care policies: experiences in Latin America⁶⁷

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Although the COVID-19 pandemic began as a health crisis, it has quickly become the worst economic and social crisis of recent times. It has meant the most abrupt recession in history and a negative growth of -9.1 per cent in Latin America (ECLAC, 2020a), generating an increase of at least six percentage points in the unemployment rate of women with respect to the previous year, and an intensification of poverty in the region.

In terms of gender relations, physical distancing has highlighted the inequalities between the sexes due to the persistence of the traditional sexual division of labour. Households—and mostly women—have not only had to respond to the burden of daily care work, but also had to meet educational and health care requirements and generate recreational alternatives mainly for boys and girls in times of confinement, in a context where the pressure and demands of paid work are maintained despite the change in daily circumstances (ECLAC, 2020b). Therefore, women have been affected the most in terms of their participation in the labour market and overrepresentation in unemployment. In addition to being more present in the groups most affected by the crisis (domestic employment, commerce, tourism, and manufacturing industry), they are the first to withdraw from the labour market to tend to care needs, leaving them more exposed to poverty and lack of economic autonomy.

⁶⁷ This is a translated and edited version of an article originally published in Spanish in December 2020 under a collection of articles entitled: "Care and women in times of COVID-19: The experience of Argentina". Please see: <https://www.cepal.org/es/publicaciones/46453-cuidados-mujeres-tiempos-covid-19-la-experiencia-la-argentina>.

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The COVID-19 crisis could not only mean widening the gender gaps and a loss of women's economic autonomy, but could also affect other segments of the population (UN-Women and ECLAC, 2020). The current social organization of care brings together and recreates other inequalities that make the care experience a socioeconomically determined experience. In other words, it not only brings together and recreates existing inequalities between men and women, but also those of class, race, ethnicity, and territory. In short, the pandemic has precipitated the urgency of addressing caregiving not as a women's problem, but as a central issue of public policy to overcome the crisis.

In the context of the pandemic, the public policy problem that has become evident is the extent to which States are ensuring the right to care, to be cared for and to take care of oneself (Pautassi, 2007). Thus, it becomes a fundamental issue to analyse government initiatives in the face of a worsening crisis of care in a region marked by inequality such as Latin America.

This study reviews the evidence collected on the measures adopted by governments in terms of care in times of pandemic, considering countries in the region that had different stages of institutional development in their policies and care systems. It reviews what happened in the first 5 months after the pandemic was declared in countries that pioneered the installation of systemic policies such as Uruguay; countries that have installed care subsystems according to the territory, and to target and dependent populations such as Costa Rica and Chile (mainly children), and countries that have not yet installed comprehensive policies or care systems, such as Argentina. In the case of Argentina, the creation of the Ministry for Women, Gender and Diversity, and the Interinstitutional Care Roundtable stand out, instances that emerge as drivers and catalysts of the care agenda for the 2019-2023 government term.

The question of how the care economy is configured in the context of a crisis is necessary and relevant for the countries of Latin America and the Caribbean. Underlying the answer is a reflection on how the effects of the crisis will fall most heavily on men and women, but also on households with children or the elderly, for example. Since inequality is a structural characteristic of the region, the lack of focus on care policies enables the reproduction of poverty and the persistence of gender gaps.

A. Methodology

The purpose of this chapter is to review the effects of the crisis caused by the COVID-19 disease on public care policies and systems in those countries of the region where progress was being made toward its institutionalization. In this study, many care initiatives and policies are reviewed and the response and adaptation capacities and advantages of having implemented care systems prior to the crisis are analysed. The purpose of the analysis is also to recognize blind spots or areas where there has not yet been a strong response to the social needs of care. Finally, it emphasizes the urgent need for the design and implementation of comprehensive, defeminized, public and universal care systems as a primary response to the pandemic.

The analysis considered pioneer countries in the generation of care systems and those that intend to install them: Uruguay, Costa Rica, Chile, and Argentina. Uruguay was the first country in the region to articulate an integrated national care system. Costa Rica and Chile because they created comprehensive childcare programs at an early stage. And Argentina for the current government's vocation to design and implement transformative care policies with co-responsibility at the centre. Thus, even though at the time of the pandemic the government had just changed, Argentina was able to quickly create and put in place a set of measures to address some of the effects of the confinement of women's care overload.⁷⁰

⁷⁰ See Observatorio COVID 19 ECLAC, Gender section. Online: <https://www.cepal.org/es/temas/covid-19>.

The main information sources were the ECLAC COVID-19 Observatory and the review of official documents disseminated electronically during the first four months of the pandemic. The ECLAC COVID-19 Observatory systematizes the measures of each country in the region in different areas; one of the sections is dedicated to gender issues and there are six subdimensions on which information is permanently collected from governments, one of which is the care economy.

First, instruments, measures, and programs were identified, detailing characteristics such as their date of creation, the agency responsible and the population scope, among others. The study also explored benefits that ceased as a result of physical distancing measures, which also had an impact on women's unpaid work overload.

On a second level, we inquired about the details of the measures proposed in the context of the pandemic in order to determine whether the initiative was additional to a pre-existing policy or whether it was an ad hoc measure to respond to the contingency. Previous ECLAC analyses (Scuro and Vaca-Trigo, 2017; ECLAC, 2017) detail sectoral public policies linked to care that, although they do not refer exclusively to care policies, they have an impact on the use of time and the workload (mainly unpaid) of women in the region. Policies for the reduction/elimination of poverty, health policies, employment policies, and social protection policies are key areas of public policy for a comprehensive approach to care. If we add policies for transportation and the regulation of paid domestic work, we can achieve a map of benefits and redistribution that is highly beneficial for gender equality. This chapter analyses some of these policies in times of pandemic, to which are also added measures on the displacement of children and their caregivers and communication campaigns or initiatives.

A third level of analysis sought to answer whether the initiatives promoted by each country during these months of pandemic were close to the idea of installing a care system, i.e., how the measures taken by governments during this period are linked to the objectives of a care system with a gender perspective. Namely:

- (i) that the measures aim to de-feminize caregiving by challenging the rigid construction of gender roles in relation to caregiving. In other words, it should encourage co-responsibility and the integration of actors in caregiving, and allow women to choose whether they want to be caregivers without excluding them from social protection;
- (ii) that promotes co-responsibility, i.e., the integration of other actors in care (the State, the market, the community and families), but that they are not the almost exclusive actors in care;
- (iii) that considers care as a right and guarantees its full enjoyment for all people;
- (iv) that social protection benefits related to self-care or care for dependents be disconnected from employment alone, i.e., that they are not only benefits related to the formal employment relationship of individuals but can be accessed by men and women independently of their formal work status.

B. Characteristics of care policies in the countries analysed

In recent decades, most countries in the region have implemented some type of care initiative, mainly linked to maternity and childcare. However, the countries present differences with respect to their programmatic offer and the degree of articulation of care policies (Rico and Robles, 2016). In addition, they differ with respect to the institutional structure that institutes them, making policies susceptible to changes in government orientation.

Several countries in Latin America and the Caribbean are discussing care systems. The most emblematic case is that of Uruguay which, since 2010, has developed an extensive institutional framework for the regulation and implementation of the National Integrated Care System (*Sistema*

Nacional Integrado de Cuidados, SNIC). The legal framework that institutes the SNIC establishes care as a right and a social function that involves the promotion of personal autonomy, care, and assistance to people in a situation of dependency.⁷¹ The target populations of the system are children up to 12 years old, people with disabilities or dependency and adults over 65 or older who require assistance for activities in their daily life. In addition, the final beneficiaries of the system are caregivers, whether paid or unpaid.

The SNIC approaches care from a comprehensive and integrated perspective to target populations and caregivers, allowing the articulation and coordination of different initiatives regarding care. In other words, the programs are oriented “according to the logic of the people, to make their use effective, instead of requiring them to adapt to the logic of the services” (UN-Women, 2019). The ultimate purpose of the SNIC is to safeguard the right to care, services and benefits for all people in a situation of dependency; that its programs are developed from a gender perspective, and that it is also possible to adapt it to different territories. The SNIC is based on five components: (1) development or expansion of services; (2) training of those who work as personal assistants and for the development of new services; (3) regulation so that care policies are implemented with quality standards; (4) information management for the knowledge of populations, implementation and evaluation of programs; and (5) communication, conceived as a tool for cultural transformation.

In the case of Costa Rica, the country has a specific policy framework for early childhood care—the National Childcare and Development Network (*Red Nacional de Cuido y Desarrollo Infantil*, REDCUDI) (ECLAC, 2014)—and for older adults—the Progressive Care Network for Comprehensive Care (*Red de Atención Progresiva para la Atención Integral*). The latter articulates actions, interests, and programs to ensure the adequate care and satisfaction of the needs of the country’s elderly, thus promoting an old age with quality of life.

With respect to the rights-based approach, it should be noted that both the Uruguayan SNIC and the Costa Rican REDCUDI frame their actions from this perspective. This means that they include the rights to be cared for and, at the same time, the rights of caregivers as a target population. This clearly has an impact on women’s autonomy, mainly in the achievement of their economic autonomy.

For its part, Chile has prioritized the creation of the rights-based social protection system, which included the creation of a comprehensive child protection system called “Chile Crece Contigo” in 2006, which, through Act 20.379 of 2009 contributed to institutionalize the program. In 2017, the subsystem of support and care was created which by 2018 had 3.7 per cent of the expenditure of the social protection system (Arriagada in Araujo and Hirata, 2020), and is oriented to people with special long-term care needs: older adults and people with dependency and their caregivers. The “Chile: Security and Opportunities” programme is oriented to families in poverty and extreme poverty and replaced the “Chile Solidario Program” and the Ethical Family Income Program and gained special vigour in the framework of COVID since it was through it that many of the vouchers, specially designed for the contingencies caused by the pandemic, were articulated. With this articulation, the services offer is of an intersectoral nature and involves the Ministries of Family and Social Development, Health, Labour and Housing and Urbanism and the National Services for the Elderly (*Servicio Nacional del Adulto Mayor*, SENAMA) and the Disabled (*Servicio Nacional de la Discapacidad*, SENADIS).

In the case of Argentina, although it has a broad social protection base, there are still several care programs and institutions that are not yet comprehensively coordinated at the national level. Among others, programs of this tenor are: “Creciendo Juntos” Program; First Years Program; National Home Care Program; Comprehensive Medical Care Program (*Programa de Atención Médica Integral*, PAMI); National Institute of Social Services for Retired and Pensioners; Long-Stay Institutions; National Directorate of

⁷¹ See <https://www.gub.uy/sistema-cuidados/institucional/creacion-evolucion-historica>.

Policies for Older Adults (*Dirección Nacional de Políticas para Adultos Mayores*, DINAPAM) and Daycare centres. In 2019, the National Early Childhood Strategy (*Estrategia Nacional de Primera Infancia*, ENPI) was agreed upon, a public policy aimed at reducing the social and territorial gaps that affect the comprehensive development of Argentina's early childhood, guaranteeing the promotion and protection of their rights.

In addition to institutional differences with respect to care systems or programs in each country, it is necessary to contextualize how the effects of the pandemic are being managed and the prevalence in each of the countries, as well as social indicators prior to the pandemic.

The pandemic had different effects and was managed differently in the countries analysed. The situation in Uruguay and Costa Rica differs from that of Argentina and Chile, among other issues, due to their demographic weight and the size of the territory. At the end of June 2020, Uruguay had no new cases of coronavirus infection and designed a back-to-school plan for most schools. In Costa Rica, by the same date, a low lethality rate for COVID-19 had been recorded, a low figure for regional records during that period.

The situation was different in Argentina and Chile where, despite confinement and quarantine measures, the death toll was high not only in absolute terms but also in proportion to the population.

C. Care in times of COVID-19

There are a series of measures taken within the systems or subsystems of care that were generated or adapted as responses within the programmatic offer already offered. That is, although they could not be strictly considered as "new measures," they are measures in response to the pandemic within the system that is already functioning, as in the case of Uruguay and Costa Rica, mainly.

Along these lines, it is interesting to note the Costa Rican government's decision to keep childcare centres open, when the tendency in most countries was to close them. This was done with the express objective of protecting the right to be cared for and allowing continuity in the exercise of paid work by caregivers. This measure clearly has a gender perspective, since caregiving falls on women and in the absence of public services it is they who sacrifice their insertion in the labour market.

Chile, for its part, stands out for innovating by installing temporary residences for people with disabilities and dependency, in the event that the caregiver is infected and unable to care for them. Thus, in this review, it was found that all the countries had taken innovative actions in care, which will be detailed below.

Some countries responded in a prolific and innovative manner to the challenges posed by the pandemic. Thus, the number of measures adopted by Argentina can be highlighted, both for their diligence in the generation of responses and for their content. Argentina was the only country to create a leave of absence that allowed at least one of the parents in confinement who had childcare responsibilities to be exempted from attending work.⁷²

The results of the measures taken to address caregiving in the four countries under study are presented below, organized by the different types of benefits.

1. Communications and information

Since the pandemic is a public health problem, most measures have been aimed at communicating the importance of changing hygiene habits and precautions to avoid infection. Regarding information measures on care, it is observed that all countries have developed guidelines, protocols, or recommendations for caregivers, mainly for the elderly, since they are a high-risk population in the context of the pandemic.

⁷² <https://www.boletinoficial.gob.ar/detalleAviso/primera/226854/20200317>.

In Uruguay, recommendations were generated for personal caregivers⁷³ as well as for families and care centres⁷⁴; as in Chile, the “Chile Cuida” programme implemented in some regions of the country⁷⁵ and the National Service for the Elderly with dependency for caregivers of dependent elderly people⁷⁶ and people with disabilities;⁷⁷ the same in care centres in Argentina,⁷⁸ and in Costa Rica, campaigns were also announced to promote and raise awareness of the care needs of the elderly.⁷⁹

With respect to pandemic care communication campaigns, it was observed that most of the countries generated communication campaigns to promote co-responsibility in care within the home. In this regard, it is possible to observe different levels of action in the initiatives adopted. While some countries have developed communications campaigns on co-responsibility in care in times of pandemic, such as Ecuador,⁸⁰ Peru,⁸¹ Mexico,⁸² the Dominican Republic⁸³ and Argentina with the *#cuarentenaconderechos* campaign,⁸⁴ other countries, such as Chile, have maintained and specified their campaigns on parenting and fostering care skills, now for the context of confinement through the existing Chile *Crece Contigo*⁸⁵ program. Another interesting initiative in terms of promoting co-responsibility is the one carried out in Costa Rica. In this country, in addition to creating the *#QuedateEnCasa* (stay at home) campaign, the *#YoMeApuntoaCuidarnos* (I commit to care for us) campaign was created. This campaign is aimed at offering tools to men of all ages for managing emotions, coexistence without violence, and co-responsibility for household chores. The campaign, which was created with support from the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA), offers a series of videos, infographics, and *Facebook Live* sessions to men so that they can understand and manage emotions, thoughts and behaviours in the face of the effects caused by the COVID-19 pandemic, providing them with practical tools that encourage them to become involved in co-responsibility in care and household chores, as well as coexistence free of violence. They also strengthened support and counselling services for men through a telephone support line.⁸⁶

In short, both Chile *Crece Contigo* and the Costa Rican campaign stand out because they are not only a message, but also provide tools to make co-responsibility effective. Moreover, the novelty is that, by appealing directly to men, they move toward the denaturalization of considering women exclusively as caregivers. Moreover, by providing tools and lines of support, they make it possible to give sustainability to these actions beyond the quarantine.

⁷³ <https://www.gub.uy/sistema-nacional-emergencias/comunicacion/publicaciones/covid-19-adultos-mayores>.

⁷⁴ <https://www.gub.uy/sistema-nacional-emergencias/comunicacion/publicaciones/covid-19-adultos-mayores>.

⁷⁵ <https://www.chilecuida.gob.cl/wp-content/uploads/2020/04/Orientaciones-SNAC-COVID19.pdf>.

⁷⁶ http://www.senama.gob.cl/storage/docs/Protocolo_Coronavirus_Centros_de_Personas_Mayores_1_per_cent281_per_cent29.pdf;
http://www.senama.gob.cl/storage/docs/-Fases_3_y_4_Protocolo_COVID-19_y_Personas_Mayores_v3.pdf_per_cent282_per_cent29.pdf.

⁷⁷ https://www.senadis.gob.cl/sala_prensa/d/noticias/8226/recomendaciones-para-la-atencion-de-personas-con-discapacidad-en-el-contexto-de-la-pandemia-por-covid-19.

⁷⁸ <http://www.msal.gob.ar/images/stories/bes/graficos/000001853cnt-recomendaciones-residencias-adultos-mayores-covid19.pdf>.

⁷⁹ <https://www.presidencia.go.cr/comunicados/2020/04/gobierno-lanza-estrategia-para-atencion-integral-de-persona-adulta-mayor-por-covid-19/>.

⁸⁰ <https://www.igualdadgenero.gob.ec/los-riesgos-a-los-que-se-enfrentan-las-mujeres-durante-la-emergencia-sanitaria-por-el-covid-19-en-ecuador/>.

⁸¹ <https://www.mimp.gob.pe/contigo/contenidos/pncontigo-nota-prensa-todas.php>.

⁸² <https://www.gob.mx/inmujeres/documentos/tiempos-de-covid-19-es-tiempo-para-cuidarnos>.

⁸³ <https://mujer.gob.do/index.php/noticias/item/562-en-esta-casa-somos-equipo-la-nueva-campana-del-mmujer-que-destacara-las-buenas-practicas-de-la-convivencia-en-el-hogar-durante-cuarentena>.

⁸⁴ <https://www.argentina.gob.ar/sites/default/files/politicascuidadocovid19.pdf>.

⁸⁵ <http://www.crececontigo.gob.cl/covid19/>.

⁸⁶ www.crndp.org/content/costarica/es/home/presscenter/pressreleases/2019/campana-ofrece-herramientas-a-los-hombres-para-el-manejo-de-las-.html.

2. Care and transfer of children during compulsory quarantine

In countries where there were mandatory quarantines, such as Argentina and Chile, it is possible to analyse the measures established for the transfer from a care perspective. Although these measures are ad hoc to the pandemic, it is indicative of the construction process with which they were defined and how the complexities of care as a topic were considered. Thus, in Argentina, through Decree 297/2020⁸⁷ of March 17, 2020, which establishes preventive and mandatory social isolation, the same document considered the exception to the restriction of movement for people who must assist others with disabilities, family members in need of assistance, the elderly, or children and adolescents (Art. 6 inc. 5). Soon after, on March 21, 2020 this decree was specified and made operative, when the protocols for the transfer of children were generated with Resolution 132⁸⁸ of the Ministry of Social Development. Thus, it is specified that the restriction foreseen in the Decree of Necessity and Urgency (DNU) does not apply in the following cases:

- “When the DNU comes into effect, the child was in another home than the one where he/she lives or is the most suitable to comply with the quarantine. If this transfer is necessary, it must be done only once.
- If one of the parents must be absent from the home for work reasons, or to assist other people or other reasons of force majeure. In these cases, the children can be moved to the home of another parent or person close to them.
- For health issues of force majeure, in which case children and adolescents may be transferred to the other parent’s home, always prioritizing non-circulation”.

The result of this ruling has a double effect since it safeguards the right of both parents to care and the right to remunerated work. It can therefore be expected to have an effect in terms of gender because it challenges the preconception that it is the woman who should be the primary caregiver and, at the same time, protects the right to work.

Subsequently, on May 8, Resolution 262 of the Ministry of Social Development clarified once again the decree that established the mandatory quarantine in order not to discriminate, at the time of stocking up, against those who have dependents in their care. This resolution authorizes parents or the responsible adult to take their children up to 12 years of age who are in their care to nearby stores authorized to operate, provided that they cannot leave them at home in the care of another responsible adult.

In Chile, the first safe passages were issued in March⁸⁹ without special considerations on this issue. In June,⁹⁰ measures were taken for the return of children and adolescents to comply with the visitation or shared parental custody regime that had been suspended at the beginning. This seems to bring the spirit of the measure closer to the concept of co-responsibility of care between the parents, not overburdening only one of them due to the confinement. Also in June, consideration was given to the need for caregivers of older adults to have special leave to maintain caregiving duties.

3. Services

(a) Childcare oriented services

Regarding childcare services, most of them stopped providing services in day services. The only exception was the REDCUDI of the Costa Rican government, which decided, a few days after the pandemic was declared, to continue to provide childcare and development services and subsidies,⁹¹

⁸⁷ www.boletinoficial.gob.ar/detalleAviso/primera/227042/20200320.

⁸⁸ www.boletinoficial.gob.ar/detalleAviso/primera/227094/20200321.

⁸⁹ cdn.digital.gob.cl/filer_public/4e/e7/4ee75fd1-5eef-4bb1-befc-8ea11fd38c7f/instructivo_salvoconducto.pdf.

⁹⁰ https://cdn.digital.gob.cl/public_files/Campañas/Corona-Virus/documentos/Instructivo_Cuarentena_120620v4.pdf.

⁹¹ <https://www.presidencia.go.cr/comunicados/2020/03/redcudi-mantendra-sus-servicios/>.

based on preventive health protocols. Attendance at the centres was left to the discretion of mothers, fathers, or caregivers. This country did not regulate mandatory quarantine, but nevertheless ensured the right to care and allowed those who needed to continue working to have the service without burdening parents or their family care networks.

Uruguay, like the vast majority of countries, decided to close in March the Child and Family Care Centres (*Centros de Atención a la Infancia y la Familia*, CAIF), Early Childhood Care Centres, *Nuestros Niños* centres, community homes, children's clubs, youth centres, *Siempre* centres, and education and care spaces for students' children.⁹² Despite the closure, protocols were put in place to ensure food service and home visits to the most vulnerable households while maintaining the operation of the personal assistant programme in the homes.⁹³

In Chile, the National Board of Kindergartens (*Junta Nacional de Jardines Infantiles*, JUNJI) network's early childhood day care centres and the *Integra* programme suspended care in March and developed an application called "my garden" to keep the educational community linked through telephones and it also proposed to deliver food to the population it serves.⁹⁴

In addition, the "4 to 7 Program, women work in peace" (*Programa de 4 a 7, mujer trabaja tranquila*) of the Ministry of Women and Gender Equity also closed. The purpose of this programme is to contribute to the access, permanence and improvement of women's working conditions through the creation of childcare spaces after school hours and to provide them with socioemotional support.

In all the countries, long-stay centres were closed to visitors, or their access was limited. In addition, all the countries generated information campaigns on how to deal with the coronavirus and provided emotional support tools.

The repercussions of closing centres are greater in terms of the most vulnerable children, since these centres not only provide care, but also a safe space with balanced nutrition. On the other hand, closure measures put pressure on families, especially on women, in cases where measures are not available to provide the care required by children.

(b) Services and measures for the elderly

The older adult population is the age group most at risk for COVID-19, so the policies implemented for this group have been more diverse. Most of the actions consist of information about the disease and the additional care that the older adult population should take. Communication is, therefore, aimed at the older adults themselves and their caregivers. In addition, information has been provided on how to deal with social isolation and emotional self-care tools.

In all countries, day care centres have been closed. In response, tele-assistance channels have been opened or reinforced through which medical, psychological, and legal services are provided. In Argentina, PAMI day care centres have reinforced care protocols, medical care for identification of cases with COVID-19 and help with procedures and services (medications, etc.). In Uruguay, telecare services have been strengthened in the same direction, and pay attention to the socioemotional protection of older adults.⁹⁵ In Chile, day services were suspended and replaced by telephone coordination and follow-up; the provision of medicines and supplies through community health services was also coordinated in this way. In Costa Rica, a line was set up for psychological support to older adults.

⁹² <http://www.inau.gub.uy/novedades/noticias/item/2899-coronavirus-covid-19-informacion-institucional>.

⁹³ <https://www.gub.uy/sistema-cuidados/comunicacion/publicaciones/acciones-tiempos-coronavirus>.

⁹⁴ <https://www.junaeb.cl/archivos/45961>.

⁹⁵ <https://www.gub.uy/sistema-cuidados/comunicacion/publicaciones/acciones-tiempos-coronavirus>.

Regarding long-term care, the countries have promoted the limitation of visitors' access to residences and the creation of protocols for the care of older adults. In Chile, visits to State residences were suspended for 30 days and protocols were created⁹⁶ for their employees and inmates, as well as temporary residences for older adults infected by COVID-19⁹⁷. In Costa Rica, visits to geriatric centres were prohibited at the national level, but a strategy was designed to accompany the people who most needed it in a comprehensive manner. In Argentina, visits to PAMI residences were limited and activities in day care centres were suspended.

When it comes to care in the home, Chile, with the Chile Cuida program, concentrated its efforts on the care of "critical cases," while Uruguay maintained the personal assistant service and prepared guidelines with specific recommendations for these cases. In Argentina, in the registry of home caregivers, the mobilization of caregivers was authorized despite quarantine and recommendations were prepared for the exercise of caregiving⁹⁸ work.

As a complementary and caring measure for the elderly, in addition to having specific service hours for senior citizens in health centres, supermarkets and banks, precautions were taken in the payment of pensions. In Chile, the Instituto de Previsión Social (Social Security Institute) allows changing the face-to-face mode to electronic payment in order to avoid unnecessary transfers and crowds, making agreements with notary offices to carry out essential procedures virtually in some regions. In Argentina, the requirement of proof of life for receiving pensions has been suspended. In Argentina and Chile, banks have set up telephone lines to answer questions related to the new measures. In Uruguay, the association of supermarkets agreed to ensure shipments of purchases made by telephone or Internet to senior citizens in order to avoid crowds and increase the possibility of contagion in this group of the population. This last measure is also an example of how the private sector can help in this pandemic.⁹⁹

4. Transfers

In countries where compulsory quarantines were imposed, the need to ensure minimum subsistence for the population became imperative. Thus, Argentina established a series of transfers aimed at dependent and elderly populations: (1) through Decree No. 309/2020, an extraordinary, automatic and one-time subsidy is granted for an amount equivalent to the amounts paid in March 2020 corresponding to the Universal Child and Pregnancy Allowances for Social Protection; (2) a subsidy is granted to disabled people with non-contributory pensions who will receive a one-time extraordinary bonus of 3,000 Argentine pesos for the month of April; (3) in addition, an exceptional subsidy of 3,000 pesos is granted to senior citizens in their minimum pensions, and for those above the minimum pension, it will be equal to the amount necessary to reach the sum of 18,891 pesos. In addition, the Emergency Family Income (IFE) was created, consisting of 10,000 pesos (approximately 150 dollars) for unemployed people, workers in the informal economy, formal self-employed people in the lowest categories of the mono-tax and workers in private homes (whether formal or not).

In Chile, no changes in transfers to caregivers or caregivers were reported. Prior to the pandemic, a stipend was provided to caregivers through the payment programme for caregivers of people with disabilities" (*Programa de pago de cuidadores de personas con discapacidad*) which allowed access to a non-applicable benefit of a maximum monthly payment of 28,940 pesos (US\$37) for the provision of their services. Despite the increase in the care burden, no variation or increase was introduced to an already meagre figure. Neither in any of the transfer instruments designed, such as the COVID

⁹⁶ http://www.senama.gob.cl/storage/docs/Gu_per_centC3_percentADa_ELEAM_COVID_19_MINSAL_SENAMA_ACHGG_Abril_2020.pdf_-1.pdf.

⁹⁷ <http://www.senama.gob.cl/noticias/senama-se-prepara-con-residencias-transitorias-para-manejar-el-contagio-de-covid-19-en-los-eleam>.

⁹⁸ <http://registroncd.senaf.gob.ar/InfoCovid.htm>.

⁹⁹ <https://www.presidencia.gub.uy/comunicacion/comunicacionnoticias/medidas-gobierno-sanitaria-emergencia-sanitaria-covid19>.

voucher¹⁰⁰ or the Emergency Family Income,¹⁰¹ are considerations made to allow for the care of the populations most in need of care.

5. Time policies: care leave

Argentina was the only country among those analysed to generate leaves of absence from work for at least one of the parents who had caregiving responsibilities.¹⁰² In the same decree announcing the mandatory total quarantine for the country (Decree 207/2020), it was established the suspension of the duty of attendance at the workplace for 14 days with pay for workers over 60 years old, pregnant workers and/or workers included in the risk groups defined by the national health authority. The instrument designed by Argentina deserves to be highlighted as it protects the right to care, to take care of oneself and to be cared for.

In the case of Chile, on March 18, 2020, a state of constitutional exception was declared for 90 days, and then extended to 90 and 270 days successively. The strategy was the generation of the so-called "dynamic quarantines" declaring communes in confinement for a variable period. The first time it was declared was on March 26. On May 15, a total quarantine was declared for the metropolitan region, a status that did not change until August with the so-called "step-by-step" plan that gradually allowed the opening of certain communes. In these areas, no specific measures were associated with licences and permits for care. Priority was given to the approval of Act 21.220 regulating telework and Act 21.227 on employment security, which were enacted on March 24 and April 6, respectively. Thus, the extension of the postnatal emergency, as a consequence of the pandemic, was approved through the parental medical leave on July 28, 2020, generating a time gap from the declaration of confinement to the approval that led to the fact that women mothers had to pay with their severance funds the "extra" care time implied by the pandemic. This, because in Chile unemployment insurance is an individual capitalization account. The Parental Preventive Medical Leave (*Licencia Médica Preventiva Parental*, LMPP) is a benefit that consists of the extension of the postnatal period for 30 extendable days (charged to the respective common health insurance), as long as the state of emergency is maintained.

6. Regulations for caregivers

In principle, the bulk of measures aimed at caregivers relate to travel. In countries where compulsory quarantine was enacted, this was necessary to ensure movement to the workplace.

In Argentina, since March 23, the right to care has been ensured by allowing the movement of persons engaged in paid care work, this work being considered essential. For its part, in Chile, a measure related to care allowed movement, but only for the provision of medicines, food or essential goods to be delivered to elderly people. Since June 17, caregivers have been allowed to move to care for others in a situation of dependency.

Despite the threat of shortages of medical supplies, some countries announced the provision of protective supplies and materials for caregivers. Uruguay assured and provided basic medical supplies for COVID-19 and for caregiving,¹⁰³ as it has specific regulations on the subject. Costa Rica announced the delivery¹⁰⁴ of masks, gloves and personal hygiene and cleaning supplies to families in greatest need.

¹⁰⁰ <https://www.bonocovid.cl>.

¹⁰¹ <https://www.ingresodeemergencia.cl>.

¹⁰² <https://www.boletinoficial.gob.ar/detalleAviso/primera/226854/20200317>.

¹⁰³ <https://www.gub.uy/sistema-cuidados/comunicacion/comunicados/insumos-para-cuidar>.

¹⁰⁴ <https://www.presidencia.go.cr/comunicados/2020/04/gobierno-lanza-estrategia-para-atencion-integral-de-persona-adulta-mayor-por-covid-19/>.

In the case of Chile, an innovative care measure was implemented by the National Disability Service, which established five transitory residences for people with disabilities and dependency, and without another support network, in case the family caregiver was hospitalized.

Women employed in the domestic work sector occupy a crucial and very important place in the framework of this pandemic, however, the measures adopted in the countries tended more to regulate their possibilities of displacement than their working conditions, since these have been dramatically affected by the pandemic (UN-Women, ILO, and ECLAC, 2020). In Argentina, it was decided to give paid leave to domestic workers, thus avoiding to some extent dismissals for not being present at the workplace. In Chile, Act 21.227 on "Employment Protection" enabled domestic workers who contribute to the pension system to access money from their compensation accounts in the event of unemployment, with a transfer equivalent to 70 per cent of their income (during the first month) (Art. 4). There is evidence that indicates how exhausting employment in the household sector is. For example, the Chilean association *Yo Cuido* (2020), states that 99 per cent of caregivers reported suffering from anxiety disorders or depression.

Considering the relevance of this aspect and the benefits developed to meet the needs of caregivers, it is possible to think that this is the area that needs to be emphasized in the design of policies to improve the conditions that allow caregiving without doing so at the expense of their own physical, mental, and economic resources.

D. Final reflections

Despite the differences and particularities of each country, the study allows us to understand how some countries were able to articulate responses to sustain care in the face of the pandemic based on the institutional framework they had in place. In this regard, by analysing the development of care services according to the institutional framework that generates them, it was possible to observe that the countries with care systems in place were able to articulate adjustments and responses to the pandemic within the operational services.

In Costa Rica, the existence of the National Care Network has made it possible to preserve the right to care for and receive care. From this background, the decision to keep childcare services open, ensuring the associated benefits and, at the same time, giving the possibility of paid work to those who do not have the possibility of making flexible their working hours or places of work, is understandable. Something similar occurs in Chile, with the Chile Crece Contigo system, which was instituted as a law of the Republic and also continued to provide a good part of its benefits. This policy promotes responsible maternity and paternity and with it, guidelines of co-responsibility between men and women in the upbringing of children.

In the case of Argentina, the measures taken by the country were varied and denoted the declared political will to prioritize care in the country. It is important to note that in order to make these initiatives sustainable, an institutional structure is needed to ensure the design of future policies that transform the sexual division of labour and close gender gaps. In the absence of a comprehensive institutional framework that provides logic and consistency to public policy, the continuity of the measures becomes uncertain.

Another key aspect is the fiscal redesign to ensure the financial sustainability of a comprehensive care system that guarantees rights and allows fiscal sanity, understanding that many of the expenditures rather than expenses can become investments if the system fully contemplates the formalization of employment and working conditions and promotes the reduction of socioeconomic inequalities in the medium- and long-term.

Today, more than ever, there is an urgent need to design and implement policies that redistribute care work in the countries of the region. In January 2020, and without foreseeing what would happen a couple of months later, the Santiago Commitment was approved at the XIV Regional Conference on Women in Latin America and the Caribbean. One of the paragraphs of the agreement explicitly refers to the care economy and crises, as follows:

Implement gender-sensitive countercyclical policies, in order to mitigate the impact of economic crises and recessions on women's lives and promote regulatory frameworks and policies to galvanize the economy in key sectors, including the care economy (Paragraph 24).

The Santiago Commitment also considers measures to ensure the promotion and effective protection of the human rights of all domestic workers, in accordance with the provisions of Convention No. 189 of the International Labour Organization (Paragraph 15). In turn, the agreement states that the countries undertake to:

Design comprehensive care systems from a gender, intersectional, intercultural and human rights perspective that foster co-responsibility between men and women, the State, the market, families and the community, and include joined-up policies on time, resources, benefits and universal, good-quality public services to meet the different care needs of the population, as part of social protection systems (Paragraph 26).

Thus, the Santiago Commitment is a guide for the implementation of policies for sustainable recovery with care at the centre. Based on this commitment, it is possible to give coherence to the set of measures that countries can develop to generate measures for containment and/or post-COVID-19 economic recovery. Based on these guidelines and in order to respond to the challenges posed by the pandemic, measures on care for containment and for post-COVID-19 reactivation are recommended, as well as to highlight the urgency of generating comprehensive care systems in the region as a cross-cutting principle to be able to respond to emergencies such as those generated by the pandemic and to advance in social inclusion. The following measures are presented below:

1. Containment

The following measures and strategies can be identified among the main policies to contain the current situation:

- Promote campaigns in the public and private sector regarding family responsibilities in line with ILO Convention 156.
- To make working hours more flexible and reduce them while ensuring the rights and working conditions of people with care responsibilities.
- Keep childcare services open primarily for lower-income families unable to suspend paid activity or are other care strategies compatible with the current emergency situation.
- Monitor the implementation of ILO Convention 189 to protect women's employment in paid domestic work in private homes.
- Ensure food and supplies for the prevention of COVID-19 infection for those attending day care centres.
- Prioritize the delivery of unconditional direct transfers to people who perform unpaid care work in their homes and who are limited in their access to the labour market due to the exceptional conditions of the pandemic.

2. Reactivation

The care economy can be a major driver of the way out of the crisis. The crisis has shown how the care economy is linked to other sectors of the economy and that, ultimately, without its existence, the development of other economic sectors is not viable. Recognizing this interaction between the care economy sector and other sectors of the economy is critical for thinking about economic reactivation actions. Moreover, it is a way to provide a solution to the crisis from a gender perspective and not leave gender equality as a matter to be solved after the crisis, when the harmful effects of the crisis have deepened the inequality gaps.

To this end, it is essential to double efforts in:

- a fiscal policy that looks at the short-, medium- and long-term and invests resources in the care economy sector to generate quality jobs with sufficient remuneration for caregivers;
- regulating the working conditions of informal caregivers, accelerating the process of formalization and entry into the social security system, which will also result in future improvements in tax collection levels;
- certifying the competencies of caregivers, thus improving their employability and salary conditions.

3. Integrated systems of care in the region

In addition to the challenges of dealing with the pandemic, there are challenges of institutional development in the countries of the region. Both the pandemic and the unjust social organization of care have generated sufficient evidence of the relevance and urgency of implementing comprehensive, public, universal care systems that contemplate a set of policies articulated over time with resources, benefits and services related to the different care needs of the population. This will not only make it possible to generate timely responses to crises such as those experienced with COVID-19, but also to address the inequalities generated by care.

In terms of public policy, it is essential to deploy mechanisms that guarantee the right to care for people who require it throughout the life cycle, as well as the rights of the people who provide such care, whether paid or unpaid. This entails at least three major challenges:

- (i) **Defeminize:** Generate a public policy that challenges traditional gender roles by making caregiving an option; and allowing those who dedicate themselves to it not to be excluded from social protection.
- (ii) **Democratize:** Encourage co-responsibility, i.e., redistribute the supply of care between the State, the market, the community, and families, and promote a balance between men and women in households. At the same time, universalize the right to be cared for.
- (iii) **Decommodifying the care experience:** The fact that being a caregiver is separated from being a benefit derived from having access to the labour market, it makes it possible to increase women's integration into the labour market and to safeguard the right to care.

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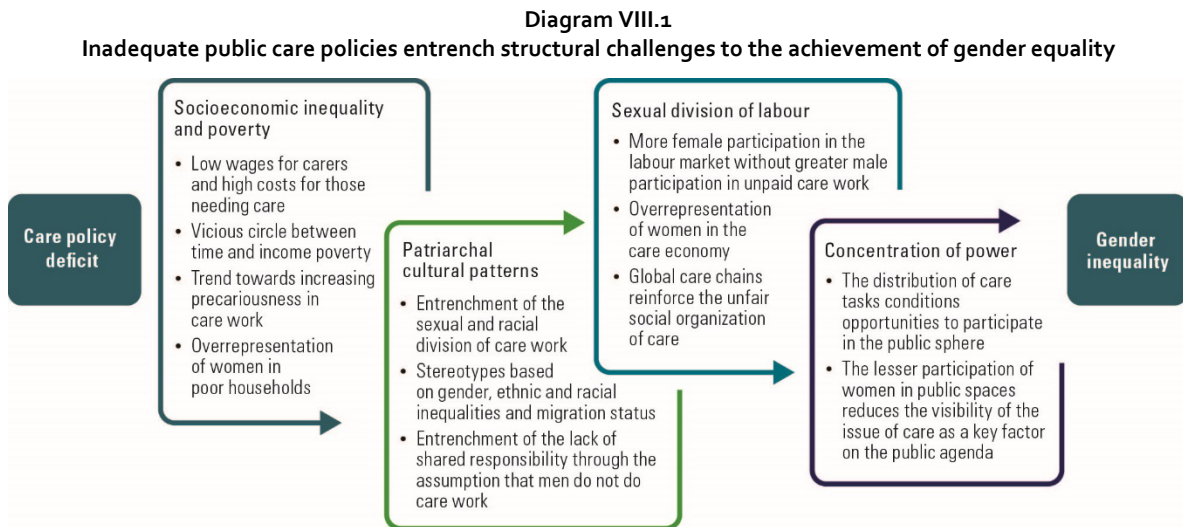
VIII. The impact of the COVID-19 crisis on the economic autonomy of women in Latin America and the Caribbean¹⁰⁵

Introduction

In Latin America and the Caribbean, gender inequality is a structural part of societies and development styles that have lost sight of the importance of care and the provision of well-being among people. As the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030 has pointed out, the sexual division of labour and the unfair social organization of care interact with the other structural challenges to the achievement of gender equality to create unfavourable conditions for women, who are overrepresented in lower-income groups and in the most insecure and unstable types of employment, are prevented from freely exercising their sexual and reproductive rights and continue to be underrepresented in public and decision-making spaces (see diagram VIII.1).

The medium-term consequences of COVID-19 on local, national and global economies are still uncertain, but the pandemic has clearly exacerbated gender inequality and reinforced the structural challenges on which it rests. Loss of income, increased job insecurity and time poverty are phenomena that affect women most and have worsened during the crisis, resulting in unprecedented setbacks for the economic autonomy of women in the region.

¹⁰⁵ This chapter is an edited version of "Chapter IV Transitioning towards a care society: the keys to a transformative recovery with equality and sustainability" *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago.



Source: Economic Commission for Latin America and the Caribbean (ECLAC).

The crisis caused by COVID-19 has highlighted the urgent need to orient social relationships and society's relationship with nature towards paradigms centred on notions of interdependence, care and sustainability.

Now more than ever, the creation or strengthening of comprehensive care policies is at the centre of public and political debates that treat gender equality as an urgent imperative for post-pandemic recovery, along with the creation of political, social and fiscal covenants that simultaneously address environmental, social and gender justice.

A. The excessive burden of care in households

It has been determined that the pandemic dramatically increased the care burden on households, and particularly on women, since households had to take over care and assistance services such as support for children's education in the face of ongoing school closures, health care for the sick owing to the pressure on health systems that led to a great deal of health care (including care for the seriously ill) being shifted to households for reasons of efficiency and because of the increased resources devoted to COVID-19, and care for children and dependents owing to the closure of a variety of facilities providing these services (ECLAC, 2021d) (see box VIII.1).

Box VIII.1

The increase in unpaid care and domestic work during the coronavirus disease (COVID-19) pandemic

A number of surveys conducted in different Latin American countries provide data on the excessive burden of domestic and unpaid care work that women were confronted with in the context of the COVID-19 pandemic.

The Americas and the Caribbean Regional Office of the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) conducted Rapid Gender Assessment Surveys in Chile, Colombia and Mexico during the second half of 2020 to assess the impact of COVID-19. The results indicate that the time spent on feeding, cleaning and playing with children had increased by a greater proportion among women than men, with a percentage difference averaging 8.4 points. Particularly salient is the increased effort that women with dependent children and adolescents had to put into teaching and coaching them because of school closures. The gap between the time spent by women and men on these tasks averaged 12.3 percentage points in the three countries.

The National Time-Use Survey (ENUT) published by Colombia's National Administrative Department of Statistics (DANE) can be used to compare the time spent on unpaid working activities and personal activities in the periods January-April 2017, September-December 2020 and January-April 2021. Between January and April 2021, 79.3 per cent of women aged 10 and over participated in activities related to food provision, while only 32.3 per cent of men did so. In both cases, participation was higher than in the period from January to April 2017. A similar ratio is found in activities related to cleaning and maintenance.

While men's participation in some unpaid work activities increased from 60 per cent in 2017 to 63.8 per cent in 2021, it was women who saw their daily time spent on such activities increase during the pandemic. While women spent an hour more per day on these (up from 7 to 8 hours), for men there was a small decrease from 3.23 to 3.10 hours per day. In addition to the closure of schools, households had to cope with the lack of community services, kindergartens, development centres and other institutions for the care of children and older dependents. Where these institutions were concerned, 72.2 per cent of households that had had access to care centres for older persons or persons with disabilities, or other non-residential institutions, reported that they had lost it.

In Argentina, the United Nations Children's Fund (UNICEF) conducted the fourth round of the COVID-19 Rapid Assessment between April and May 2021. It found that 54 per cent of women had felt a greater overload of household chores since the start of the pandemic. In addition, there was a doubling (from 5 per cent to 10 per cent) of situations in which children in households where adults were not teleworking were left at home on their own. Similarly, the proportion of children left in the care of a sibling under the age of 18 increased from 3 per cent to 7 per cent in the same period. Whereas in July 2020, 83 per cent of respondents reported that children were cared for by another adult in the household, this proportion was down to 64 per cent in May 2021. The survey also provides information on the psychological impact of the pandemic on adolescents. Of the adolescents surveyed, 33 per cent said that they were upset by the context and 25 per cent that they were scared. Given the current division of labour, whereby women are expected to be the emotional mainstay of households, it can be inferred that the effects of the pandemic must also be felt at this level.

Although unpaid work has also increased among men and there seems to be a window of opportunity to move toward a more equal distribution, the data show that this is happening in a way that overburdens women, who have had to cope with both an increase in care work and a reduction in time for personal and educational activities.

Source: United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), *Results of the Rapid Gender Assessment Surveys on the impact of COVID-19 in Chile, Colombia and Mexico*, Americas and the Caribbean Regional Office, February 2021; National Administrative Department of Statistics of Colombia (DANE), "Encuesta Nacional de Uso del Tiempo (ENUT): información enero a abril de 2021"; United Nations Children's Fund (UNICEF) Argentina, "Encuesta rápida COVID-19: cuarta ronda" [online] <https://www.unicef.org/argentina/media/11191/file>.

B. Women at the forefront of the response to the pandemic

The pandemic has brought those working in the care economy to the forefront. The work carried out by people employed there, especially those who provide direct care, demands physical and emotional proximity, making them more vulnerable to infection in the workplace when physical distancing is impossible (ILO, 2020).

Although characterized as being at low risk of losing their jobs, workers in both the health and education sectors had to cope with unpredictable or excessive working hours, job insecurity and high exposure to infection. As people in essential jobs, they had to reconcile work with household care needs and adapt routines so as not to expose those living with them to infection. These efforts were unacknowledged and undervalued in economic terms. The amount of overtime required to deal with the pandemic did not translate into proportionately higher pay.

While education and health care were included among the essential sectors, people providing domestic and care services in homes or institutions were sometimes left out of consideration and thus were not covered by early response mechanisms. Furthermore, the absence of systematic mechanisms to distinguish whether paid care workers were infected by general exposure or occupational exposure hindered the design of policies to protect essential workers. In addition, women working in private homes have not been provided with adequate training in the use of personal protective equipment that is essential to protect them from infection (ILO, 2020).

1. Women working in health care

Latin America and the Caribbean is home to 8.4 per cent of the world's population. However, as of October 2021, 30.3 per cent of COVID-19 deaths had occurred in the region (ECLAC, 2021g). The health crisis is ongoing and inequalities in access to vaccines between countries remain.

Health workers have been among the most affected because of increased working hours, greater exposure to infection (aggravated in some cases by inadequate protective equipment), understaffing and overburdened health-care infrastructure. The group of employed people who have been most severely exposed to infection because of their high-risk workplaces is precisely the group that sustains health systems. According to data from the Pan American Health Organization (PAHO) for 29 countries and territories in Latin America and the Caribbean, as of July 2021 at least 1,146,668 confirmed cases and 8,524 deaths among health workers had been recorded (PAHO/WHO, 2021).

Given the composition of the sector, the pressure on health care entails a worsening of gender gaps. In 2020, the health sector employed 7.7 per cent of the region's employed women, and 72.7 per cent of those employed in the sector were women (see table VIII.1). The sector is characterized by marked occupational segregation, which consigns most women to lower-skilled and lower-paying jobs. Moreover, the wage gap persists, standing at 39 per cent in 2020. Lastly, one in five women does not contribute and is not affiliated to the social security system, which implies a high prevalence of substandard working conditions and curtailment of present and future resources (ECLAC, 2019a; ILO, 2017). This situation is even more serious if the risk of contagion and the vulnerability of people left uncovered by social security protection mechanisms are considered.

Table VIII.1
Latin America (11 countries):^a occupational characteristics of sectors of the care economy,
weighted averages, around 2019–2020^b
(Percentages)

Sector of economic activity	2020					Year-on-year change (2019–2020)		
	Distribution of the working population by sector of economic activity ^c		Proportion of women in the sector	Pay ratio between women and men	Proportion of working women who were poor	Proportion of working women who were affiliated to the social security system	Women in employment	Women's total wage bill
	Women	Men						
Teaching	7.8	3.0	65.2	83.0	2.2	80.5	-7.0	-3.9
Health care	6.3	1.9	70.8	68.8	3.0	70.7	-2.6	-0.4
Private households	8.3	0.6	90.9	69.1	14.6	14.3	-19.3	-26.7

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

^a Countries covered: Argentina, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Peru, the Plurinational State of Bolivia and Uruguay.

^b The data are for year-on-year changes between 2019 and 2020, except in the case of Chile, where they are for changes between 2017 and 2020, and Mexico, where they are for changes between 2018 and 2020.

^c Proportion of the population employed in each sector of economic activity in relation to the total number of persons in the sector.

For those working in the health sector, the COVID-19 pandemic also presented the challenge of finding ways of balancing their own well-being with the needs of the health emergency. This is particularly important for women, who have had to cope with the traditional demands of caring for family members in addition to longer and more stressful working days (ECLAC, 2021d). Overwork coupled with the fear of putting their family members at greater risk of contagion affected the mental health of women health workers. Indeed, a number of reports have warned about depressive symptoms and the way they have increased in the case of non-professional clinical staff, including senior nursing teams and nursing assistants, most of whom are women (Health Care Workers COVID-19 Study, 2021;

MHA, 2021). Recent data also show that COVID-19 increases the likelihood of health-care workers experiencing violence, harassment, stigmatization and discrimination in their community as a result of fear of the virus (ILO, 2020). While some countries have provided bonuses to recognize the efforts of health workers or guarantees of decent working conditions, nowhere have these measures contributed to the reduction of existing gender gaps.

Strengthening the institutions of health systems in the region is vital for coping with the crisis caused by the pandemic,¹⁰⁶ but it is also necessary so that the phases of recovery and reconstruction can be planned for (ECLAC/PAHO, 2020). As part of this, it is necessary to safeguard the physical and mental health of people working in the health sector, most of them women, and ensure decent working conditions so that the sector can be transformed. This transformation must be approached from a gender perspective that takes account of the dimensions of inequality characterizing the sector.

2. Women working in education

The closure of educational institutions, adopted as a global measure to deal with the spread of the virus, affected households with school-age children and adolescents, but also had a strong impact on workers in pre-primary, primary, secondary and tertiary education, as well as on support staff employed in the sector.

This unexpected change forced the education system to adapt quickly to non-classroom forms of education, incentivizing the use of information and communications technologies (ICT). This distance education process was not always accompanied by training for teachers in the new educational demands and formats, and in many cases the technology or infrastructure needed to carry out the necessary functions was not available. Likewise, the combination of teaching-related tasks and support for parents and students overburdened the paid working time of the sector's staff and the routines of the households that had to assist them in this process. This is particularly important in gender terms, given the large presence of women in the sector. In fact, like the health sector, the education sector is highly feminized: it employs 9.5 per cent of employed women in the region, and women make up 69.2 per cent of those employed in this sector (see table VIII.1).

The challenges in this area not only affected frontline staff, but also had considerable impacts on those indirectly supporting the sector (service providers, cleaning staff, supply and part-time teachers, psychosocial support professionals and those teaching sporting and artistic disciplines, among others). Because these jobs are usually outsourced, part-time or occasional, the closure of educational institutions left these workers without jobs, income or other benefits.

3. Women working in private homes

Some 13 million people in Latin America and the Caribbean were engaged in paid domestic work in 2019, and 91.5 per cent of them were women, in many cases Afrodescendent, indigenous or migrant women (ECLAC, 2021d). This sector exhibits high levels of precariousness: wages are among the lowest for any category of paid workers, and levels of informality are particularly high (76 per cent of the women employed there do not have social security coverage) (Valenzuela, Scuro and Vaca-Trigo, 2020, p. 85).

By contrast with the other care sectors, where the public sector is the main employer, women carrying out paid domestic and care work in private households suffered a large loss of jobs and income in 2020. The sector employs 9.9 per cent of women in paid work in the region, and women make up the bulk of the workforce (90.9 per cent) in the sector. Employment levels among female workers in the sector fell by 19.8 per cent in the region between 2019 and 2020. Together with the fall in average wages, this translated into a 24 per cent decline in the sector's wage bill.

¹⁰⁶ See Chapter III in *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago.

High levels of informality made it possible for many women employed as domestic workers to be dismissed without compensation or subjected to irregular situations in which they were exposed to infection and required to perform non-agreed tasks. In 2020, only 25.5 per cent of paid female domestic workers were affiliated or contributing to social security systems. Although some countries have made progress with regulations governing the sector, 11.2 per cent of paid domestic workers are poor.

Lockdowns have also forced many domestic workers to choose between financial security and the avoidance of health risks, so that sometimes they have even had to sleep over at their workplaces, which has kept them away from their families and deprived them of adequate rest. If they are able to travel, most do so by public transport, which exposes them to the virus while making them potential transmitters of COVID-19 at home. Many are also put at further risk by having to make excessive use of cleaning products and carry out shopping without being provided with appropriate protective equipment to ensure their safety (UN Women/ECLAC/ILO, 2020).

Most women in domestic employment work in large cities for employers who belong to the middle- and high-income sectors. Working by the hour has become more prevalent in recent years, which translates into more travel time during the working day to move from one job to another (ECLAC, 2019).

In Latin America, 51.6 per cent of those who migrate are women, and more than a third of that total are engaged in paid domestic work (35.3 per cent), forming part of what have come to be called “global care chains” (ILO, 2019b). The evidence from these global care chains shows that a third of women working in the sector in Latin America are migrants and form part of South-South chains, while others leave the region in search of higher wages in countries of the North. Both types of migrants suffered from border closures during the pandemic and were kept away from their loved ones for indefinite periods. In addition, the fear of deportation resulting from their irregular employment status makes it difficult for them to lodge complaints in the event that their employers ill-treat them or do not honour agreements made with them. The discrimination they suffer because of the work they do is compounded by discrimination because of their migrant status or their racial and ethnic heritage (UN Women/ECLAC/ILO, 2020).

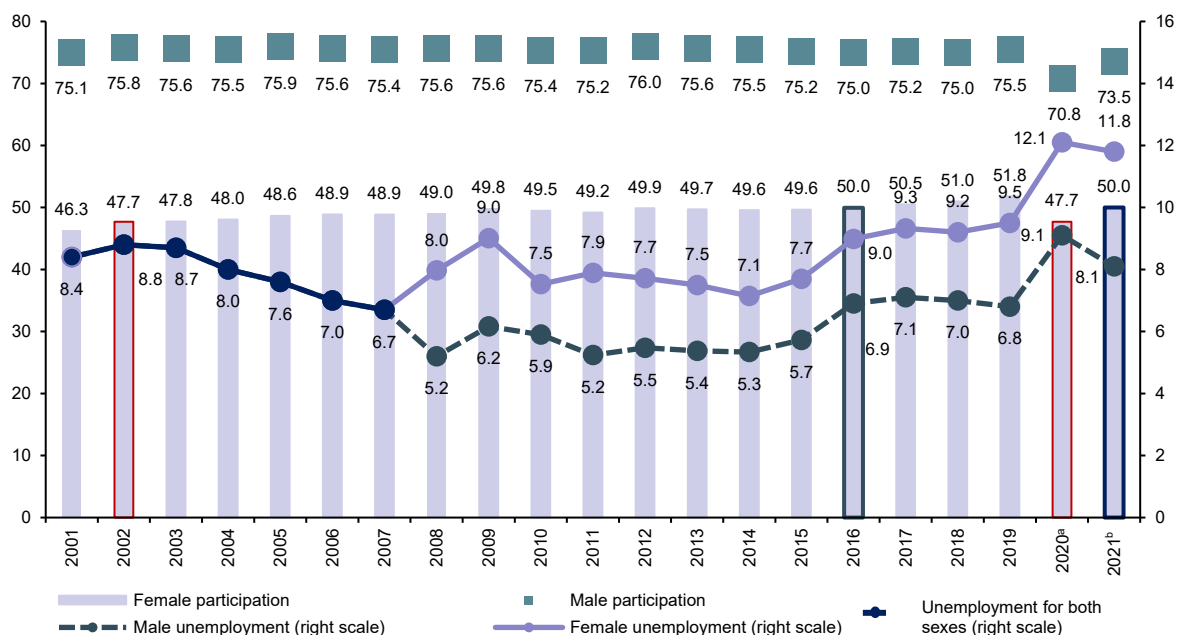
In sum, besides the aggregate effects on the economy, there are impacts that differ by sector. In any event, though, inequalities persist and have if anything been intensified by the health, social and economic effects of the pandemic. The effects of the pandemic have combined with weak access to social protection and employment rights, high levels of informal working and the structural heterogeneity of markets, which particularly affect women, since they are generally paid less than men and are more likely to be in informal employment and in sectors where substandard working conditions prevail. It is therefore essential to design and implement both recovery measures in the different sectors and transformative measures that enhance women’s economic autonomy and protect their rights.

C. A historic setback for women’s labour-force participation and employment quality

The effects of the crisis on the labour market have been tremendous, with considerable reductions in participation and employment rates and a greater increase in unemployment than in previous crises (ECLAC, 2021b, 2021c and ECLAC 2022).

The crisis led to an enormous outflow of workers from the labour market. In the case of women, this has set back their labour-force participation rate to what it was 18 years ago (see figure VIII.1). The female participation rate declined from 51.8 per cent in 2019 to 47.7 per cent in 2020, while the male participation rate fell from 75.5 per cent to 70.8 per cent.

Figure VIII.1
Latin America and the Caribbean (24 countries):^a participation and unemployment rates, weighted averages, by sex, 2001–2021
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures from the countries and projections.

^a Countries considered: Argentina, the Bahamas, Barbados, Belize, the Bolivarian Republic of Venezuela, Brazil, Chile, Colombia, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia, Trinidad and Tobago and Uruguay. Figures for 2019 do not include the Bolivarian Republic of Venezuela.

^b The estimates for 2020 are based on information provided by the following countries: Argentina, Belize, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

^c Projections for 2021.

For 2021, it is estimated that the female labour-force participation rate will increase to 50.0 per cent (identical to the level seen in 2016), while the male rate will recover to around what it was before the crisis (73.9 per cent) (ECLAC, 2021b and 2021c). Growth in employment levels has been slow, with female employment recovering more slowly than male employment (see figure VIII.2).

Unemployment also increased because of the crisis, reaching rates of 12.1 per cent for women and 9.1 per cent for men in 2020. Given the slow increase in employment levels and higher participation rates, it is estimated that unemployment rates increased and were roughly 11.8 per cent for men (ECLAC, 2022). The reasons for expecting such a high unemployment rate for women include expected changes in labour demand associated with the new skills needed for the jobs of the future, the contraction of highly feminized sectors, increased digitalization and use of artificial intelligence, and a stronger recovery in male-dominated economic sectors (ECLAC, 2021b).

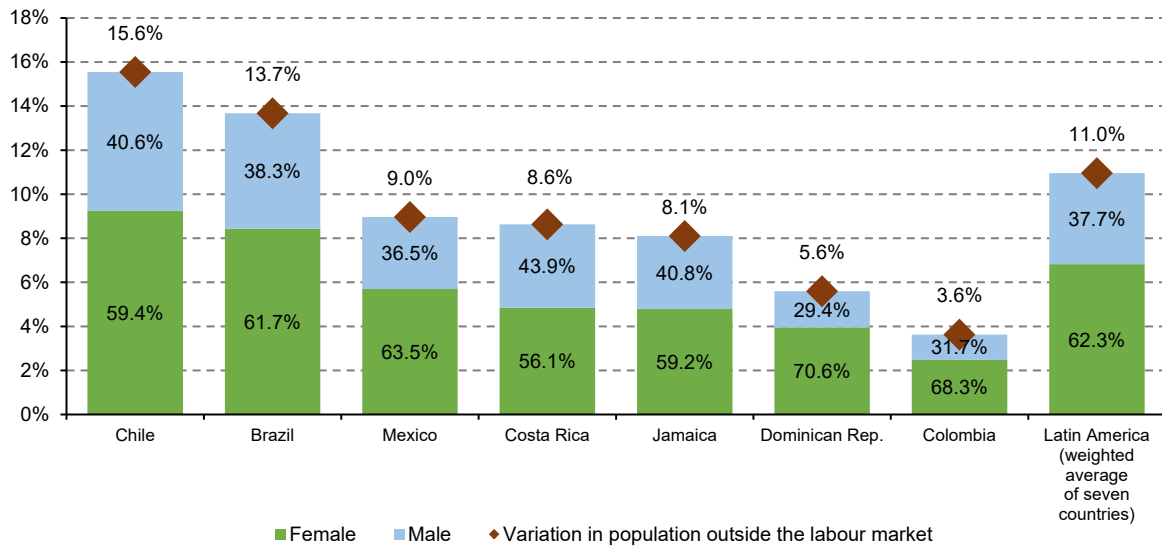
However, these unemployment figures reflect only a proportion of the jobs lost in the COVID-19 crisis. More women have left the workforce than have been registered as unemployed, since many who want to work in paid employment have been unable to do so and have given up the search owing to the gender stereotypes that overburden them with household care work. Figure VIII.3 shows the increase in the population outside the labour market in seven countries of the region, showing that most of this increase is explained by the great number of women leaving the workforce, amounting to 11 per cent, according to information for the period between the first quarter of 2020 and the first quarter of 2021.

Figure VIII.2
Latin America (8 countries):^a national employment rates by sex, weighted averages,
first quarter of 2020 to first quarter of 2021
(Index 2020/Q1=100)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures from the countries.
^a Countries considered: Brazil, Chile, Costa Rica, Colombia, the Dominican Republic, Mexico, Paraguay and urban areas of the Plurinational State of Bolivia.

Figure VIII.3
Latin America (7 countries): changes and distribution of changes in the population outside
the labour market by sex, first quarter of 2020 and first quarter of 2021
(Percentages)



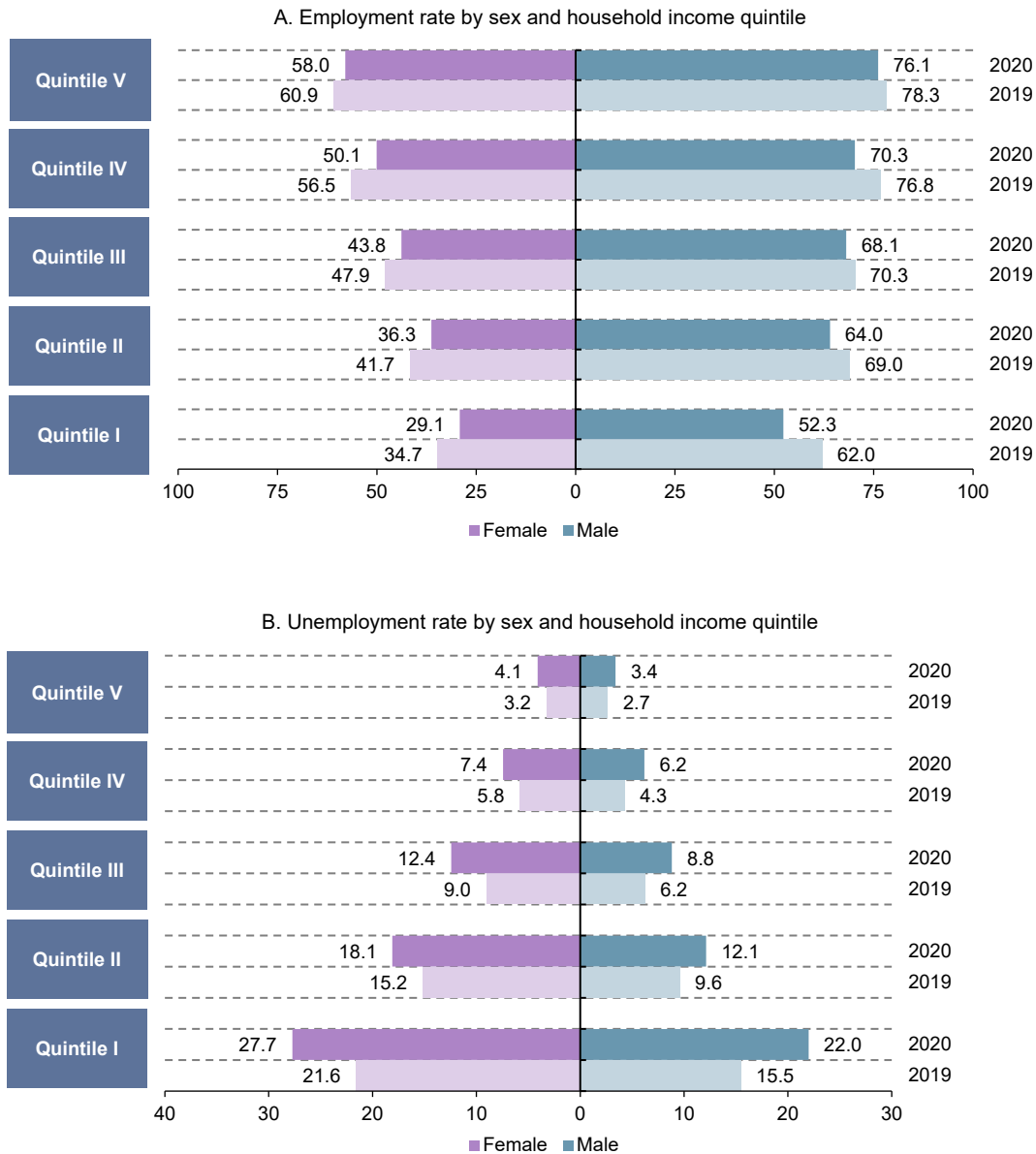
Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures from the countries.

1. Inequalities between households

The crisis exacerbated other inequalities that combine with gender inequalities. Figure VIII.4, for example, shows that women’s employment rates are lower than men’s in all income quintiles, but gender gaps in employment are wider in lower-income households.

While the employment rate for women in the fifth income quintile was 58 per cent in 2020 (and the male rate was 76.1 per cent), the employment rate for women in the first income quintile was only 29.1 per cent, whereas the rate for men in this quintile was of the order of 62.3.

Figure VIII.4
Latin America (12 countries):^a employment and unemployment rates by sex and income quintile for the population aged 15 and over, around 2019 and 2020^b
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).
^a Countries considered: Argentina, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.
^b The average figures for 2019 cover all the countries mentioned above except Chile and Mexico, for which figures from 2017 and 2018, respectively, are used.

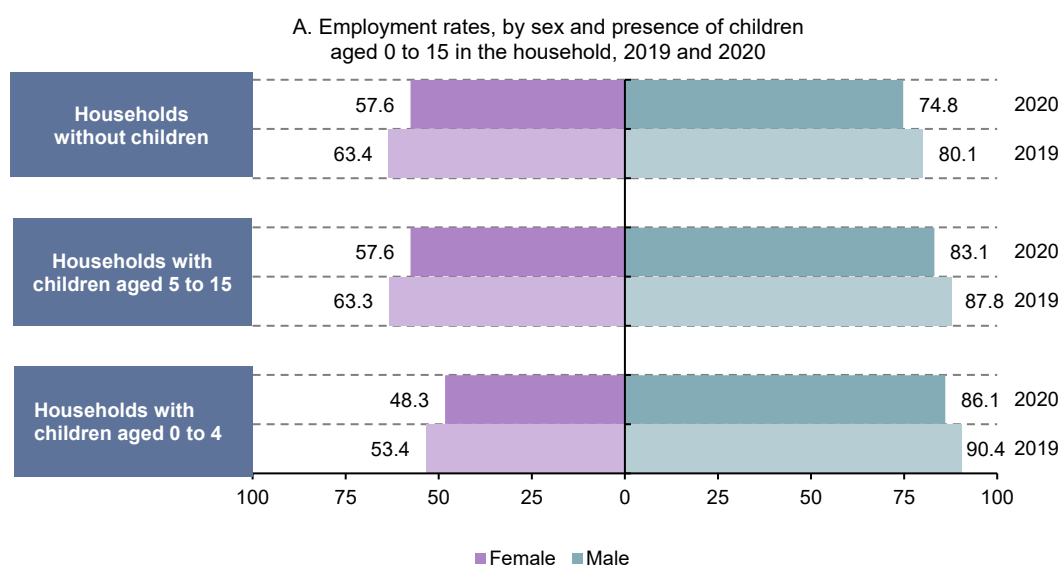
Similarly, it can be seen that women in the poorest households have greater difficulty in finding employment. The unemployment rate for women in households in the first quintile reached 27.7 per cent in 2020, while the male rate was also high (22 per cent), although lower than the female rate.

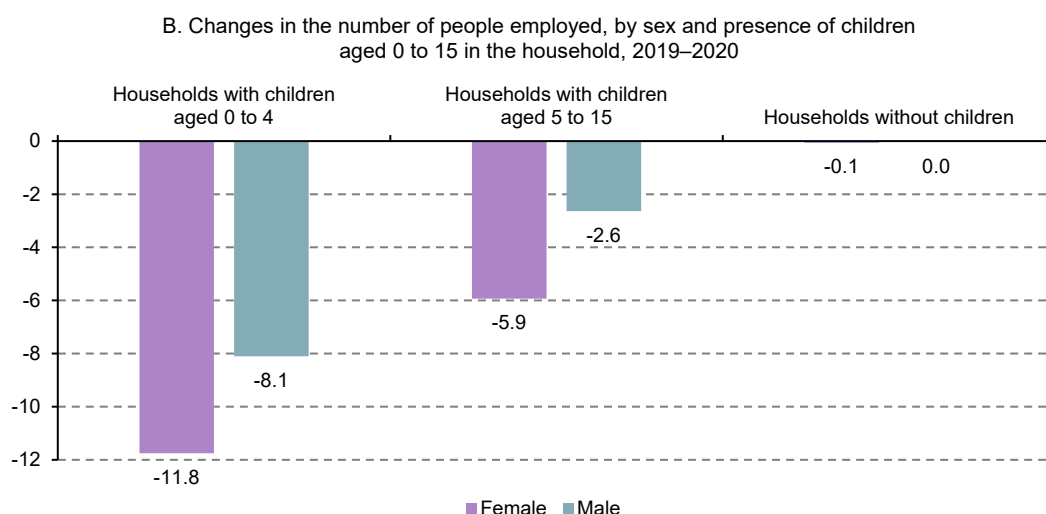
At the same time, it has been pointed out that the crisis could accelerate structural changes associated with the increased use of technologies that were already occurring in the region's labour markets. Changes in the demand for labour are expected as a result of incentives for companies to achieve greater efficiency, either through the incorporation of new technologies or through improvements in their processes that adapt them to produce with fewer workers (ECLAC, 2021b).

New digital jobs could also accentuate inequalities, particularly gender inequalities. For example, most jobs on digital platforms are not protected by the right to unionize, the right to strike or the right to collective bargaining, nor do they guarantee the right to holidays, unemployment insurance, sick leave, health insurance, maternity protection or care policies. Moreover, by their nature, these types of jobs do not guarantee a regular fixed income or opportunities for training or career advancement (Vaca-Trigo, 2019). This being so, differences in access to and use of technologies that are closely linked to income levels signal the need to implement occupational training and reskilling policies. This requires measures to strengthen labour intermediation services and comprehensive employment programmes (including hiring subsidies and guaranteed care services, among other things) to help women who have lost their jobs as a result of the crisis find work in more dynamic sectors and obtain better working conditions.

At the same time, as noted above, the closure of education and care centres meant that many women in the region had to leave their jobs to carry out care work. Figure VIII.5 shows that women aged between 20 and 59 in households with children under 5 years of age had the lowest employment rates before the pandemic (53.4 per cent). It was also they who experienced the largest decline in employment as a result of the crisis (a fall of 11.8 per cent).

Figure VIII.5
Latin America (12 countries):^a employment rates and changes in employment levels between 2019 and 2020, by presence of children aged 0 to 15 in the household and by sex, population aged 20 to 59^b
(Percentages)





Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

^a Countries considered: Argentina, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

^b The average figures for 2019 cover all the countries mentioned above except Chile and Mexico, for which figures from 2017 and 2018, respectively, are used.

The generation of employment opportunities for women must be at the centre of recovery strategies. Accordingly, labour-market policies need to be coordinated with policies aimed at creating shared responsibility for care between households, the State, the private sector and communities. First, there needs to be progress toward a development model that promotes labour markets in which men and women are able to reconcile paid and unpaid work (including, for example, flexible working hours with the necessary checks to prevent abuses, hybrid work systems, encouragement for teleworking, parental leave and family care leave). Second, shared responsibility also needs to be geared toward reducing the overload of care work in households and toward the development of systems that guarantee the right to care for all, without relying solely on women's unpaid work.

2. Sectoral effects

Although modest economic growth is projected for 2021, raising hopes of a labour-market recovery, there is great concern that workers and firms in the sectors most affected by the crisis will not be able to benefit from these economic improvements (ECLAC, 2021a).

The sectors of economic activity in which employment declined most were precisely those with a high proportion of women, such as paid domestic work, retail commerce, hotels and tourism, although the size of the sectoral differences varied between countries. While the construction and transport sectors have also seen declines in female employment, women still only account for a very low proportion of workers there. At the same time, employment is forecast to increase in several high-skilled service sectors where women are less represented. These structural differences will tend to increase gender inequalities in the labour market in the absence of active employment policies for women.

In 2020, the commerce sector employed an average of 21.6 per cent of women in the region, 65.6 per cent of whom worked in enterprises with fewer than five people, while only 37.1 per cent were affiliated to a social security system. In the highly feminized accommodation and food sector (61.3 per cent of those working in the sector are women), the proportion of women in enterprises with fewer than five people is 71.9 per cent, and only 24.6 per cent of women are affiliated to a social security system (see table VIII.2).

Table VIII.2
Latin America (11 countries):^a occupational characteristics of sectors heavily affected by the coronavirus disease (COVID-19) pandemic, weighted averages, around 2020
(Percentages)

Sector of economic activity	2020					
	Distribution of working population by sector of economic activity ^b		Proportion of women in the sector	Women own-account workers as a proportion of employment in the sector	Proportion of women employed in firms with less than five people	Proportion of working women affiliated to social security
	Women	Men				
Trade	23.1	17.4	48.7	44.0	72.3	21.8
Manufacturing	11.9	13.4	38.9	28.5	48.1	39.4
Food and accommodation	10.1	4.0	64.7	34.8	74.8	14.6
Transport and storage	1.0	8.1	8.1	15.8	29.6	58.7
Construction	0.7	12.4	3.8	9.7	24.1	56.3

Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

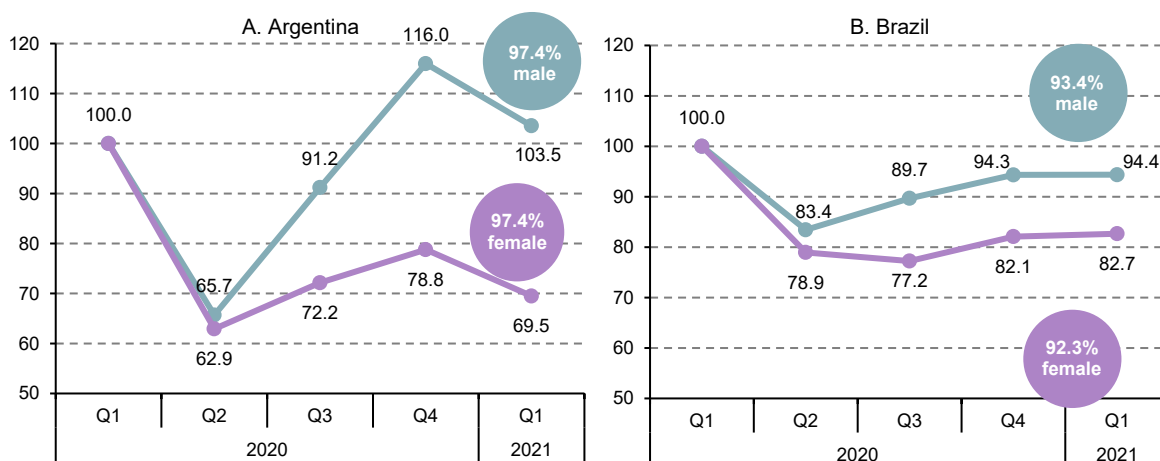
^a Countries considered: Argentina, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Peru, the Plurinational State of Bolivia and Uruguay.

^b Population working in each sector of economic activity as a proportion of total employment in the sector.

As has been pointed out on numerous occasions, disruptions to production chains and restrictions on people's mobility had serious consequences in all the region's production sectors. The size of the drop in employment varied greatly between sectors, as did the duration of these impacts. While the largest contraction was in the second quarter of 2020 for all sectors, the partial opening of economies in the third quarter allowed a recovery to begin (ECLAC, 2021b and 2021c).

A disturbing fact that augurs badly for employment rates is that the history of past crises seems to be repeating itself, with heavily male-dominated sectors recovering faster than those with a greater presence of women. By the first quarter of 2021, for example, employment in construction was similar to what it had been before the pandemic, while the accommodation and food sector was experiencing a slower recovery (ECLAC, 2021b). Employment in the 'households as employers' sector has not yet recovered to pre-pandemic levels (see figure VIII.6). Accordingly, making progress with vaccination and prioritizing women employed in paid domestic work will be essential to recovery in this sector.

Figure VIII.6
Latin America (8 countries): employment trends in the construction sector and in private households, first quarter of 2020 to first quarter of 2021
(Index 2020/Q1=100)





Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of official figures from the countries.

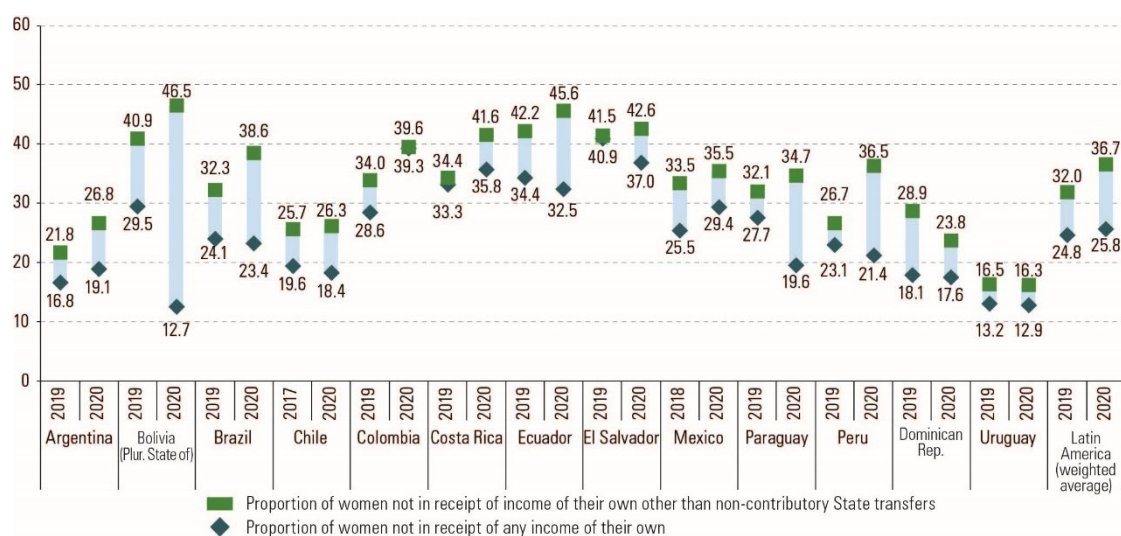
3. The effect on incomes

The contraction in employment mainly affected those in lower-wage jobs, in informal jobs and in some highly feminized sectors, resulting in a sharp fall in the wage bill. Although in some countries there was a positive change in earnings because of the “composition effect”, average earnings generally fell (ECLAC, 2021c).¹⁰⁷ These substantial losses in earnings have contributed to the rise in poverty. Women aged between 20 and 59 are more likely to be unemployed and to have higher poverty rates than men in the same age range in all countries of the region.¹⁰⁸

Analysing people’s individual resources provides an alternative to the traditional measurement of poverty, which treats the household as a unit where resources are distributed equally among members. Having an income confers some decision-making power over how money is spent. For this reason, the proportion of people with no income of their own has become a key indicator for the analysis of women’s economic autonomy and the characterization of gender inequalities in terms of access to monetary resources (Bidegain, Scuro and Vaca-Trigo, 2020; ECLAC, 2002).¹⁰⁹

In the region, 25.3 per cent of women received no income of their own in 2019, and this figure would increase to 32 per cent if non-contributory State transfers were left out of consideration. This implies that 7.2 per cent of women in the region received a non-contributory State transfer as their only income (compared to 1.7 per cent of men). As pointed out in chapter II, emergency transfers have mitigated the impact of the crisis. In the absence of State transfers, in 2020 36.7 per cent of women in the region would have had no income of their own, since 10.9 per cent of women in the region received a non-contributory transfer from the State as their only income (see figure VIII.7).

Figure VIII.7
Latin America (12 countries):^a women without income of their own by receipt of non-contributory transfers, weighted averages, around 2019^b and 2020 (Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

^a Countries considered: Argentina, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Mexico, Paraguay, Peru, the Plurinational State of Bolivia and Uruguay.

^b In the cases of Chile and Mexico, the pre-pandemic data are for 2017 and 2018, respectively.

¹⁰⁷ The “composition effect” means that the average wage may rise as the number of lower-income jobs falls.

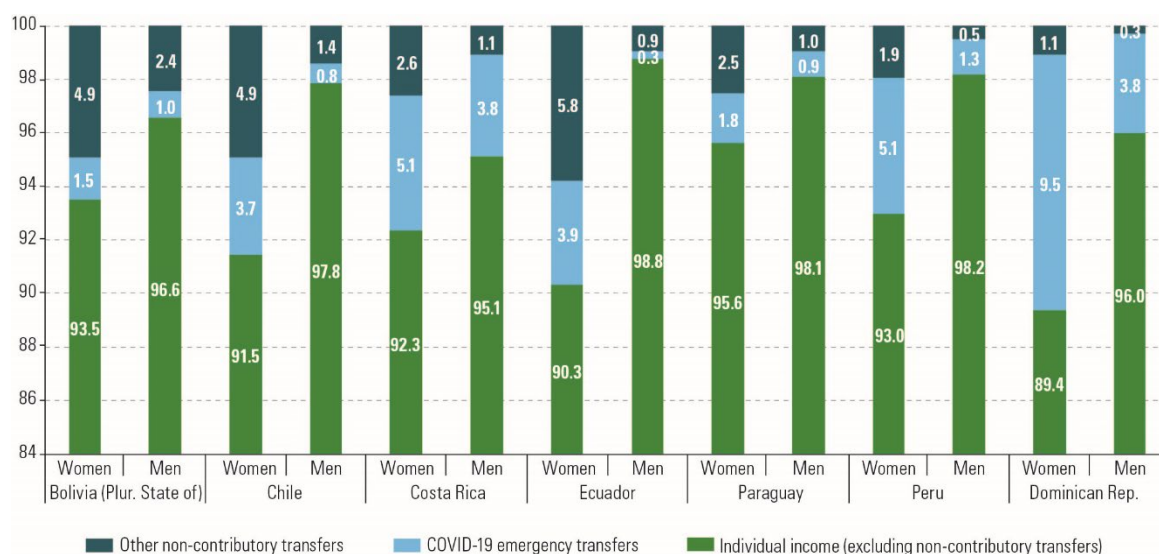
¹⁰⁸ See figure II.17 in *Social Panorama of Latin America, 2021* (LC/PUB.2021/17-P), Santiago.

¹⁰⁹ The indicator for the population without income of their own refers to the proportion of the population of each sex, aged 15 and over, who are not in receipt of individual monetary incomes and who are not studying exclusively (depending on their activity status) in relation to the total non-student population of the same sex aged 15 and over.

In the Plurinational State of Bolivia, one in every three women received a non-contributory State transfer as their only income in 2020, with the result that only 12.7 per cent of women had no income of their own in 2020 (compared to 46.5 per cent if non-contributory transfers are left out of account). In the context of the pandemic, this reduced the proportion of women with no income of their own in the country. Paraguay also shows a reduction in the proportion of women with no income of their own, thanks to the substantial impact of non-contributory State transfers. In Chile, Brazil, the Dominican Republic and Uruguay, the effect of transfers has cushioned the loss of income by keeping the proportions of women with no income of their own, similar to those observed before the pandemic. In Argentina, Costa Rica and Mexico, although the effect of transfers has not reduced the number of people without income of their own compared to pre-pandemic figures, they are the exclusive source of income for more than 5 per cent of women in each of these countries.

In those countries of the region where income sources can be analysed, non-contributory State transfers represent a larger share of women's income than men's, largely because women receive lower incomes. Non-contributory State transfers accounted for more than 6 per cent of women's income everywhere except Paraguay (4.3 per cent), and in the Dominican Republic and Ecuador the figure was around 10 per cent (see figure VIII.8).

Figure VIII.8
Latin America (7 countries): composition of personal income by receipt of emergency cash transfers provided in the context of the coronavirus disease (COVID-19) pandemic^a and other non-contributory State transfers, by sex, 2020
(Percentages)



Source: Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

^a The following benefits and allowances were considered. Chile: the COVID-19 Emergency Benefit and Emergency Family Income (IFE). Costa Rica: the "Proteger" benefit and monetary and non-monetary transfers to address the COVID-19 pandemic. Dominican Republic: the benefits of the "Quédate en Casa" programme, the Employee Solidarity Assistance Fund (FASE) and the Informal Workers Assistance Benefit. Ecuador: the health emergency Family Protection Benefit and the Nutritional Support Benefit. Paraguay: Tekoporã additional COVID-19 benefits and the Ñangareko and Pytyvõ programmes. Peru: the "Yo me quedo en casa" benefit, the Self-Employed Benefit, the Rural Benefit and the Universal Family Benefit. Plurinational State of Bolivia: the COVID-19 Family Benefit, the COVID-19 Family Basket Benefit and the COVID-19 Universal Benefit.

This situation underscores the importance of maintaining the continuity of emergency social transfers in the short term. Poverty will become more feminized if governments discontinue the emergency transfers implemented in 2020 or reduce non-contributory social protection programmes,

firstly because women in the region are more likely to rely on these programmes as their sole source of income, and secondly because the resources available to households come mainly from earnings and as shown throughout this section, gender gaps in the labour market persist.

For this reason, achieving a transformative recovery with equality that does not leave women behind means moving toward care societies by integrating medium- and long-term measures to ensure universal, comprehensive and sustainable social protection and strategies for structural change.

D. Care and its role in the sustainability of life

The health crisis quickly turned into a social and economic crisis that demonstrated the impossibility of sustainable production or a sustainable economy in the absence of health care and physical and emotional well-being.

Care work is fundamental to the sustainability of life, the reproduction of societies and economic production. It is the main generator of well-being in families and communities, and it creates the conditions for biological and symbolic reproduction down the generations. All these aspects are essential for the sustainable development of societies.

Despite its importance, care work continues to be neglected and undervalued in the design of economic and social policies. The distribution of care responsibilities is not fairly and equally balanced, as it is almost entirely women whose time is taken up, usually without any kind of compensation for this work. One of the main contributions of feminist theorists is to have thoroughly analysed the situation in order to denaturalize the way societies resolve their care needs and question the almost exclusive allocation of these activities to women (Molyneux, 1979; Borderías, Carrasco and Torns, 2011; Carrasco, 2004 and 2017; Folbre, 2004; Picchio, 1992 and 2009).

1. Putting life at the centre

As Hochschild (1995) describes, the care crisis is explained by the “stalled revolution” (Hochschild, 1989). Women have entered the public sphere, especially employment, without their role as caregivers in the domestic sphere diminishing. In Latin America, moreover, the vast majority have found employment in insecure occupations without pension coverage, which means an impoverished old age.

Although the COVID-19 pandemic brought it clearly to light all over the world in 2020, feminist studies had been arguing ever since the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) for the need to correct the systematic incompatibility that women experience between the reproductive and productive spheres (Carrasco, 2004 and 2017; Molyneux, 1979; Benería, 1981; Picchio, 1992 and 2009; Pérez Orozco, 2006 and 2014).¹¹⁰

The factors that have exacerbated the care crisis are long-term features of the region. Response measures must therefore be accompanied by actions that simultaneously seek to lay the foundations for a structural shift in the current model. The idea of a care society posits just this: a paradigm shift that puts care for people and caregivers, self-care and care for the planet at the centre.

Social and economic configurations in the region have prioritized androcentric models and supported a status quo that maintains the division of labour based on gender stereotypes. These models have failed to respond to the challenges faced by societies in terms of economic cycles, demographic transitions and epidemiological changes, and have not provided conditions in which inequalities between men and women can be overcome.

¹¹⁰ For example, article 16 of the Convention on the Elimination of All Forms of Discrimination against Women refers to shared responsibility for child-rearing by men and women. Article 11 stresses the importance of social services that allow parents to combine family responsibilities with work and participation in public life.

The negative health effects of the region's weak and fragmented health-care systems, patterns of production, distribution and consumption (mainly where food is concerned) and hyperurbanization lead to acute or chronic illnesses that are intensifying care demands and having a direct impact on the time women devote to the well-being of their households and extended families. While environmental degradation affects the daily living conditions of the region's populations, intersectional power relations mean that its effects take different forms depending on people's sex, socioeconomic status, ethnic and racial heritage, and place of origin. For example, the effects of climate change, such as extreme weather events and water or energy shortages, can lead to women, particularly rural or indigenous women, having to spend even more hours on domestic and care work. In this way, unsustainable practices threaten not only "nature" and thus "humans" in general, but certain specific groups much more than others (Gottschlich and Bellina, 2016). Some recent studies discuss the finite capacity of both natural resources and women's bodies to sustain a model like the current one, since care is still understood not as a public good but as a demand that is ideally met in the private sphere of households (Heintz, Staab and Turquet, 2021; Dengler and Strunk, 2018).

However, there are important factors that underscore the need to think about both the sustainability of the planet and care beyond private provision: both spheres produce value in the form of public goods at different scales (national, regional and global), and their realization is essential both for the sustainability of life and for the functioning of the market itself (Heintz, Staab and Turquet, 2021; Folbre, 2004; Picchio, 2009; Gottschlich and Bellina, 2016). Unpaid care produces value in the form of a "public good" insofar as society, and not only the care recipient, benefits from this activity. Moreover, the value derived from this sphere acts as a subsidy from households to the public sphere (State or market) (Picchio, 2003). The same is true of environmental sustainability, as its effects transcend generations, countries and regions. Its value is highly interdependent, both temporally and geographically, and it plays a central role in supporting market activities (Heintz, Staab and Turquet, 2021). Consequently, given their multi-scale, intergenerational interdependence and their central role in supporting both life and the market, public goods derived from the two spheres mentioned above should be subject to economic, social and political covenants that transcend private relationships and ensure their collective, long-term use and sustainability.

In order to put life at the centre, the care society seeks to transcend models based on the exploitation of life, structural injustice and the prevalence of inequalities. Accordingly, it seeks to influence the distribution of care work and the burdens and benefits derived from people's relationship with environmental resources. Care for the planet thus becomes part of the care society since the transformative model can only be viable if it is sustainable and comprehensive in relation to the planet's capacity and human dignity.

2. How can innovative investment contribute to a transformative recovery with equality?

The COVID-19 pandemic has put thinking about life-sustaining activities at the centre of the debate. The care economy, even if it was not named as such, became a core sector. Despite this, care-related tasks are usually undervalued, and as a result no monetary value is set on them. However, estimates of the economic value of unpaid household work in Latin American and Caribbean countries put it at between 15.7 per cent and 24.2 per cent of GDP, with women contributing around 75 per cent of this value (ECLAC, 2021d). Accordingly, the care economy should be seen as an investment in a sector that is not only crucial to recovery from the crisis but that is also a driving force for the economy, within the framework of a transformative recovery with equality.

In particular, the potential of the care economy to drive a transformative shift toward a new model of development that is fairer and more sustainable and egalitarian than the old one arises because of two central elements. First, investment in the care economy increases economic efficiency, productivity, job creation (especially for women) and, consequently, tax revenues. Second, it brings an improvement in the present and future capabilities and well-being of society as a whole.

The excessive burden of unpaid work for women is an obstacle to their full participation in the labour market and contributes to a misallocation of talent, thus creating inefficiencies that affect productivity. Investing in care would help reduce gender gaps in education, health, employment and wages, and would have an impact on productivity and the growth rate of the economy (Seguino, 2020).

Investment in the care economy also has a direct impact on employment (Henau and Himmelweit, 2021). In a context of change in demographic dynamics and the world of work, the demand for labour in sectors associated with the care economy will tend to increase (Simonazzi, 2008). If this situation were addressed through the expansion of services in the education and health sectors, it is estimated that 475 million direct care jobs, 78.5 million other jobs in these sectors and 38.4 million indirect jobs could be created worldwide by 2030 (ILO, 2019b).

Moreover, if there is coordination with employment policies that improve the quality of these jobs, the care sector can contribute not only to an increase in employment overall, but to a reduction of gender gaps in the labour market. Investment in the care economy can thus lead to more and better jobs in traditionally feminized sectors, thereby increasing the incomes of those working in these sectors (ECLAC, 2021d). This is a particularly important factor insofar as the sectors at the centre of economic recovery policies (such as construction) have traditionally tended to be highly masculinized (De Henau, Himmelweit and Perrons, 2017). Moreover, access to better wages and working conditions for women would not only have a direct impact on aggregate demand but could increase labour productivity and reduce unit labour costs (Seguino, 2020).

At the same time, public and private investment in care leads to improved capabilities and social well-being. The provision of public and social care infrastructure can reduce educational inequalities affecting children, especially if the quality of community, public and private care services is regulated and monitored (ECLAC, 2021d). In the long run, this improvement has an impact on the occupational, social and economic capabilities of society.

Moreover, investing in actions aimed at creating and strengthening comprehensive care systems improves society as a whole by conferring value and recognition on this central pillar of well-being. Thus, although care services are usually included in the social expenditure item when budgeting, the resources allocated to this area constitute more of an investment, one whose impact improves the living conditions of society (Braunstein, van Staveren and Tavani, 2011).

Investment in care also helps reduce poverty and inequality through its role in closing labour-market participation and pay gaps between men and women (Braunstein, Bouhia and Seguino, 2020). Estimates by the Economic Commission for Latin America and the Caribbean (ECLAC) in 2014 established that if women had the same participation rates as men, poverty in 18 Latin American countries could be cut by between 1 and 12 per centage points, depending on the country, while inequality (measured by the Gini index) could decline by between 1 and 4 per centage points (ECLAC, 2014).

In sum, over the short and medium term, investment in the care economy raises incomes by increasing the productivity, quality and amount of employment (especially for women) and has an impact on household consumption capacity, economic activity and tax revenues. This investment also leads to an improvement in the general welfare of society, reduces inequalities in all their forms and contributes to diversification of the production structure without transgressing the ecological limits on the reproduction of life. For all these reasons, boosting the transformative potential of the care economy is essential to achieve a transformative recovery that is fairer, equitable and sustainable.

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IX. COVID-19 and the unpaid care economy in Asia and the Pacific¹¹¹

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Introduction

The COVID-19 pandemic that began in early January 2020 continues to rage around the world. Countries have been grappling with the twofold impact of the crisis —on public health as well as in terms of severe socioeconomic fallout due to the containment measures. An estimated 81 million jobs have been lost in Asia and the Pacific —distributed as 32 million jobs for women and 49 million jobs for men (ILO, 2020a). Labour income in the region has dropped by as much as an estimated 9.9 per cent in the first three quarters of 2020 alone (ILO, 2020a). Loss of labour income due to reduced working hours or increase in unemployment portends another human cost: increased poverty. Anywhere between 88 million and 115 million people (under baseline and downside scenarios, respectively) have been or will be pushed into extreme poverty because of the pandemic, with South Asia being the hardest-hit (World Bank, 2020a). Some 1.3 billion of the world's 2 billion informal workers who face lower job security live in this

¹¹¹ This chapter is an edited version of the full report that has been developed through collaboration between the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the Institute of Development Studies (IDS) in the United Kingdom, under the overall direction and guidance of Srinivas Tata, Director of the Social Development Division with ESCAP. Cai, Chief of Gender Equality and Social Inclusion Section with ESCAP, led the research team comprising Channe Lindstrøm Oguzhan, Social Affairs Officer with ESCAP, and Deepta Chopra, Research Fellow and Meenakshi Krishnan, Research Officer from IDS. The report was authored by Deepta Chopra and Meenakshi Krishnan. Peer review was done by Joni Simpson, Senior Specialist on Gender, Equality and Non-Discrimination, International Labour Organization; Marian Baird, Professor of Gender and Employment Relations and Head of the Discipline of Work and Organisational Studies, University of Sydney; and İpek Ilkcaracan, Professor of Economics Istanbul Technical University. Full report available at: <https://www.unescap.org/kp/2021/covid-19-and-unpaid-care-economy-asia-and-pacific>.

region. Thus, the loss of income could translate into 4 million to 5.6 million working-poor persons in East Asia and South-East Asia and the Pacific combined, and 17.9 million to 19.8 million persons in South Asia (ILO, 2020a, p. xiii).

While many governments have responded to the unfolding crisis with macroeconomic policy measures and stimulus packages, there is a growing realization that recovery will need to aim at the especially vulnerable households. Globally, more than 4 billion people, which accounts for 55 per cent of the world's population, including two out of every three children, had no or inadequate social protection before the pandemic (UN, 2020b). In Asia and the Pacific, more than a quarter of the region's population was already living in poverty, with their daily income at less than \$3.20. More than four in 10 people in the region had no access to health care, and more than six in 10 people lacked access to social protection, as did most of the 70 per cent of the region's informal workers and many unpaid care workers. Women were already particularly vulnerable prior to the pandemic due to the much lower extent of economic participation and overrepresentation in vulnerable employment with no social protections.

The year 2020, marked the 25th anniversary of the Beijing Platform for Action, a global framework for removing systemic barriers to women's equality and to their full participation in all areas of life. One of the markers of progress toward gender equality is the recognition and rebalancing of unpaid care work that is disproportionately shouldered by women. As of 2018, women globally performed 76.2 per cent of the total amount of unpaid care work, spending 3.2 times more time than men (ILO, 2018). This figure was as high as 4.1 times for women in Asia and the Pacific. COVID-19 has put at risk the progress made so far as well as threatening the prospects for achieving the objectives of the Sustainable Development Goals (SDGs).

This study captures unpaid care economy across Asia and the Pacific during the COVID-19 pandemic. It explores the gendered effects of the unpaid care economy and State policy responses to the pandemic across ESCAP member States, with the goal of strengthening the gender lens of policies designed to combat the spread of COVID-19. When drafting recovery responses and future policy programming, governments must factor in women's differentiated needs and specific constraints in the labour market as well as their overrepresentation in the care economy.

The gendered effects of the pandemic are numerous, ranging from health, domestic violence, food security, livelihood loss and income instability to other physical, emotional, and mental hardships. The emphasis of this study was exclusively on women's role in the unpaid care and domestic work component of the care economy. It mapped out the types and prevalence of care-differentiated policies along this framework that have been initiated by ESCAP member States in the region as a prevention or containment response to COVID-19 and proposes a care-sensitive policy framework as a basis for governments across the region to address women's care work in a post-COVID scenario. It examines the subregional variations in COVID-19 incidence as well as the care-sensitive policy measures that have been adopted. In addition, it singles out policy best practices and positive case studies as examples for the rest of the region. The recommendations and conclusions of the report exhort ESCAP member States to recognize care as foundational and take appropriate policy actions to address women's unpaid care and domestic work to build back better and more equally going forward.

The report is structured as follows: the first section elaborates on the care-sensitive conceptual framework developed for this study based on the literature review. This chapter explains the main research questions, methods of data collection and data analysis as well as the case study selection criteria. Four categories of care-sensitive policies are covered —care infrastructure, care-related social protections, care services, and employment-related care policies. The policy responses of countries to the COVID-19 crisis are thus analysed against these categories. The next section presents the main research findings: the regional overview across 59 ESCAP Member States. The third section consists of

four case studies to showcase the significant number and type of care-sensitive policy measures adopted in Australia, the Philippines, the Republic of Korea and the Russian Federation. Section D makes policy recommendations for incorporating a care-sensitive lens to address women’s unpaid care work by laying out overarching care principles, making specific suggestions for each care-sensitive policy category and underlining the enabling policy environment and levers of change that are necessary. The final section concludes with a discussion of the trends detected, the likely medium-to-long-term effects of the current policy responses for women’s unpaid care work and the overarching messages of the report.

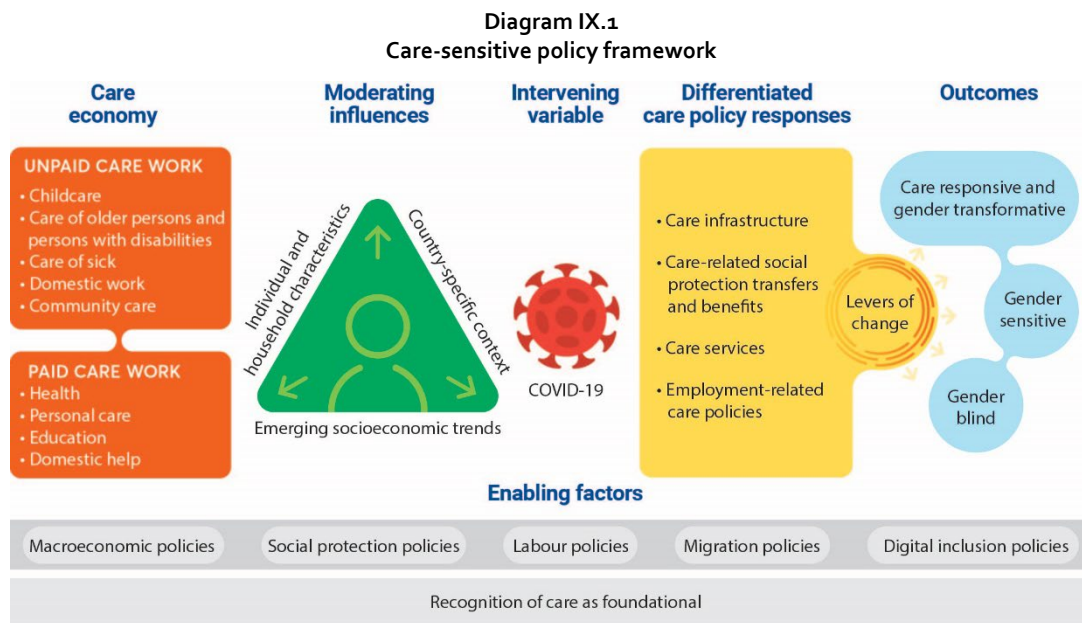
A. Research methodology

This study examined the policy responses by governments and the extent to which these responses took the care economy into account. The research focus of the project was twofold:

- (i) Map the types and prevalence of care-differentiated policies that have been initiated in the Asia and Pacific region as a response to COVID-19.
- (ii) Provide policy recommendations and guidelines on specific social policy initiatives that can be taken or furthered, keeping in mind women’s differential and specific needs due to their unpaid care work.

1. Analytical framework

The conceptual and analytical framework that informed this study captures the various elements that must be borne in mind to ensure a nuanced understanding of the complexities of the care economy and care policy provisioning, along with its mediating and enabling factors. This framework informed the mapping of pandemic policy programming by governments across the region, which was conducted to develop an overview of the state of the care economy under COVID-19 in Asia and the Pacific. The following section details each element of the framework and their interlinkage.



Source: ESCAP (2021c).

(a) Care economy

The care economy is the sum of all paid care and unpaid care work that is needed to sustain life in society. Be it their overrepresentation as front-line health workers, personal carers, domestic workers or educators, women comprise a majority of the workforce in paid care professions. Similarly, women largely carry out the unpaid care work tasks, like cooking, cleaning, childcare and care for older persons or persons who are sick or live with a disability. While the focus of the research for this report was exclusively on the unpaid care and domestic work of women, the overlaps and connections between women's paid work and unpaid care work cannot be ignored in any policy discussion.

(b) Enabling factors

A necessary first step in creating a conducive policy climate is to recognize the centrality of care to human life and thereby make a conscious attempt to keep care as foundational in all policy discussions. Policies that impact women's participation in both the market economy and the care economy intersect across domains of macroeconomic policy, labour-market policies, migration policies, social protection policies and digital inclusion policies, to name only a few. For example, pre-pandemic baseline data on employment and unemployment figures, labour-market structures and available fiscal space post-pandemic shaped the nature and extent of policy measures adopted so far by governments.

(c) Moderating influences

The way care work (paid or unpaid) is carried out in a society is moderated by women's individual socioeconomic and demographic identity markers, the country's political economy and policy context and the emerging societal trends, which can exacerbate or ameliorate the intensity of burden and drudgery of care work. Women's location in the care economy determines and accentuates their vulnerabilities. Vulnerability is multifaceted, and women's position falls under multiple axes of disadvantage. Factors such as age, disability, educational attainment, ethnicity, geographic location, health status, income, migration status, race, and sexual orientation all can have a differential impact on an individual's needs, capacities, agency and voice (ESCAP and UN-Women, 2020; Hankivsky and Kapilashrami, 2020). This underscores the importance of taking an intersectional lens to women's differentiated care needs.

On the other hand, policy responses are determined by a range of contextual factors, such as level of socioeconomic development, human development indicators, institutional and resource realities, geographic and cultural particularities, changing sociodemographic trends and the policy environment. These mediate the choice, reach and effectiveness of the policy response (Azcona, Bhatt, Cole and others, 2020; Antonopoulos, 2008; Budlender, 2008). Some of the emerging trends seen across countries of Asia and the Pacific that are pertinent for care policy planning are ageing populations, youth bulges, climate change, changing family compositions, conflicts, and wars. All crisis interventions and post-crisis programming must account for the differentiated needs of women. This framework proposes a contextualized, intersectional and differentiated approach to women and care work.

(d) Differentiated care policy categories

Based on the feminist literature of care policy typologies, the following four categories of differentiated care-sensitive policy responses are proposed:

- (i) Care infrastructure – water, sanitation, energy, transport, food services, health care infrastructure for persons who are sick (HIV patients, COVID-19 patients) or living with a disability and pregnant women.
- (ii) Care-related social protection transfers and benefits – cash transfers, cash-for-care, vouchers, tax benefits, non-contributory pension schemes.

- (iii) Care services – childcare, older person care and care provisions for persons with disability or illness through the State or the market.
- (iv) Employment-related care policies – sick leave, family-friendly working arrangements, flexitime, career breaks, sabbaticals, severance pay, employer-funded or contributory social protection schemes like maternity and parental leave benefits.

It is important to emphasize the underlying Triple-R premise of this typology. Measures are categorized as care-sensitive if they meet the following inclusion criteria: (i) any measure that explicitly *recognizes* unpaid care and domestic work and (ii) seeks to address this by *reducing* the drudgery of the work and/or (iii) *reduce* the time spent on this work and/or (iv) by providing services and infrastructure that promotes *redistribution* from households to the State and the market and/or (v) by effecting changes in social norms such that the gender division in the household is altered (*redistribution* from women to men). An effective policy response must take such an integrated view of care in the designing and implementing of policies. A fragmented or piecemeal approach will likely lead to failure in addressing the gravity of the issues involved and limit the extent of progress toward enhancing women's voice, autonomy, and agency.

(e) Levers of change

The best of intentions and policy design can fail to generate the desired results if implementation barriers and pitfalls are not accounted and planned for. Drivers among the factors that can multiply the impact of policy initiatives are the financing of care policies, the cultural and social norm change to shift the status quo on the gendered division of labour, the evidence-based policymaking that can be targeted through the use of gender- and care-disaggregated data, the inclusion of women and carers in decision-making and programme leadership, and the legal and regulatory frameworks responding to relevant international conventions or other international commitments, such as the SDGs, decent work and labour and human rights conventions. Inclusive social dialogue requires a whole-of-government approach, partnership between public, private and community stakeholders, and adequate voice and representation of women's differentiated care needs.

(f) Gendered outcomes

Aims of policy measures can fall along a continuum of gender outcomes by being either **gender-blind outcomes** (arising from policies that fail to account for women's differentiated needs, and instead embody gendered and patriarchal assumptions); (b) **gender-sensitive outcomes** (arising from policies that acknowledge women's care work but reinforce women's care roles, for example as mothers); and (c) **gender-transformative outcomes** (arising from policies that aim to address the strategic needs of women—including the sexual division of labour).

Here, it is important to distinguish between care-sensitive and gender-differentiated measures. Care-sensitive measures are those that explicitly address the care needs of dependants and vulnerable people. Gender-differentiated measures are those that explicitly identify and respond to women's needs by targeting women as beneficiaries of these measures. It is possible for measures to be either one without the other. For example, a paid sick leave policy for employees or health expense reimbursements may represent a care-sensitive measure but are not expressly gender differentiated in that they do not directly address women's needs. But a measure such as increasing shelters for women affected by domestic violence or financial stimulus to women-owned businesses are particularly gender-differentiated measures without addressing the unpaid care component. Therefore, this report singles out those measures that are care sensitive as well as gender differentiated to create what is called "care-responsive and gender-transformative outcomes." Truly transformative policies do not aim only at women and their care roles. They also draw men into the conversation. Shared parental leave or paid paternity leave are examples of such policies. This approach accrues benefits for all concerned – women and girls, men and boys, parents, grandparents, other genders, and entire communities – by transforming the very nature of gender relations.

2. Research methods

This study looked to capture the care-sensitive and gender-differentiated policy measures that directly or indirectly address the increase in women's unpaid care work because of the pandemic. The research was primarily a desk-based review of documents on COVID-19 and its impact on care work in Asia and the Pacific. Owing to the ongoing pandemic and associated travel restrictions, the study relied on secondary data sources. A wide Internet search was conducted to capture country-level incidence and effects of COVID-19 and the government policy measures adopted. A database of care-sensitive policy measures was created from the universe of gathered policy responses. Or the selection of care-sensitive policy measures. Several COVID-19 response trackers were developed to capture the various aspects of the pandemic response by governments. Care-sensitive policy measures were located using the following trackers: UNDP-UN-Women COVID-19 Global Gender Response Tracker, the World Bank Open Knowledge Repository, the IMF COVID-19 Policy Response Tracker, the Blavatnik School of Government, the University of Oxford Global Response Tracker, the ILO COVID-19 Country Policy Responses, the KPMG Government Stimulus Tracker, the TFM Group and the COVID Asia Tracker by Asia Pacific Foundation of Canada. The cut-off date for all data included in this report was April 30, 2021.

(a) Care study selection

This research also involved developing country-specific case studies from among the ESCAP member States. Four countries were selected for showcasing their care- and gender-sensitive policies and programming during COVID-19: Australia (Pacific); Philippines (South-East Asia); Republic of Korea (East and North-East Asia) and Russian Federation (North and Central Asia). These case studies showcase positive examples from the region of care-sensitive policy responses in the face of COVID-19. The following criteria were used to shortlist suitable case study countries: First, countries with the maximum number of policy measures deemed care-sensitive, as per the study's analytical framework, were determined. Next, top 10 countries were singled out and automatically included. Then, to make sure that smaller countries were not missing (with fewer number of measures but greater coverage), countries with less measures but a wide expansion of social protection measures that covered a large population, both in actual and per centage terms and addressed women's needs were included. This led to three additional countries. Finally, indicators such as the Human Development Index, the Gender Development Index, the Global Gender Gap rank and general gender equality and socio-political support for care within national strategies were reviewed. From the shortlist of 13 countries the final selection was made after considering a balanced subregional representation. Since it was challenging to pick a single country in the South and South-West Asia subregion, given the overall high incidence of COVID-19 cases, the fewer number of gender-differentiated measures and an uneven track record of gender development.

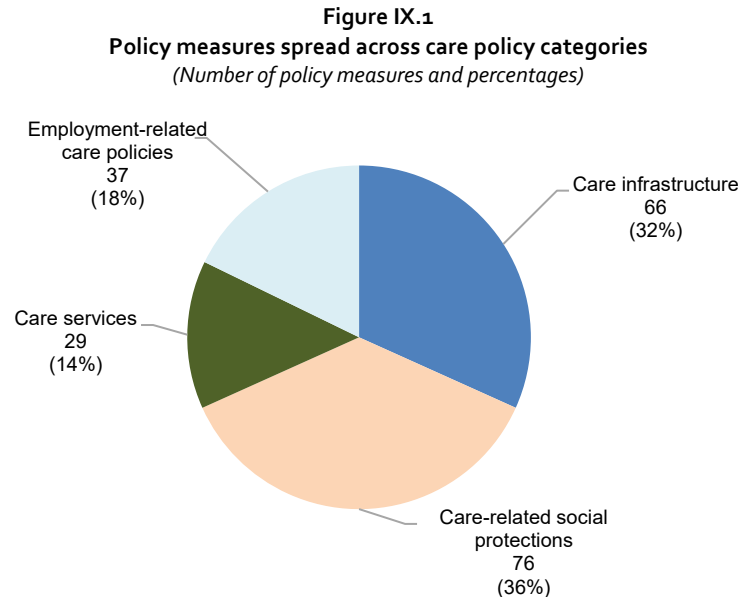
B. Research findings: Asia Pacific overview

Following the analytical framework, policy responses made by governments in the Asia and Pacific region were mapped under the four care-sensitive categories (care infrastructure, care-sensitive transfers and social protections, care services and employment-related care policies). A total of 746 socio-economic measures were adopted by ESCAP member States. Of these total number of measures 208 were found to be care-sensitive and within these, 90 were identified as gender-differentiated. The total care-sensitive measures amount to 28 per cent of the aggregate measures. The number of care-sensitive measures that specifically address women's gender-differentiated needs amount to 43 per cent of the care-sensitive policies but only a paltry 12 per cent of the aggregate policy measures.

The following sections present an analysis of the type and number of care-sensitive policy measures across the care policy categories, regional variations, and the relation with other development indicators, such as income level, the Human Development Index and the Gender Development Index.

1. Extent and type of care-sensitive policy measures

The total number of care-sensitive measures across the four policy categories (care infrastructure, care-related social protections, care services, and employment-related care policies) is 208 as shown in Figure IX.1. The largest number of measures are in the care-related social protections category (76 measures, at 36 per cent), followed by care infrastructure (66 measures, at 32 per cent). The care infrastructure category refers to emergency food assistance through distribution of food grains, food packets, cooked or uncooked meals and utility bill waivers for up to four months. Care-related transfer and social protection measures primarily aimed at one-off relief or expanded non-contributory benefits to vulnerable populations with care needs, such as pregnant and lactating mothers, children younger than 16 years and ill or older persons or persons with disability. Around the world, 55 per cent of social protection programmes were new and 75 per cent were found to be non-contributory (ILO, 2020d).



Source: Authors' own compilation.

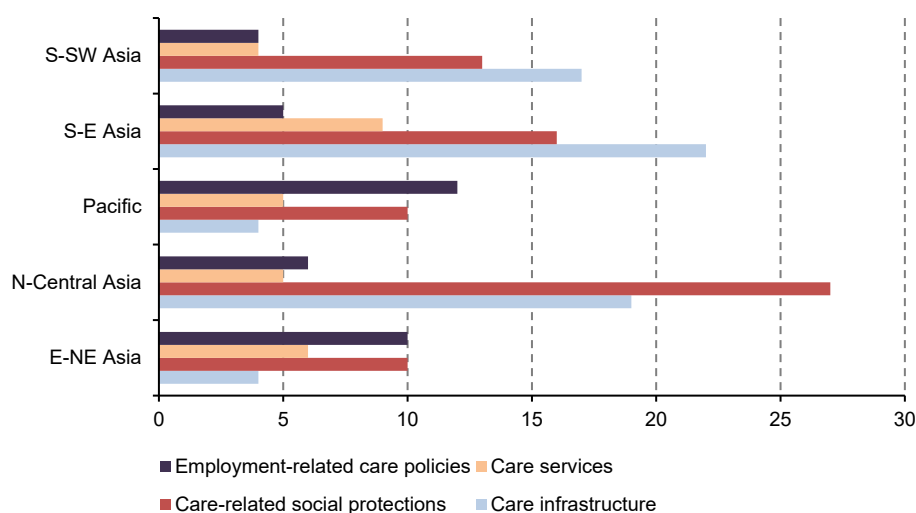
It is important to emphasize that many of the measures under care-related social protection transfers and benefits and care infrastructure categories were found to be one-time relief measures or, at best, short duration and temporary for two to four months. Only a few countries extended the duration of cash transfer benefits in the face of the protracted nature of the pandemic. Notably, Azerbaijan and Indonesia extended two schemes (Gentilini and others, 2020). This points to the more immediate, urgent, and reactive nature of policy measures announced, which would not be sufficient to address women's long-term needs arising from the impact of the crisis. The smallest number of measures were adopted in the care services category (29 measures, at 14 per cent), which reflects the lack of attention to these critical services, which have the potential to address women's unpaid care and domestic work most directly. Given the isolation measures during the pandemic, the provision of institutionally available care services either through public or private channels were adversely hit. Taken alongside the lack of care services in the pandemic response, this highlights the glaring need for these services to be built up and/or reinstated.

2. Geographical spread of care-sensitive policy measures

Figure IX.2 shows the geographical spread of policy measures across each care policy category. While the largest number of aggregate measures have been in South-East Asia, the largest number of care-sensitive measures (57) have been adopted in North and Central Asia, with 46 per cent of them gender differentiated. This is followed by South-East Asia, with the second largest number of care-sensitive measures (52). Only 30 per cent of them, however, are gender differentiated. East and North-East Asia, although having a low incidence of COVID-19, have adopted 30 care-sensitive measures, of which 70 per cent are gender differentiated. The nature and type of these measures, predominantly pertaining to the well-being of mothers, children, and the care of older persons, are highlighted in the next chapter. South and South-West Asia, with the peak number of COVID-19 infections at the time of writing, have had the least number of gender-differentiated measures (13) pertaining to the unpaid care work of women.

South-East Asia leads all other regions in the care infrastructure policy category (22) and in care-services-related measures (9). North and Central Asia have the maximum care-related social protection measures (27), and the Pacific subregion have adopted the maximum number of policy measures (12) under the employment-related care policy category. Governments in South and South-West Asia issued several national and subnational measures to provide immediate food and medicine relief under the care infrastructure (17), along with emergency doles and cash transfers to vulnerable groups. The East and North-East Asia subregion has had several employment-related care policy measures (10), second only to the Pacific countries.

Figure IX.2
Regional spread of care-sensitive policy measure
(Number of policy measures)



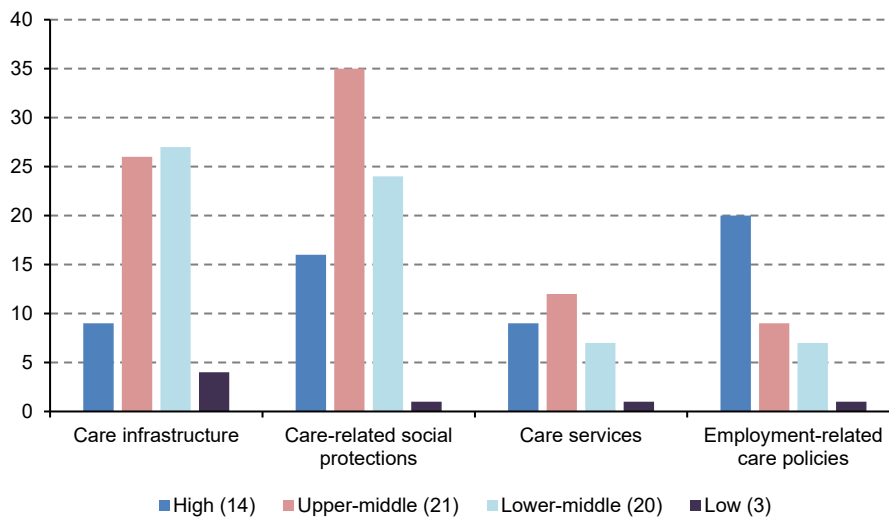
Source: Authors' own compilation.

3. Country's income level and care policy measures adopted

The level of development as signified by the income bracket of the country can influence the care needs of its population and determine the extent of differentiated care provisioning possible (because of the fiscal space available for such measures). This implies that a country's resilience to a shock, such as COVID-19, and the ability to bounce back will be mediated by its pre-existing level of development and sociocultural attributes. Figure IX.3 compares the number of policy measures in each care-sensitive

policy category across the four income groups of countries—high income, upper middle-income, lower middle-income, and low income. Upper-middle-income countries announced a spate of care-related social protection transfers and benefits along with efforts to put in place provision for care services of children and older or ill persons. This could be a result of the higher level of resources available to governments to proactively address the care needs of citizens. A larger number of employment measures among high-income countries is not surprising, given that these countries are likely to have a larger formalized workforce, although the incidence of informal workers remains very high among the less-developed countries in the region (ESCAP and UN-Women, 2020).

Figure IX.3
Spread of policy measures by country income level
(Number of policy measures)



Source: Authors' own compilation.

Lower-middle-income countries adopted a greater number of care infrastructure measures, which largely refer to food assistance and utility bill waivers. This is followed by a preference to provide more cash transfers and few care services or employment-related care policies. This is similar to the pattern around the world, with social assistance through cash transfers (conditional and unconditional) emerging as the most widely adopted policies in low- and middle-income countries (Gentilini and others, 2020).

4. Country's human development Index and care policy measures adopted

The Human Development Index¹¹² ranking has a positive correlation with the extent to which care-sensitive aims and gender-responsiveness are built into government policy programming. Countries with the highest ranking in Human Development Index adopted the maximum number of care-sensitive measures across policy categories except in the care infrastructure category. This suggests that countries with a very high HDI already had basic care provision and infrastructure in place, while countries with medium Human Development Index ranking have had to respond more strongly to the basic amenities like food, water, energy, medicines, and transport, among others. The larger number of employment-related policy

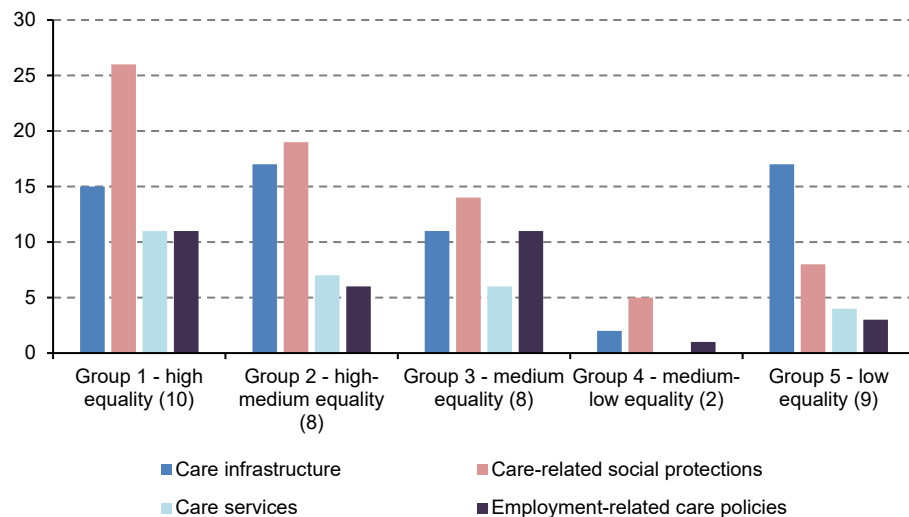
¹¹² Human Development Index 2019 data accessed from <http://hdr.undp.org/en/content/human-development-index-hdi>. It is a composite index of such factors as decent standard of living, life expectancy and education.

measures among the very high-ranking countries also suggests a potentially bigger formal sector that requires more interventions for employment-related care policies. The number of gender-differentiated policy measures adopted by countries shows a clear link between the level of human development and the sensitivity to women's needs. Countries with a very high ranking had the maximum number of measures (close to 50 per cent of the total).

5. Country's gender development index and care policy measures adopted

Finally, the study cross-tabulated the extent of care-sensitive policy measures with the level of gender equality in a country, as captured by the Gender Development Index. Figure IX.4 confirms similar patterns revealed previously. What is notable here is the low level of care services provisioning in countries belonging to group 4 (medium to low equality) and group 5 (low equality) of the Gender Development Index. Conversely, group 1 countries (those with high gender equality) have adopted the largest number of policy measures under the care-related social protections and care services categories. This seems to suggest that care service provisioning and social protections are a crucial link to achieving gender equality by allowing women's unpaid care and domestic work burdens to be redistributed to the State or markets. There is a correlation between the greater number of gender-differentiated measures and countries having greater gender equality. Looking a bit closer, these measures largely include food assistance, free cooking fuel and one-time cash transfers aimed at easing the immediate difficulties to life and livelihood generated by lockdown measures in such countries as Bangladesh, India, and Pakistan.

Figure IX.4
Spread of policy measures by gender development index
(Number of policy measures)

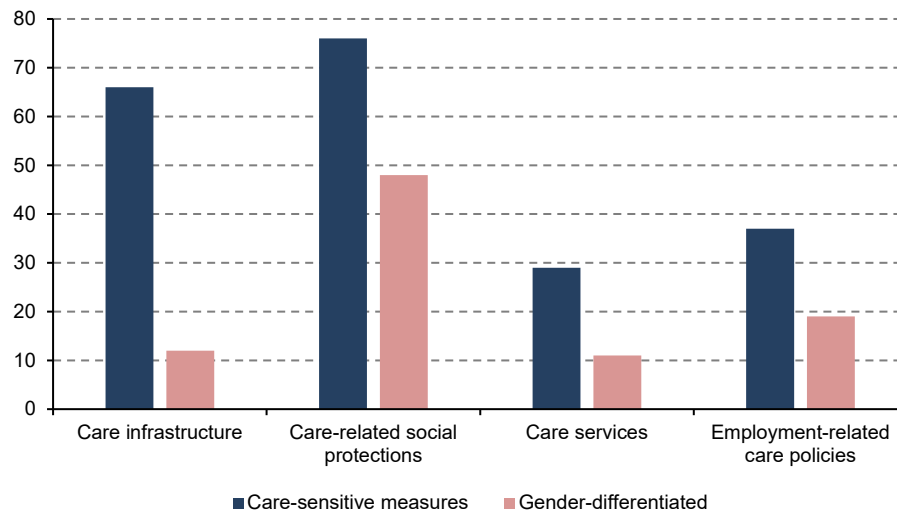


Source: Authors' own compilation.

Figure IX.5 lays out the extent to which care policy under each of the four care-sensitive policy categories have had a gender component. Care infrastructure addresses the immediate food and survival concerns of vulnerable population groups with no specific gender-sensitive dimension unless it caters to food provisioning for children, which women are largely responsible for. Care-related social protections have the maximum gender-sensitive measures, meaning women's role as carers, especially mothers, have been addressed, with more than half of care-related transfers being gender

differentiated. The second preferred policy category for women is employment-related care policies, especially childcare leave, and support for pregnant women. They amount to half of the overall policies in this category. Care services have been already noted as the least attended to policy category among the pandemic policy responses.

Figure IX.5
Comparison of care-sensitive and gender differentiated measures
(Number of policy measures)



Source: Authors' own compilation.

The next section drills down into the country-level policy responses through a care lens, across each subregion, to identify regional and local best practices as well as lessons for national policy and programming going forward. The proportion of gender-differentiated measures across each subregion make up a small percentage of the overall care-sensitive policies adopted in each of them, with some doing much better than others.

(a) North and Central Asia

Female employment was particularly hit hard in 2020 in countries like Afghanistan, Kazakhstan and the Kyrgyz Republic, with more women than men reporting job losses, more women-owned businesses getting shuttered and a greater number of women-led micro, small and medium-sized enterprises defaulting on loan repayments (OECD, 2020b). A rapid gender assessment survey by UN-Women (UN-Women, 2020c) found that 70 per cent of self-employed women experienced a reduction in their paid working hours or job loss. And 51 per cent of women switched to working at home, compared with 27 per cent of men doing the same. Half of all women reported more time spent in cooking, cleaning and home maintenance, with men performing "easier tasks" like household financial management and shopping. Four in five women reported in 2020 increased time spent on at least one household chore and 60 per cent of women reported increased time spent on at least one activity caring for others. The gender gaps in these caring tasks were highest in Kazakhstan and the Kyrgyz Republic. The same pattern applied to teaching of children. In Azerbaijan and Georgia, men seemed to have taken up this activity a bit more than in other countries. However, even this share of men doing care tasks dropped dramatically in Georgia when the physical care of young children was involved, indicating that gendered norms are still present in the household division of labour. The overall effect of these intensified care burdens on women of the subregion is increased anxiety, stress and mental health issues (UN-Women, 2020c).

The Russian Federation, with the highest incidence of COVID-19 in the subregion of North and Central Asia as of April 30, 2021, adopted 11 care-sensitive measures to counter the effects of the pandemic. Uzbekistan announced 12 measures and Armenia and Georgia nine each. Both the Russian Federation and Uzbekistan instituted many women-focused measures addressing aspects of their unpaid care work. The Russian Federation has a large number of independent measures across all four care-sensitive policy categories, followed by Uzbekistan which has had policies in each of the categories. Care-related social protection policies (27) are the largest policy category in the North and Central Asia region, followed by care infrastructure (19). All countries except Turkmenistan (for which data are limited) have instituted measures under both categories. However, there have been fewer efforts at providing care services, such as health care access or home-based care packages or quarantine support to households and individuals. Only four of the nine countries (Georgia, 1; Russian Federation, 2; Tajikistan, 1; and Uzbekistan, 1) have provided care services. The highest extent of in-kind support so far was received in Georgia and the Kyrgyz Republic (UN-Women, 2020c). Uzbekistan stands out within the region for its efforts to protect the employment of employees with care responsibilities as well as accommodate the needs of working parents. This assistance includes paid sick leave to parents of children who need to be in quarantine, paid leave during the duration of school shutdown and prohibition of termination of employees who are unable to come to work on account of childcare responsibilities.

(b) South and South-West Asia

Countries in the South and South-West Asia subregion accounted for the highest time use of women in unpaid care and domestic work prior to the pandemic (Charmes, 2019). Patriarchal culture and gendered social norms dictate that women bear the greater load of household tasks and care for family members. Marriage and motherhood together are strong predictors for women's decline from labour-force participation (Azcona, Bhatt, Cole and others, 2020; Deshpande and Kabeer, 2019). Most countries in the region rank poorly in the Global Gender Gap (World Economic Forum, 2021). Analysis during the early months of the pandemic found that women employed at the start of the pandemic were 20 percentage points less likely to be employed than men a few months later (Deshpande, 2020). The study further noted that both men and women reduced their time spent with family or on leisure, but the reduction was relatively more for women. An assessment in Turkey revealed that women were more likely to switch to working from home (43 per cent) than men (23 per cent). And although the unpaid workload increased for both sexes, women endured a more substantial increase, from 2.9 hours per day to 4.5 hours per day (UNDP, 2020a). This was even more so for women living in two-parent households with children and women employed in full-time paid work. The rapid gender assessment carried out by UN-Women in Turkey found a whopping 77 per cent and 60 per cent of women increased their time on mainly two domestic chores: cleaning and cooking meals, respectively, compared with 47 per cent and 24 per cent of men reporting the same, respectively (UN-Women, 2020b).

A promising trend of men increasing their share of housework and care has emerged in some countries. In Turkey, men who switched to working from home and decreased their employment hours, have increased their participation in unpaid work (İlkkaracan and Memiş, 2021). Similar trends were observed in India and the Maldives, where the gender gap in time use on housework reduced for men and women by one hour, suggesting men were doing more unpaid care and domestic work in the immediate few months after the pandemic broke out and that men and sons were reported to be helping more (Deshpande, 2020; Valero and Tinonin, 2020). Despite this positive development, it is too early to say if this norm shift will stick or if women will continue to do the bulk of unpaid care and domestic work.

Corresponding to the size of the country and the scale of the pandemic, India has announced the largest slew of measures (18) to address both the public health aspects as well as socioeconomic shocks caused by the pandemic. These measures fall across all four categories—care infrastructure, transfers and social protections, care services and employment-related policies. Turkey had the next-largest number of

policies in the region (7), of which only two are gender differentiated. Bangladesh and Pakistan each had three measures, of which two are gender differentiated. The food provisioning measures adopted in both countries especially target women-headed households and transgender women. Care infrastructure measures were the highest in number in response to recognition of persistent and acute poverty in the region, which requires emergency in-kind and food assistance among millions of low-income, unemployed, and migrant persons. Utility bill waivers or rent reductions have been provided in many countries. The next-largest category of measures is the care-related social protection transfers and benefits. Both India and Turkey have expanded their reach with one-time cash payments and have expanded existing social assistance programmes. It is important to point out that some of the cash transfers are directly gender-sensitive, targeting women or young children who are mostly cared for by women. However, many other programmes are for older or sick persons or persons with disability, thereby indirectly supporting women's care work by ameliorating burdens on families to some extent. Pakistan has announced an expansion of the existing social assistance programme to cover 48 per cent of the population. The programme focuses on women as a key category of beneficiaries to receive an additional sum each month for three months in 2020 (Gentilini and others, 2020).

(c) South-East Asia

Both the Gender Development Index and the Global Gender Gap Report 2021 (World Economic Forum, 2021) show wide variations in gender equality outcomes among countries of this subregion. The extent of economic empowerment, educational attainment, political representation, and membership in leadership roles of technical professions is clearly highly variable. Time-use data on unpaid care work are available only for two countries: Cambodia (2004) and Thailand (2014). Data from Cambodia's time-use survey reflect the lowest contribution by men toward unpaid care work among 75 countries around the world (Charmes, 2019). While women did 188 minutes per day, men put in only 18 minutes a day. Thailand had a similar pattern of women doing a much larger share of unpaid care and domestic work than men, although the proportion was not as skewed as in Cambodia (Charmes, 2019).

Across countries, the risks of COVID-19 are higher for intersectional gender groups, such as women with disabilities or older women or women from religious and ethnic minority backgrounds (Care and IRC, 2020). Indonesian women have experienced greater loss in income from family businesses and an intensification of their unpaid care work burdens relative to men, with 61 per cent reporting more time spent on care for others in 2020, compared with 48 per cent among men (UN-Women, 2020a). Difficulty in access to safe water and sanitation sources, health care infrastructure and services, schools, child protection, especially in rural areas, were amplified in the wake of the COVID-19 responses in Indonesia (Care International, 2020). Gender norms in many places have been reinforced and intensified (Nguyen and others, 2020). A study in Malaysia found a doubling of unemployment levels and a high poverty rate between September and December 2020 among female-headed household and households headed by someone with a disability (UNICEF and UNFPA, 2020). Migrant women domestic workers from Indonesia and the Philippines working in Hong Kong (China) have been dealt a double blow—having to work longer hours with larger workloads and no break or place to “go home” because entire employer families stay at home. They fear of losing their jobs and incomes on which their own families back home rely for support (Kolo and Cai, 2020).

Malaysia stands out for the sheer number of measures adopted (13) despite its low infection rates. Malaysia reached out to several low-income and vulnerable households and recipients (such as single mothers, persons with a disability, older persons, and children in shelters) by innovatively targeting the existing cash transfer programme recipients and using a new tax system to identify beneficiaries (ILO and ESCAP, 2020). Approximately half of Malaysia's care-sensitive measures are gender differentiated. Malaysia is followed by Indonesia, Myanmar, and Singapore in terms of the number of care policy measures. Care infrastructure-related policies, with a food assistance thrust, and cash transfers to

vulnerable populations have been the predominant policy measures adopted in the South-East Asia subregion. Seven of the 10 countries put in place some care services while only Malaysia, the Philippines and Singapore have also provided employment-related care policies.

(d) East and North-East Asia

The Republic of Korea stands out in the subregion for the maximum number of care-sensitive measures (14) across all four care policy categories. This is followed by Japan and then Mongolia, with 6 and 5 measures, respectively. Japan launched measures in each of the four policy categories, while Mongolia did in all except the care services category. China had only one care-sensitive policy measure, for older persons with intensive care needs and living alone, allowing them to receive home-based or institutional care if their family carer is under quarantine. In Japan, several measures focused on childcare: directing childcare services to remain open to support workers who needed them; a top-up of existing childcare allowances and special benefits to single-parent households; and an employment-related compensation to employers for employees taking paid leave on account of childcare. A policy measure like this can go a long way in helping workers, especially women workers, to remain engaged in the workforce. More than two thirds of the measures in this subregion were found to be gender differentiated, with the Republic of Korea demonstrating the widest spread in terms of type and extent of measures. A detailed case study on the Republic of Korea appears in the following section.

(e) Pacific

Despite the low incidence of actual COVID-19 infected persons to date, the subregion has had to respond to the pandemic with both public health management and containment measures as well as socioeconomic policy measures. While Australia takes the lead with the most care-related measures (14), most members of the subregion have only one or two measures in any one category. No country in the region has at least one measure across each of the four care policy categories, including Australia, which has no measure related to care infrastructure. The greatest spread of countries is seen in the provision of employment-related care policies (seven countries). Close to half of all measures in the subregion are gender differentiated.

C. Research findings: country case studies

1. Australia

Australia female labour-force participation is 68.9 per cent, which ranks lower than most comparable OECD countries (WGEA, 2016). The labour-market participation is marked by two distinct features: a highly gender-segregated workforce and gender norms that promote a “1.5 income earner” model (Bergin, 2020): this means a traditional Australian family would have one full-time earner, usually a male, and one earner who works less than full-time hours, usually a female. When care responsibilities increase, it is usually the female who sacrifices working hours. Among 51 OECD countries, Australia had the fourth-highest rate of women working part-time in 2019, or almost 1.5 times more than the OECD average. The female share of this part-time employment was as much as 68.3 per cent (OECD, 2020a). In addition, the Australian labour market is gender-segregated, with the heavily feminized occupational sectors of health, teaching, caring, retail, and hospitality.

A consequence of this work-life pattern for women is lowered financial earnings over the lifetime, greater job insecurity and a higher burden of unpaid care and domestic work within the home. Research reveals that working hours, pay and superannuation are three inequality markers that change over the four life phases for employed women in Australia (Baird and Heron, 2019). Part-time roles limit career progression opportunities, and women are underrepresented in senior leadership roles. The gender pay gap in Australia is still 14 per cent (Batchelor, 2020). Taking parental leave has a negative effect on women’s wage growth and results in a “motherhood penalty” of 7 per cent and increasing to 12 per cent over the subsequent year during the child’s infancy (WGEA, 2016).

Time-use data from Australia confirms the global pattern of women investing more hours in unpaid care and domestic work. In Australia, women spend 64.4 per cent of their average working hours each week (56.4 hours) on unpaid work, compared with 36.1 per cent for men (or 55.5 hours) (WGEA, 2016). This translates into a gender time gap in unpaid care work of an average 2 hours and 19 minutes per day. The more time women spend in unpaid care work, the lower is their workforce participation. One survey found women's labour-force participation rate dropped from 34.1 per cent to 11.4 per cent after parenthood, while no significant change for men emerged (WGEA, 2016). Data from the Australian Bureau of Statistics indicate that men spend twice the amount of time as women in paid work, while women spend twice the amount of time as men in unpaid care and domestic work. Women spent 2 hours 52 minutes per day on domestic activities, compared with 1 hour and 37 minutes per day by men. And they spend 59 minutes on childcare, compared with 22 minutes per day by men. Women did more chores, such as housework, grocery shopping, gardening, and repairs even when employed. Among older person care, women are overrepresented in the group (100 women to every 86 men are aged 65 year or older). And they are the main caregivers of older persons (of the 3.5 per cent of all Australians who are primary carers, women make up 71.8 per cent) (Care Australia, 2020).

(a) Gendered effects of COVID-19

The Workplace Gender Equality Agency is monitoring the gendered effects of the COVID-19 responses in Australia to determine which strategies would better promote workplace gender equality. Jobs across the feminized sectors, like retail, hospitality, and tourism, were affected. This exacerbated the financial stress on women. As much as 23.6 per cent of women reported being stressed about paying for essential goods and services, and 50.7 per cent reported spending less than pre-pandemic levels. A government policy measure of allowing early access to superannuation funds led to more women withdrawing from their balance, at 21 per cent of their fund, compared with 17 per cent for men. And 14 per cent of women had withdrawn their entire superannuation savings, compared with 12 per cent of men. This money was reportedly used for immediate household spending, which will have a negative impact on women's long-term financial security at retirement (Batchelor, 2020).

COVID-19 is reconfiguring the world of work and home by increasingly requiring workers to operate from home where possible. In a pandemic-related study, the Australian Institute of Family Studies found that the proportion of people always working from home increased from 7 per cent before COVID-19 to 60 per cent during the pandemic. For parents, it was 60 per cent of mothers and 41 per cent of fathers who always worked from home. In 2020, 40 per cent of parents had to always or often "actively" care for children (who were home because of school closures) during their work hours. The study also found that fathers became more involved in the care of children younger than 3 years, although only around 10 per cent of fathers took on the primary carer role (Batchelor, 2020). Similar findings were reported by the ABS Household Impacts of COVID-19 survey, which reported that 31 per cent of Australians said they "worked from home most days", compared with 12 per cent prior to the pandemic restrictions. One of the main reasons was the need to keep children at home in the absence of adequate and affordable childcare services. Hence, the need to reduce or change working hours (Alon and others, 2020; WGEA, 2020).

(b) Care-sensitive and gender differentiated policy measures adopted

Australia has adopted the highest number of care-sensitive policy measures (14) in the entire Asia-Pacific region and is matched only by the Republic of Korea. Seven of the 14 measures adopted are gender differentiated. Most notable are the Early Childhood Education and Care Relief package, which included measures to have day-care centres open and available for essential workers for free. The Commonwealth government provided free childcare to around 1 million families through mid-July 2020 (A\$0.3 billion) and announced targeted support to the education system. The Government is providing an extra A\$130.4 million for paid parental leave to support families whose employment has been

impacted by COVID-19. Australia also expanded access to income-support payments to persons required to take care of someone affected by COVID-19. Workers, casual workers, and self-employed receive the JobSeeker payment if they care for someone who is affected by COVID-19. Those not entitled to the payment can receive the Crisis Payment (Special Benefit) if they are caring for someone required to be in quarantine or self-isolation.

However, some of these measures were rolled back within a few months, especially the free access to childcare services. A relatively weak attention to women's differentiated needs has been attributed to the largely masculine composition of both the current cabinet and the Prime Minister's National COVID-19 Coordination Commission, which has only two women filling the 10 seats (Haussegger, 2020; Wallace, 2020).

Case highlights:

- Australia has a relatively high female labour force participation, at 68.9 per cent within the Asia–Pacific region.
- A total of 14 care-sensitive policy measures have been adopted since onset of the pandemic, the highest within the Asia–Pacific region. Half of the care-sensitive measures have a gender-responsive dimension.
- Attention has been given to the care needs of multiple vulnerable groups, such as children, older persons, persons with disability, ill persons, and family carers.
- One notable measure is the Early Childhood Education and Care Relief package, which included measures to have day-care centres open and available for essential workers for free. The Early Childhood Education and Care Relief Package is a payment to support childcare services to remain open, including Centre Based Day Care, Family Day Care, Outside School Hours Care and In-Home Care.
- Another notable measure is the expanded Parental Leave Pay and the Dad and Partner Pay measures that were expanded to support workers whose employment is impacted due to childcare responsibilities during the pandemic.

2. Philippines

The Philippines is considered a dynamic and growing economy, sustaining an average annual growth of 6.4 per cent over the past decade (World Bank, 2020b). With this growth momentum, it is poised to move from a lower-middle-income country into the upper-middle-income bracket. The Philippines is considered one of the most gender-equal countries in the South-East Asia and Pacific subregion, second only to New Zealand. It closed 78.4 per cent of its overall gender gap to rank 17 worldwide in the most recent Global Gender Gap Report 2021 (World Economic Forum, 2021). Women outnumber men in senior and leadership roles as well as professional and technical professions. Wage equality between men and women is high, and women can expect to live five years longer than men. It is one of the few countries worldwide where a woman Head of State is more frequent, and women held 28 per cent of the seats in the national legislature.¹¹³

The policy environment in the Philippines signals a deep commitment to women's equality. The Magna Carta of Women is a comprehensive women's human rights law that was adopted in 2009 to eliminate discrimination through the recognition, protection, fulfilment, and promotion of the rights of Filipino women, especially those in the marginalized sectors of the society. The Gender Equality and Women's Empowerment Plan 2019-2025 covers four years of the Philippine Development Plan 2017-2022

¹¹³ Accessed from the United Nations country data tables 2020, <http://data.un.org/en/index.html>.

and the remaining years of the Philippine Plan for Gender-Responsive Development 1995-2025 (PCW, n.d.). In a testament to shifting gender norms and attitudes, the recent Social Norms, Attitudes and Practices Survey of urban millennials in Indonesia, the Philippines and Viet Nam reported the promising trend of 87 per cent young women saying they would be more inclined to share childcare with men, and 67 per cent saying they would be willing to share breadwinning (Investing in Women, 2020).

Despite the positive aspects, it is interesting that the female share of the labour force has hovered at around 45 per cent over the past two decades, with only a few years when it touched 49-50 per cent. There is a sharp decline in female labour-force participation among women aged 25-29 years, ostensibly due to marriage and childbearing (NEDA, 2019). These figures are the lowest among other ASEAN countries. Within the employed workforce, women make up 76 per cent of workers in the services sector, relative to men (at 45 per cent), and only 10 per cent in manufacturing, relative to men, at 25 per cent (ILO, 2020c). This points to an occupational segregation in the workforce. In the absence of formal time-use statistics on unpaid care and domestic work, it is pertinent that the recent Social Norms, Attitudes and Practices Survey found that a large majority of females think women are better suited to childcare and had no strong wish for fathers to do more (Investing in Women, 2020).

(a) Gendered effects of COVID-19

The Philippines had reported more than 1 million COVID-19 infections by April 30, 2021, making it the second-most affected country in the South-East Asia subregion, after Indonesia. In addition to coping with this global public health emergency, the island country had to deal with the historic Taal volcano eruption and the first typhoon for the year, Typhoon Ambo (Vongfong) (UNFPA Philippines, 2020). The government mounted a multisector response, introducing nationwide measures related to economic, medical and food supply strategies; enhanced community quarantines (lockdown); travel restrictions; repatriation of citizens from COVID-19-affected countries; deploying the military and police and front-liners; and implementing a no-touch policy (Asia Pacific Forum, 2020). By the end of June 2020, the Social Amelioration Program had reached close to 13 million low-income families who were not previously part of the Philippines' Pantawid Pamilyang Pilipino Program (4P) national social protection programme. In addition, 4.3 million beneficiaries registered as 4P beneficiaries and almost 100,000 public transport drivers received emergency cash assistance through the Social Amelioration Program (Philippines HCT, 2020).

The socioeconomic fallout of the pandemic has had gendered effects. With retail, tourism, textile and garment manufacturing severely impacted in the Philippines, women have been the hardest-hit in terms of loss of employment, reduced pay and reduced working hours. Data from UN-Women's rapid gender assessment survey in the Philippines found that almost 70 per cent of the surveyed women noted a decrease in income from family businesses, while 65 per cent noted a decrease in remittances. Women-led and owned micro, small, and medium-sized enterprises have been negatively affected, with most respondents reporting difficulty in product distribution and service offering as well as increased responsibility for unpaid care duties (UN-Women, 2020e). 53 per cent of women reported being mainly responsible for domestic work, which meant more difficulty in finding or undertaking paid work or even time to rest. Around 70 per cent of women reported this increased their stress and anxiety and deteriorated their mental and emotional health. A quarter of women reported that their physical health had been impacted, resulting in illness (UN-Women, 2020e). For example, grocery shopping permits were granted to men, confining women to the home. Similar effects were seen among women in formal employment (Hill, Baird and Seetahul, 2020).

More women reported changing their location of work to their home (63 per cent), compared with men (58 per cent). The increased household work, such as food preparation and childcare, however, resulted in 34 per cent of women reporting not being as productive from home. Girls and young women in the Philippines have been adversely impacted by the pandemic and unable to study

due to increases in household chores and poor Internet connectivity (de Guzman, 2020). Filipina migrant workers in the Philippines and abroad have faced an increasingly difficult repatriation process, with restrictions at points of entry, suspension of air, water and land travel, long waits for COVID-19 test results and a slow pace of testing. The primary concern of women migrant workers is loss of employment and unpaid wages as well as discrimination and stigma resulting from being perceived as “carriers of the virus” (UN-Women, 2020e).

The pandemic has also had dire consequences for women’s sexual and reproductive health, with a projected 22 per cent increase in maternal deaths, a 23 per cent increase in teenage pregnancies and a 63 per cent increase expected in unmet family planning needs (UNFPA Philippines, 2020). This is likely to translate into a 47 per cent increase in unintended pregnancies, resulting in 1.8 million additional births, which would be the highest in the country since 2012 (Santos, 2020). Pregnant women facing closure of health facilities and diversion of necessary medical resources toward COVID-19 care have had to resort to higher risk home deliveries in fear of infection risks in hospitals or birthing homes (UNFPA, 2020).

(b) Care-sensitive and gender differentiated policy measures adopted

The Philippines adopted six care-sensitive policy measures, two each in care infrastructure and care-related social protections, and one each in the care services and employment-related care policies. Of these six measures, only two are gender differentiated. However, it is the size and large scale of the Social Amelioration Program that put the country in the top 10 globally in terms of reaching most of its population, in this case, 78 per cent, or approximately 83 million people (see figure 5 in Gentilini and others, 2020, p. 6). The programme reaches a wide swathe of people, cutting across multiple axes of vulnerability and necessity. The Bayanihan to Heal as One Act has been followed by the Bayanihan to Recover as One Act, also known as Bayanihan 2, aimed at funding several government programmes (Manila Bulletin, 2020), even though the weak attention to gender-differentiated measures has been called out by civil society (Basuil, Lobo and Faustino, 2020).

Case highlights:

- The Philippines ranks 17 globally and 2 in the East Asia and Pacific region on the Global gender Gap index.
- Despite being a low-middle income country, it ranks High on Human Development Index and is within the category 1 of high gender equality in the Gender Development Index.
- It has extended the Social Amelioration program, to include as many as 78 per cent of the population.
- Notable measures include cash and food assistance to vulnerable populations, including pregnant and lactating women, solo parents and undernourished children.

3. Republic of Korea

Traditional Korean society is conservative, centred around the family, with rigid gender roles (An, 2008). The Government’s social policy adopted a familial principle in its welfare assistance, with the male breadwinner and female caregiver model as the assumed status of all families (Peng, 2009). Although the female labour-force participation has increased over the years, it hovers at 53.5 per cent. Despite being a high-income economy, the Republic of Korea ranks moderately (group 3) in the Gender Development Index. According to the World Economic Forum’s (2021) Global Gender Gap Report 2021, the country ranked 102 globally among 156 nations; 123 for women’s economic participation; and 104 on educational attainment. Women continue to be severely underrepresented in leadership positions.

Women are expected to perform unpaid care labour as per prevailing gender norms. Time-use survey data are available for 1999, 2004, 2009, and 2014. The latest data indicate that women perform 82.8 per cent of all unpaid care work, spending more than 186 minutes per day, which is five times more than men's time in unpaid care work (Charmes, 2019). The pattern of men doing notably less unpaid care and domestic work has not changed much since the 2004 time-use survey. This implies that women take on the larger burden of childbearing and childrearing. Ma (2016) found evidence for an M-shape curve in female labour-force participation, with women tending to quit work before or during pregnancy and then returning to the workforce after the household needs them less. Around 60 per cent of once-working women did not return to the labour force at all.

To address the trends in low fertility, low care-dependency ratios and the ageing population, the Government implemented policies to enhance care provisions and augment labour-market strategy. The Government has invested in the social arena since 1997. New parental leave legislation, childcare policies, support for single-parent families and long-term care of older persons policies have been introduced. These policies intend to free up women's time for paid work and also to create new sectors of growth in care services and paid care employment (Yun, 2018; Peng, 2009). However, public spending on care policies as a per centage of GDP remains low when compared with OECD countries (ILO, 2018). A recent study found higher demand for public childcare centres as opposed to private care services since public investment tends to improve working conditions of care workers, thereby benefiting care recipients with better-quality care (Suh, 2020). However, the Government's use of contractual care services introduces a source of precarity and non-standard employment. Despite expansion of older person care provisions by the Government through social security, a significant portion of care continues to be provided by family members (Cha and Moon, 2020). This means that women still bear the larger burden for caregiving to children and older family members, and social care tends to step in to ensure the family does not fail.

The Ministry for Gender Equality and Family was established in 2001 to address the issue of gender discrimination. Its current focus is on the second Framework Plan for Gender Equality policies, with a commitment to ensure equal rights to work and opportunities, enhance women's political and economic representation and create social infrastructure for the work-life balance through family-friendly policies (MOGEF, n.d.b). The first female president of Korea, Park Geun-hye, elected in 2013, set up a Gender Parity and Empowerment of Women Task Force. More than 100 private companies and 40 State ministries are committed to implementing gender equality policies (H.J. Kim, 2020) and even apply for family-friendly certification (MOGEF, n.d.a).

(a) Gendered effects of COVID-19

The Republic of Korea was the first country outside of China to see an explosive rate of transmission of COVID-19, detecting the first case in early January 2020. A quick and timely response and coordinated leadership at all levels enabled the peninsular State to control the contagion (Institut Montaigne, 2020). The country flattened its COVID-19 curve early on, and despite the largest number of cases outside China in the first two months of the outbreak, a strong national response mobilized necessary resources for care (Oh and others, 2020). Experience in previously battling the SARS and MERS epidemics had prepared the country well, with government having invested heavily in infectious disease research and applying the learnings from past public health crises. However, a gender analysis of the coronavirus response in the Republic of Korea, finds scope for improvement. The war metaphor deployed by the State, "Corona cannot defeat Korea", has ignored the impact of interruption to routine public services. Hospitals turned a blind eye to the health needs of people with disabilities, long-stay patients and pregnant women, the elderly and the urban poor. And despite emergency childcare services being provided by the Government, many women have still shouldered the larger share of increased childcare within families (Kim and others, 2020).

(b) Care-sensitive and gender differentiated policy measures adopted

The Republic of Korea, along with Australia, stands out as having put in place the largest number of care-sensitive measures (14) across Asia and the Pacific. It has many employment-related measures, reflecting its developed formal labour market. More than 50 per cent of these measures are gender differentiated. There is a notable focus on provisioning for workers with care responsibilities, especially childcare, via temporary wage subsidies and emergency childcare services (Chun and Kim, 2021). The Government supported childcare with 2.4 trillion won to low-income households as they shifted from child day care to homecare. Specifically, parent employees received ₩50,000 per day. The Government offered emergency childcare to parents dealing with the double challenge of school closure and work-at-home policy as the country battled against the fast-spreading novel coronavirus. The Government provided 2.8 trillion won via four months of purchase vouchers to households receiving child and social assistance.

The subsidies for indirect labour costs, the compensation for wage cut and replacement were increased temporarily, from March 1 to June 30. This measure is limited to those without receiving paid family emergency leave from their firms. A Comprehensive Measures for Public Welfare and Economy targeted workers with children younger than 8 years who need family care due to the absence of day-care centres. Family care expenses were provided, at ₩50,000 per person per day and temporary support for up to 10 days. This was associated with the original 90-day unpaid family care leave that could be used for childcare. It is also apparent that the Republic of Korea has instituted a mindset of social provisioning of care, which is reflected in several of the COVID-19 response measures.

Case highlights:

- The Republic of Korea established the Ministry of Gender Equality and Family in 2001.
- State policies on social care date to 2008, with focus on public provisioning of childcare and long-term older-person care.
- The Republic of Korea leads the East and North-East Asia subregion with the largest number of care-sensitive policy measures adopted which are also the highest across Asia and the Pacific region.
- The country has a great number of employment-related care policies, which have been the least well-represented category.
- Notable measures were emergency childcare services for workers and wage subsidies for parents with childcare responsibilities. The Ministry of Employment and Labour announced that employees with children can reduce their working hours to take care of their children due to the postponement of the new term and parent employees got up to five days of leave along with childcare support.

4. Russian Federation

The Russian Federation is an upper-middle-income country, with a “very high” ranking on the Human Development Index. As much as 90 per cent of the population is covered by at least one social protection benefit, with 100 per cent of children receiving a child or family benefit (ILO, 2017). This universal protection is achieved by a mix of both contributory and non-contributory schemes. Public expenditure on select care policies as a per centage of GDP is moderate (ILO, 2018). Despite these advances, the country remains plagued by high wealth inequality and uneven development, as reflected by the high social inequalities between cities and rural areas. Like other European countries, the Russian Federation faces the demographic trends of low fertility rate and ageing population.

The country ranks 81 in the recent Global Gender Gap Report 2021. The uneven progress toward gender equality can be surmised from the country ranking first on the educational attainment and health and survival indices, 25 on women’s economic empowerment and 133 on the political

empowerment index (World Economic Forum, 2021). Despite the lag in political representation of women, the country ranks in group 1 of the Gender Development Index, indicating high gender equality. The female labour-force participation rate is 54.8 per cent, while 40 per cent of senior roles in organizations are held by women. Although no time-use data exist for the Russian Federation, women and girls aged 15 years and older have been found to spend 18.4 per cent of their time on unpaid care and domestic work, compared with 8.1 per cent of men and boys' time (UN-Women, n.d.). Even though Russian society is moving toward greater acceptance of gender equality, there is a counterforce toward neo-traditionalism and viewing women's roles only as childbirth and childrearing. There is greater support for women's sexual reproductive rights, and yet the declining fertility rate emphasizes their traditional maternal role (Zavadskaya and others, 2019).

In the Russian Federation's national review¹¹⁴ of Beijing+25, several benefits in connection to birth and upbringing of children, including childcare benefits, have been instituted. Attention has been paid to setting up childcare facilities, extending childcare leave for parents and expanding the maternity capital grant programme (UNECE, n.d.). Given the low fertility rate, the Government has taken a strong look at the reproduction rates among Russian women, attempting to incentivize them to increase childbirth by pledging State funding for new mothers (Hovhannisyan and Snip, 2020). 69 per cent of new mothers are covered by a maternity benefit, compared to the average of 81 per cent in Europe and Central Asia (ILO, 2017). There are policies offering tax breaks to mothers with four children, in a bid to encourage larger families. The one-off maternity capital payment introduced in 2007 as part of a ten-year programme succeeded in increasing the number of families with two children.

(a) Gendered effects of COVID-19

It was not until mid-March 2020 that COVID-19 cases appeared in the Russian Federation, although at fewer than 100 (Deprez, 2020). The tide quickly turned, and soon the number of cases were exponentially increasing. The cumulative number of COVID-19 cases as of April 30, 2021, was nearly 5 million—the third-highest death rate per 100,000 population across the Asia-Pacific region. The health care system and the economy were badly hit by the pandemic. Like the world over, the pandemic has had differential effects on the health, safety and economic well-being of women and girls. Noting the absence of institutions promoting the human rights of women in the Russian Federation, Avedissian (2020) reported that the number of Russian women losing their homes due to an inability to pay rent increased by 40 per cent in April 2020. Ever since the Government decriminalized domestic violence in 2017, thousands of women are killed by their husbands every year. National domestic violence hotline call volumes rose by 24 per cent in March 2020. The COVID-19 restrictions have worsened the dangers for pregnant women, with several maternity wards converted into COVID-19 units, forcing women to either give birth at home or find a hospital further away, with unfamiliar doctors (Hovhannisyan and Snip, 2020). A third of all families are single-female households with children, and these are expected to be pushed deeper into unemployment and poverty as a result of pandemic-related job losses and school and kindergarten closures (Zhukova, 2020).

(b) Care-sensitive and gender differentiated policy measures adopted

Given the existing thrust toward childcare social protection and the new thrust toward maternity coverage, there has been a spate of measures announced for mothers and children in the wake of the pandemic. Of the 11 care-sensitive measures taken up by the Russian Federation close to 60 per cent (seven measures) were gender differentiated, the largest proportion among all the case study countries. Most notably, the measures included expansion of the existing Maternal Capital Grant, with top-up cash benefits and childcare allowances for children in various age groups younger than 17 years. Though kindergartens suspended normal operations, parents or other representatives of a child who had to continue working, could request special on-demand classes subject to strict precautionary measures.

¹¹⁴ Details available at <https://asiapacificgender.org/countries/russian-federation>.

Case highlights:

- The Russian Federation ranks “very high” on the Human Development Index and is in group 1 of the Gender Development Index, signifying high gender equality.
- Several measures have been introduced to support pregnant women, women with young children and families with children younger than 18. Coverage of the top up allowance of the maternity capital grant program covered 27 million children.
- Notable measures on childcare are the additional allowance to families covered by the Maternity Capital Grant; childcare allowances for children younger than 18 months and first-born children; one-off cash transfer to families with children younger than 17; and cash support for each child younger than 18 years given to parents who become unemployed due to the pandemic. Some of these measures were one-off, top-up or additional to existing programs.
- Food packets to vulnerable families replaced the school feeding program.

D. Policy recommendations

Even before the pandemic, the world was experiencing systemic challenges with extreme wealth and extreme poverty, rising economic and income inequalities, cuts to public sector spending, increasing privatization of public services, taxation policies that support the wealthy instead of redistributing gains, climate change and a slow march toward achieving the Sustainable Development Goals (Oxfam, 2020a; Women’s Budget Group, 2020). Poverty, inequality, and crisis all have disproportionate impacts on women and girls. The Asia-Pacific region is not immune to these trends. As the Beijing+25 review of national achievements within the region shows, women continue to face persistent and variegated inequality, gender-based violence, low or declining female labour-force participation in many countries, low political participation, labour-market disadvantages and occupational segregation (ESCAP and UN-Women, 2020; ESCAP, 2019a).

The pandemic has turned a glaring spotlight onto the neglected aspects of social reproduction and the care economy that underpin the global phenomena. The literature reviewed for this report underscores a lopsided gendered division of labour, bolstered by patriarchal social norms that continue to allocate the lion’s share of unpaid care and domestic work to women. As long as women (and households) continue to subsidize the global, capitalist economy by shouldering the majority of care work, it will appear as if governments and businesses do not need to pay or provide for these care services. However, the pandemic has amply established that a care-sensitive and gender-differentiated model is needed to make societies sustainable and resilient in the face of crises and shocks. Investment in the care economy can spur growth in the production sector by generating quality employment, countering discrimination in the labour market (ECLAC, 2019) and enabling families and communities to not just survive but thrive.

Given the centrality of care to human life and survival, this section makes recommendations to policymakers on how best to incorporate a care perspective in a systematic and long-term manner. First, it lays down foundational principles that must inform a care policy perspective. These incorporate fundamental tenets of a feminist political ethics of care and the Triple-R Framework, along with a whole-of-government approach and gender mainstreaming in all activities. Then, it delineates concrete actions and specific recommendations under each of the four care policy categories. These recommendations are structured around the Triple-Rs: recognize, reduce, and redistribute. And finally, it outlines levers of change that are requisites for these recommendations to be implemented effectively in spirit and in tangible terms.

Together, the three components of transformation —foundational principles, concrete policy actions and levers of change— will help policymakers in orienting their post-pandemic reconstruction efforts to account for women’s unpaid care work and in designing appropriate recovery measures that build back better in a manner that achieves the aims of the SDGs. Positive practices from various countries in the region are highlighted in boxes as ideas to be considered.

1. Foundational principles

Care is an issue that cuts across multiple areas of human development: health, education, decent work, social protection, nutrition, economic growth, and human rights (Nesbitt-Ahmed and Chopra, 2015). Feminist economists and development experts who are sensitive to the nature of women’s work have been drawing attention to social reproduction and care work for decades (Fraser, 2016; Chopra, 2015 and 2014; Razavi, 2012; Folbre, 1994). Despite these efforts, the dominant conception of the economy has been understood as a market economy in which goods and services must have monetary value (Women’s Budget Group, 2020). The pandemic is making clear that economies should be judged by other values also. With more than 60 per cent of the world’s population in Asia and the Pacific, it is imperative that the region’s governments begin viewing care as a social good and an investment (in the present and the future) rather than as a social cost or expenditure.

(a) Recognizing care as foundational

Food, fuel, shelter, cleaning, and allied services emerged as “essential services” during the pandemic. While economies were handicapped and devastated by strict lockdowns and containment measures, human life and health survived on the backs of these essential services, performed largely by the poor and unpaid workers of the world. The criticality and primacy of life-making activities (Jaffe, 2020), as opposed to profit-making activities, was starkly driven home. A second insight has been the success of community solidarity in providing resilience and a safety net to many people (evidenced in the community food kitchens and mobile food distributions centres sprung up by citizen groups) as opposed to central, top-down planning and politics of authoritarianism (Leach and others, 2021). The pandemic has highlighted that policymakers must recognize the central role care has in human lives and give it due recognition as a foundational premise, making it a catalyst for institutional frameworks and for the redistribution policies, benefits, and services (ECLAC, 2019).

The ethics of care, articulated by feminist philosophers and political scientists (Held, 2006; Sevenhuijsen, 2003; Tronto, 1993), offer values of solidarity, trust, empathy, mutuality, context-specificity, collaboration, inclusion, and collective action resilience —values that are desperately needed in today’s society. An ethics of the care approach is built on the recognition that human beings are connected and intertwined in relations of interdependence. It views care as invaluable and central to our politics, translating care from a privatized, individual activity into socialized action with co-responsibility entrusted to public and private actors (Oxfam, 2020b). An ethics of care as a normative approach for assessing policies that support people’s ability to give and receive care can lead to a sustainable, gender-just and rights-based world in which well-being for all is the goal of social and economic development. A feminist ethics of care can be the missing link between neoliberal capitalist growth paradigms and a gender-just world envisaged by the Triple-R Framework. It allows for conceiving a different model of public policy, one in which the needs of people and the planet are central (Women’s Budget Group, 2020). It brings in an intersectional approach that accounts for race, class, and disability in addition to gender while determining how caring practices must be delivered or why they fail to be provided (Raghuram, 2019).

(b) Valuing and investing in care

Broad social protections have been the necessary and preferred policy tool to support vulnerable people during this pandemic, as evidenced by the large proportion of care-related social protection policies among the four policy categories in this study (36 per cent of all care policy

identified). And yet, many countries in the region spend less than 2 per cent of their GDP on social protection. The average regional investment is around 5 per cent, less than half the global average of 11 per cent (ESCAP, 2021a). This “false economy” of cutting funding for social security (Women’s Budget Group, 2020) belies the huge impact that providing basic social protections could make if countries were to invest just 2 per cent–6 per cent of their GDP. Public investments in universal child benefits, disability benefits and old-age pensions, even at conservative benefit levels, have the potential to lift more than one third of the population out of poverty. According to simulations in 13 countries, the poorest households in Indonesia, Maldives, the Philippines, and Sri Lanka would gain a 50 per cent increase in purchasing power from a modest social protection package (ESCAP, 2021a).

The ILO projects high employment generation impact from investing in social services like early childhood care and education, health care and long-term care (Ilkkaracan and Kim, 2019; ILO, 2018). Given the feminization of these sectors, such investment would have enormous positive impact for women in the labour market. Recent input-output analysis of selected European Union countries and the United States demonstrated that a care-led recovery has superior employment outcomes to investment in construction, after matching for wages and hours (de Henau and Himmelweit, 2021). This effect is explained by higher labour intensity in the care industry with fewer non-labour inputs (like machinery and raw materials) when compared to construction. Additionally, shorter paid working hours and lower wages in the care industry are counterbalanced by the greater number of people who can be employed for the same amount spent. At current gender ratios, this would translate into more jobs for women.

(c) Deploying a care-sensitive, gender differentiated policy framework

The literature confirms that a lion’s share of care work is carried out by women and girls. As Elson and Fontana (2019) pointed out, most international organizations tend to refer to women’s unpaid care and domestic work as a barrier to their economic empowerment. The analysis represented in this report, however, takes the view that care work makes a crucial contribution to economic growth and development. The conceptual framework emphasized in this study recognizes the connections and overlaps between paid care and unpaid care economy, which are at the heart of the broader market economy. The framework identifies moderating influences that mediate the way women undertake and perform care work, underlining the importance of an intersectional lens. This stresses the need to focus on vulnerable groups of women who are particularly disadvantaged in the care economy, especially older, rural, indigenous, migrant, displaced and refugee women, single parents, female heads of household and young girls with disabilities (UN, 2020a; ESCAP, 2019b).

2. Care-sensitive policy actions

Building caring economies (Women’s Budget Group, 2020; ILO, 2018; IWRAP Asia Pacific, 2013) and caring democracies (Tronto, 2013) requires investment in building caring systems. This means investing in State and institutional capacities for care provisions, be it services, social or physical infrastructure, workplace organization and culture, or direct and indirect aid to low-income households. Investing in the care sectors (health, education, personal care for children and older persons, long-term disability care, etc.) dually addresses poverty and inequalities while narrowing the gender employment gap (Women’s Budget Group, 2020). The research for this report elaborates that a comprehensive care perspective in policymaking requires embracing the four policy categories of care: care infrastructure, care-related social protections, care services and employment-related care. In adopting measures that reflect these four policy categories (care-sensitive policies), governments must determine and respond to women’s differential needs (adopt gender-sensitive measures). The discussion underscores the importance of a transformative, inclusive, and intersectional approach to gender equality and women’s economic empowerment (ESCAP and UN-Women, 2020).

(a) Care infrastructure policies

Rapid gender assessments carried out in the wake of the COVID-19 containment responses (Care International, 2020; Care Australia, 2020; Care and IRC, 2020; Nguyen and others, 2020; UN-Women, 2020d; UNDP, 2020a) exposed the increased amount of time women are spending in fuel and water collection, meal preparation and domestic cleaning. Closure of schools and workplaces have meant a greater number of family members to cater to without sufficient household help. This study's policy mapping found many infrastructure measures, such as food assistance and utility bill waivers, adopted across countries. But they were found more so in middle-income countries than in high-income countries, which points to an absence of adequate care infrastructure at the start of the pandemic.

Poor infrastructure has a direct impact on women's time poverty because it increases the time spent in unpaid care and domestic work and reduces the time available for market opportunities, along with the physical effects of energy depletion, health problems, exposure to harassment and even violence (Chopra, 2018). Government responses in past crises tended to prioritize increased investments in construction and other male-dominated sectors at the expense of spending cuts in the feminized care sectors (UN, 2020c), which only exacerbates care deficits. It is crucial that current recovery efforts increase spending on care infrastructure to avoid regressing on gender equality outcomes. This entails conducting gap analysis of care infrastructure deficits, investing in sustainable, accessible, and affordable energy sources, piped water, roads and transport facilities, as well as making time and energy saving technology available.

(b) Care-related social protections and transfers

The pandemic has loudly flagged the gaps in coverage and vulnerability of people left out of social protection systems, which are vital for coping with the social, economic and health dimensions of this pandemic crisis. This study's findings from across Asia and the Pacific reveal that care-related social protection policies have been the most widely used category of policy measures. Middle-income countries have employed these measures far more than high-income countries. Countries with better Human Development Index and Gender Development Index rankings have been more likely to deploy a greater number of care-sensitive and gender-differentiated social protection measures. North and Central Asia, followed by South-East Asia, had deployed the most measures under this category as of April 30, 2021. The care-sensitive measures include child assistance, such as increased cash transfers and allowances to families with children in varying age groups, cash transfers to older persons, people with disability and COVID-19-related health and quarantine support. The gender-differentiated measures include maternity grants along with childcare benefits.

Comprehensive, shock-responsive social protection systems, including social protection floors, are necessary to lead the pandemic recovery and to ensure equitable and inclusive development (ILO and ESCAP, 2020). The design of COVID-19-related gender-sensitive social protections in low- and middle-income countries must factor in benefit levels, frequency, delivery mechanisms, operational features, and complementary programming (Hidrobo and others, 2020). Chopra (2018) notes that access to social protection takes time and effort that women may not have because of their socially prescribed and entrenched roles as care providers. A life cycle approach must pay attention to women's differentiated and changing needs such as universal childcare for child-bearing women and elder care benefits for elderly women. Delivery mechanisms must account for their time in accessing these benefits by avoiding conditionalities. Naming female recipients of programs and integrating care components such as childcare into public works programs can be other measures.

(c) Care services

Care services for dependents is a requisite for workers with family responsibilities even in the best of times. However, the research for this report found this policy category was least utilized owing to social distancing and hygiene measures that make many kinds of institutional care, especially for

vulnerable populations, difficult to maintain in pandemic conditions. The findings also indicate that a higher ranking on the Human Development Index and the Gender Development Index positively correlated with more policy measures in this category, including home carers packages, financial support to carers, childcare provisions for essential workers, financial aid for in-home care and reimbursements for quarantine-related care. There are many good examples (see box 15) on financing long-term care from countries in Asia and the Pacific that have expanding ageing populations (ESCAP, 2018). Good-quality public institutional care has been found to be preferred by users (Suh, 2020), and State solutions should be prioritized instead of leaving the private sector to plug the care deficits for households (Fiedler, 2020).

A recovery and rebuilding programme must pay attention to this neglected category, which holds considerable potential to free up women's time from unpaid care work within the household by expanding access to publicly funded essential services and institutional provision for care. For example, public universal childcare enables women to increase their labour-force participation. Mongolia's preschool education programme offers universal, free, high-quality childcare throughout the country, which has led to an increase in mothers' rate of employment, by 8.3 per cent, an increase in hourly wages, by 6 per cent, and a decrease in seasonal employment by mothers due to their greater likelihood of finding formal work (Altansukh and others, 2020). In the United Kingdom, investments in public care services have the potential to generate 2.7 times as many jobs as an equivalent level of investment in construction. This would potentially mean 6.3 times as many jobs for women and 10 per cent more for men (de Henau and Himmelweit, 2020). This also improves working conditions for paid carers, who are primarily women, and can attract men to care jobs and thus break down the sectoral segregation (ILO, 2020b). Policies must, therefore, aim to conduct gap analysis of care deficits in childcare, long-term elder and disabled care to plan for shifts in demographic trends via time-use and labour-force surveys, ensure accessible, affordable and good-quality services, and endeavour to shift gender norms in the design and provision of institutional care services.

Box IX.1

Positive practices in Long-Term Care (LTC) in countries of Asia and the Pacific

- In the **Republic of Korea**, some local governments run their own care centres for older persons. Local governments provided a cash subsidy to help with out-of-pocket payments for LTC to family caregivers in living with persons aged 80 or older. The government subsidized wages of caregivers in nursing homes. Further, LTC insurance is managed by the National Health Insurance Corporation but was kept separate from other health insurance. It covers both home-based and institutional care.
- In **Fiji**, the government runs several care homes free of charge for older persons without families. Quality standards for care in these homes are being developed.
- In **India**, the government operates nursing homes for poor older persons and older persons with dementia.
- In **China**, the government allocated an estimated CNY 1 billion for the construction of nursing homes in rural areas, to be operated by community providers. Non-profit institutions for the care of older persons in China are exempt from income tax and nursing homes are further exempted from paying business tax.
- In **Japan**, LTC insurance is funded through insurance premiums, as well as subsidies from the government - prefectural governments and municipality governments.

Source: Financing for Long-term Care in Asia and the Pacific, ESCAP, 2018.

(d) Employment-related care policies

Women's economic empowerment is a necessary pillar for gender equality. However, feminist observers have argued that in the absence of any redistribution of unpaid care and domestic work, labour-market participation becomes a double and triple burden for women (Sengupta and Sachdeva, 2017; Kabeer, 2012; Swaminathan, 1991). The Decent Work Agenda of the ILO (2018) targets this issue and emphasizes that it is essential to convert women's labour-market participation into a "triple boon" (Chopra

and others, 2019). Along with governments, companies and businesses must do their fair share in supporting the redistribution of care work by paying taxes that support public spending in care infrastructure and adopt family-friendly practices such as flexible working and parental and carer leave benefits for both men and women. They also must actively challenge the gendered distribution of care work (Oxfam, 2020a) and move away from male breadwinner-female caregiver norms. Provision of on-site creche facilities is another effective policy to encourage workers to combine their paid work and care responsibilities.

3. Levers of change

As the pandemic wears on and countries around the world open their borders and economies with caution, governments must start to look ahead on the path of recovery and reconstruction. It is not only the damage caused by the pandemic that needs to be unravelled. Governments must build sustainable, resilient, and shock-responsive systems that no longer neglect the rightful place of care in the economy. With a long-term view in mind, this section features levers of change that can be deployed to create more systemic and structural changes.

(a) Legal and regulatory climate

The State is the primary duty-bearer to ensure that social protections and provisions protect the human rights of the population residing on its territory. Behaviour change in the absence of legal mandates can be difficult to bring about (Women's Budget Group, 2020). Hence, the State must become the guarantor of rights by framing national legislation that puts teeth into the necessary culturally appropriate care policies. Schemes may serve the temporary purpose of addressing immediate needs and responding quickly to vulnerable groups. However, in the absence of care-sensitive legislative frameworks and monitoring mechanisms, policies are unlikely to be as effective in reality as they may appear on paper. For example, India's Maternity Benefit Amendment Act of 2017 expanded the legislative requirement from three to six months of maternity leave, which all companies must now comply with. It also mandated provision of workplace creches, which, while erstwhile, was left to the individual discretion and goodwill of employers. A whole-of-government approach enables various ministries and government machineries across levels to support gender mainstreaming efforts in national policies and development plans.

(b) Financing

Implementing the recommendations cited in this report will require revenue and finances on the part of the State. Budgetary constraints are typically roadblocks to effective implementation of gender mainstreaming and gender equality agendas (ESCAP, 2019a). The inability to finance the necessary public provisions of care services and infrastructure puts increased burden on low-income families who cannot afford to buy these facilities from the market (ESCAP, 2018). It then has knock-on effects on women and girls, who end up picking up the slack in public provisioning by stretching their time and physical resources to meet the care needs within the family. Gender-responsive budgeting with a care focus involves planning, programming, data collection, and financial resource allocation toward care infrastructure and care services to advance gender equality. Pandemic-related emergency spending by developing countries in the region during the first eight months of the pandemic crisis amounted to approximately \$1.8 trillion, or 6.6 per cent of all countries' combined GDP for 2019. This suggests an increasing fiscal deficit in the future, with contracting space for public care spending. Recognizing these challenges requires a reorientation of spending, away from non-developmental areas, such as defence or fossil fuel subsidies (ESCAP, 2021a), and a strengthening of national taxation systems to increase tax collections through progressive income and wealth tax and fair taxation policies (Fiedler, 2020; Joshi and Kangave, 2020). These efforts can help reduce extreme inequalities and eradicate tax havens and illicit financial flows. And they increase transparency and revenues for public spending. It is imperative for States to recognize the multiplier effects of investing resources in the care economy through direct and indirect effects (World Bank Group, 2021).

(c) Gender- and care-disaggregated data

The absence of intersectional data on women's unpaid care work can lead to ineffective policies. Time-use data can be a significant input into gender-sensitive policymaking by allowing for disaggregation by variables, such as gender, income group, access to public services, location, etc (Fontana, 2014). The Nineteenth International Conference of Labour Statisticians and the International Classification of Activities for Time-Use Statistics (2016) have streamlined the definition of work to value and reflect the contribution of women's unpaid care work (ESCAP, 2021b). In the review of progress toward gender equality under the Beijing Platform for Action, 10 countries reported having conducted time-use surveys during the review period to impute value to unpaid work carried out mostly by women (ESCAP and UN-Women, 2020). In addition to sustained investment in national statistical systems, varied data collection strategies such as qualitative research on women's lived experiences of carrying out care work, developing data and profiles on care workers, mapping contributions of paid care workers and unpaid care work, identifying links with immigration and labour policies can be employed (Nesbitt-Ahmed, 2017). The Pacific Roadmap to Gender Statistics, a partnership between the Pacific community and UN-Women is a good guideline and example to other interested countries and gender data users (UN-Women and Pacific Community, n.d.). It demonstrates how gender- and care-disaggregated data can serve the aims of evidence-based policymaking by targeting provisions.

(d) Norm change

Discriminatory and restrictive social and cultural norms have been shown to be a primary factor in reinforcing the lopsided gendered division of labour. These norms perpetuate such gender discriminatory practices as occupation segregation, wage gaps, male-breadwinner models, and the unfair division of household labour (ESCAP and UN-Women, 2020). Challenging traditional mindsets that encourage stereotypical gender beliefs is necessary to bring about behaviour change. Talking more about men and care and the need to redistribute care work from women to men is a critical enabler of bringing about this norm shift (Nazneen and Araujo, 2020). Encouraging men to share household responsibilities or making men explicitly responsible for fulfilling conditionalities imposed by social protection programmes are some of ways in which entrenched gender relations can be transformed (Chopra, 2014). An important component of this behaviour changes rests on redefining masculinity and normalizing public discourse that shows men as participating in domestic chores and care work. There is some evidence of shifting attitudes and increasing support for men's obligation to share in housework while women share in breadwinning equally (Investing in Women, 2020; UNDP, 2020a). Although this study detected an increase in men's time spent on unpaid care and domestic work during the pandemic, wider behaviour change requires a range of sociocultural initiatives (Fiedler, 2020), such as gender-neutral curriculum in schools, TV campaigns, and mass-media messaging to mainstream gender equality into unpaid care and domestic work.

(e) Women and carers in decision-making

As in all other domains of leadership, women's representation in political leadership continues to be low. Fewer champions of women's issues sitting at the table has direct implications for male bias in policy analysis and decision-making. Greater voice and visibility for women, especially women's lived experiences of providing care, are required for policy programming to be care-sensitive and gender-differentiated. The representation of women at all levels of governance, from the local to the national and international levels, is a necessary first step. Additionally, representatives of women workers and their specific care-related issues must find a voice within industry organizations, trade unions, grass-roots movements and women's empowerment agencies. Strategies to enhance visibility and voice include "discourse saturation" by highlighting the care economy agenda actively in international development discourse, care advocacy at global events and creative media, such as animation films, photo exhibitions, etc. (Nesbitt-Ahmed and Chopra, 2015). Inclusive social dialogue

on work-related issues (Gallup and ILO, 2017) between employers, workers' representatives and governments is another mechanism to ensure that women and workers with care responsibilities have appropriate forums to express their needs.

E. Conclusions

Macro socioeconomic trends in Asia and the Pacific include the rise in inequalities within and between countries, an unprecedented rate of increase in ageing populations in some countries while others have a youth bulge, the rapid and, at times, unplanned urbanization, the multicomplex nature of large-scale migration, the high rates of informal and non-standard forms of employment coupled with high rates of youth unemployment in some countries, climate change-related challenges such as intense and frequent extreme weather events, disasters and environmental degradation and more regions facing acts of conflict, violence and extremism (ESCAP, 2019b). Now, add the global COVID-19 pandemic and the socioeconomic impact of the containment responses to these trends.

The impact of COVID-19 has not just been in terms of the health crisis. The measures to contain the pandemic have hurt women as workers and, most significantly, as unpaid carers. These impacts are a result of the lockdowns, school closures and the halt to economic activity, all of which have increased the unpaid care and domestic work that women have had to do. They thereby further constrain women's time and energy that they would otherwise have been able to spend on paid work, leisure, or other activities. Given the predominance of women's needs arising from their high level of unpaid care and domestic work responsibilities, it is important that government policy responses for building back better are care-responsive. This implies that various aspects of women's caring lives and roles need to be considered in those policy responses. Narrow definitions or unidimensional emphasis on a few aspects of women's care work will not sufficiently correct the imbalance. For instance, catering to childcare or the needs of pregnant and lactating mothers does not meet their needs for water, fuel, food procurement and other labour- and time-intensive domestic chores that also need aid and attention in government policy.

The conceptual framework presented in this study focuses on a spread of policies under four care-sensitive categories: (i) investing in and building *care infrastructure* such as provisions for safe water and sanitation, cooking fuel, food procurement and food services, transport, utilities infrastructure that can reduce the drudgery and ease the time spent by women in such daily subsistence tasks; (ii) *care-related transfers and social protections*, such as cash transfers, cash-for-care, vouchers, tax benefits and non-contributory pension schemes, aimed at women that focus on supporting pregnant and lactating women, childcare, and care support for sick and older persons or persons with disability (whose care usually falls on a woman's shoulders); (iii) *care services*, which covers institutional arrangements through either the State and/or market and community in order to redistribute the care load from women within a household to other stakeholders in society; and (iv) *employment-related care policies*, such as sick leave, family-friendly working arrangements, flexitime, career breaks, sabbaticals, severance pay and employer-funded or contributory social protection schemes like maternity and parental leave benefits.

For countries to build back better, a gender-differentiated response that answers to the specific needs of women is required. Gender-differentiated indicates measures that explicitly identify and respond to women's needs by directly targeting them as beneficiaries. Gender-differentiated measures may not solely target women but have, at the least, special provisions catering to women's differential needs, such as pregnancy or childcare. In the universe of socioeconomic policy measures taken by countries across the Asia-Pacific region in response to the pandemic, less than 30 per cent are care-sensitive and only 12 per cent are gender differentiated. That is only 90 of the 208 care-sensitive measures were gender-differentiated. This represents a fraction of the total 746 measures that were mapped in the study.

Countries of the ESCAP region so far have prioritized care infrastructure and care-related cash transfers and social protections as the more preferred policy instruments (32 per cent and 36 per cent, respectively). These include specific measures such as free food assistance, utility bill waivers, expansion of existing cash transfer programmes, one-time cash support and an increase in populations covered under existing programmes. Cash transfers and care-related social protections as a means to account for women's needs have been the preferred policy tools, with 63 per cent of care-related transfers being gender differentiated. But they were largely short term (for two to four months) or a one-off provision. Other care policies that build the necessary infrastructure and institutional capacity and create systemic change are yet to be adopted with the same level of commitment. Although 50 per cent of employment-related care policies were found to be gender differentiated, they likely address only a small proportion of women workers, given the high rates of informal employment among women in the region.

Analysis of other socioeconomic factors, such as income level, the Human Development Index and the Gender Development Index for each country, reveals that governments of higher-income and higher-ranking index countries have undertaken either a greater number of care-oriented measures or given some consideration to gender-differentiated needs of women in their programmes. This could be due to a variety of factors, such as greater resources available for allocation, more experience and maturity in handling of crises, a policy climate that is already sensitized to the care agenda or perhaps more participation of women in decision-making in these countries. But the less-developed countries rely heavily on women's unpaid care work to subsidize the economy and hence do not have the fiscal space in which to address care policies (UNDP, 2020b). These are conjectures, and to draw any firm conclusions, further research on this is needed.

This report takes a deep look at four countries: Australia, the Philippines, the Republic of Korea and the Russian Federation. Australia and the Republic of Korea have adopted the largest number of measures (14 each), followed by the Russian Federation (11) and the Philippines with the fewest (6) in the mapping of policy measures in response to the pandemic. As highly advanced economies, Australia and the Republic of Korea represent ahead-of-the-curve thinking. The Russian Federation has expanded several measures for women and children in a bid to stem the country's declining fertility rate and thus respond to the national imperatives. The Philippines, although having few gender-differentiated measures, has vastly expanded its coverage of vulnerable populations and invariably can have indirect knock-on effects for women.

The main findings from the country case study analysis indicate that although there are positive measures, they are short-lived and at risk of being rolled back or undone once the crisis eases. It is argued that these measures need to be thought about as long-term and systemic measures that consider the disproportionate burden of unpaid care work and domestic work that women in these countries continue to bear because of entrenched social and cultural norms that dictate a gendered division of labour. Although there has been some shift in the gender division of labour in this pandemic period, it remains to be seen whether men will continue to take on unpaid care work after it ends. This underscores the deep rootedness of gender norms. The few gains made with more men shouldering household work or childcare can easily retract as greater "normalcy" returns in the coming months. This makes it imperative that government policy planning and responses not be restricted to COVID-19 recovery but also take a long-term view of the need to transform gender relations. It is critical to implement the Triple-R and 5R Frameworks to achieve the SDGs.

The recommendations centre around three components: (a) foundational care principles that form the normative lens with which to approach policymaking; (b) concrete policy actions within each of the four care policy categories; and (c) identifying and deploying levers of change that make the difference between intent and implementation. Informed by a feminist ethics of care, the foundational principles are recognition of care as central and the valuing of care through public investments in care infrastructure and institutional care services that ease and reduce the burdens on women directly.

Deploying a comprehensive care policy framework, as proposed in the report, is another important principle to ensure that no aspect of women's unpaid care and domestic work is ignored and thus resulting in inequities for women. Specific policy actions have been recommended under each of the four care policy categories that must be adapted to national contexts.

Five levers of change have been identified as particularly important for governments to work upon as they go about planning and implementing a care-sensitive policy agenda. A legal and regulatory framework, including commitments to agreed international standards of decent work and gender equality, forms the basic institutional mechanism needed to create the conducive policy environment. Laws needed to address care cut across ministries and government departments. This report calls for a whole-of-government approach while mainstreaming gender and care concerns into various policies and initiatives. Gender- and care-disaggregated data need to inform evidence-based policymaking. And it needs to go hand in hand with expanded representation of women's and carers' voices in decision-making. Another success factor will be the fiscal space that is provided for the care policy agenda. Sustainability of self-financing care programmes are already being piloted in some countries (World Bank Group, 2021). Innovative financial mechanisms to pay for the increase in public spending will need to be devised by policymakers with a commitment to a care agenda. Finally, the gender division of labour that dictates women are responsible for care work is rooted in deep cultural traditions and social norms that can only be shifted with persistent efforts at developing a discourse that draws men into the conversation and challenges entrenched patriarchal attitudes.

Interestingly, despite the pandemic highlighting the stark needs of women, not much has been done in any country of the ESCAP region in terms of messaging about gender equality or equalizing the division of labour within the home. It can no longer be refuted or ignored that our economies and societies are built upon the unpaid and invisible work of women. To sustain the gains in gender equality, it is imperative that policy responses for countries to build back better take account of care work in a significant way across institutional, structural, and behavioural dimensions. The need of the hour is a major rethinking and realignment of priorities in the way our businesses, economies, global trade systems, fiscal and monetary policies, infrastructure, environment, and social security systems are designed. This rethinking is essential to build back more resilient economies and societies, especially in the context of the ongoing crises.

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X. Women's economic empowerment in the Arab Region: advancing care economies

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Although the uneven distribution of unpaid care work between men and women is a global phenomenon, it is particularly marked in the Arab States where women carry out 80 to 90 per cent of all unpaid care tasks and spend much more time on such tasks than men. These large gender gaps are closely linked to the structure of the care economy in the Arab States. Although there are variations between countries, care work generally lacks formalization and there is an insufficient provision of appropriate public and private care infrastructure and services compared to other global regions. As a result, the provision of care is largely reliant on unpaid care work provided by family members, who tend to be overwhelmingly female.

The uneven distribution of unpaid care work constitutes a root cause of women's social and economic disempowerment in the Arab States, and contributes to the world's widest gender employment gap, horizontal and vertical job segregation, as well as large gender gaps in earnings, wealth, political representation and decision-making. If current patterns endure and women continue to bear the brunt of unpaid care work, there is a serious risk that gender gaps widen and hard-won achievements in women's socioeconomic empowerment are reversed. The COVID-19 pandemic and ensuing lockdowns and social distancing measures have significantly increased the unpaid care work burden on women and created an additional layer of complexity for them. It is therefore urgent for Arab States to expand and formalize their care economies, notably by putting in place appropriate public policies and investing in care-related infrastructure.

Against this backdrop, and in the context of its work to support Arab States in addressing the above challenges by putting forward policy options for the development of the care, ESCWA has conducted case studies in a number of Arab States to develop an in-depth understanding of the characteristics of the care economy in each of these countries, its major stakeholders, the changes that have occurred over the last decade and during the COVID-19 pandemic, the needs and expectations of families, as well as the broader policy environment framing the public and private provision of care. Those case studies include two case studies on “Childcare and Women Economic Empowerment” in Lebanon and Saudi Arabia, and one on “Care to Older Persons and Women Economic Empowerment” in Morocco. The overall objective of those case studies is to support necessary changes in national legal and policy frameworks to boost women’s economic participation.

Research for the case studies adopted a mixed-methods approach using both qualitative and quantitative tools for data collection, including a thorough desk review of national, regional and international literature on childcare and women’s labour-force participation related issues, as well as an in-depth review of the national labour codes of both countries and other pertinent legislative texts; key information interviews as well as in-depth interviews with relevant government representatives and other stakeholders; and online surveys targeting parents using childcare services.

A. Case studies on women economic empowerment and childcare

1. Introduction

(a) Background

The first three years of life are critical for a child’s development, calling for the right nourishment, stimulating care and loving environment which constitute the building blocks needed for nurturing caring, capable, productive and responsible future citizens (UNICEF, 2017). Research consistently indicates that access to quality early childcare not only benefits children themselves, by improving their health outcomes and helping them develop the needed emotional, cognitive, language and communication skills that accompany them through their school years and adult life, but also presents tremendous benefits to families and to society as a whole, by allowing parents to join the workforce, to increase family income, and to contribute to the overall economic productivity.

This makes it essential for governments to invest in care policies to ensure the children get the necessary care and parents have the necessary time, resources and/or services and alternatives to support their children’s development.

In **Lebanon**, despite the efforts exerted by various parties to promote care policies including family-friendly labour policies, and despite the advancements and legislative reforms that have taken place over the past few years, important barriers are still to be lifted in the uphill journey of advancing care economy and promoting women’s economic participation. Moreover, and even though the country’s childcare economy has flourished over the past decade —particularly in the private sector— with large numbers of day-care centres opening their doors and offering high-quality care and pedagogical curricula, the impact of this boom remains limited and even invisible when it comes to women’s economic empowerment. This can be attributed to the fact that an increase in the number of child day-care centres alone is not sufficient and has to be accompanied by an enabling legislative framework and social protection system, as well as public and private sector initiatives which make quality childcare accessible for all and promote a more equitable distribution of childcare responsibilities between the two parents.

In **Saudi Arabia**, unemployment rates, and their particular rise among women, drove policymakers over the years to introduce many reforms to labour-market policies. However, despite the many governmental resolutions to expand women’s employment, open up new fields

of work for women, and to feminize some sectors, female unemployment rates, especially in the private sector, kept on increasing, and it was until the late 2000s that the idea of children hospitality centres came to surface.

Historically, the institutional organization of pre-school childcare in the Kingdom of Saudi Arabia took the form of kindergartens regulated by the Ministry of Education, mainly catering for children of public sector educational female staff whose ages ranged from 3 to 6 and operating in accordance with school opening hours. It was therefore impossible for such a limited institutional arrangement to address one of the key obstacles to women's labour-force participation in the Kingdom: having a safe environment where children of working women would be cared for during working hours. This led to the rise of the idea of having specialized centres to care for childcare during their parent's absence, but that would not be centred around education but rather around ensuring a safe and healthy environment for children. In addition to child safety, two other drivers emerged from this project: to help solve the problem of unemployment among female education graduates by opening job opportunities for them in those centres; and to help address one of the major obstacles to women's employment which is childcare during their presence at the workplace. Such children hospitality centres would thus cater for a wider age segment than kindergartens and would be open all day long.

With the launch of Saudi Vision 2030, the past five years have further been marked by profound changes in rules and regulations, and the emergence of new regulatory frameworks and institutional reforms aiming to eliminate obstacles to women's labour-market participation, a major one of which is childcare. As a result, the children hospitality sector witnessed further expansion with the establishment of children hospitality centres in commercial complexes, markets, universities, hospitals, residential towers, business centres and government facilities, and the like, as well as the regulation of home-based childcare hospitality centres.

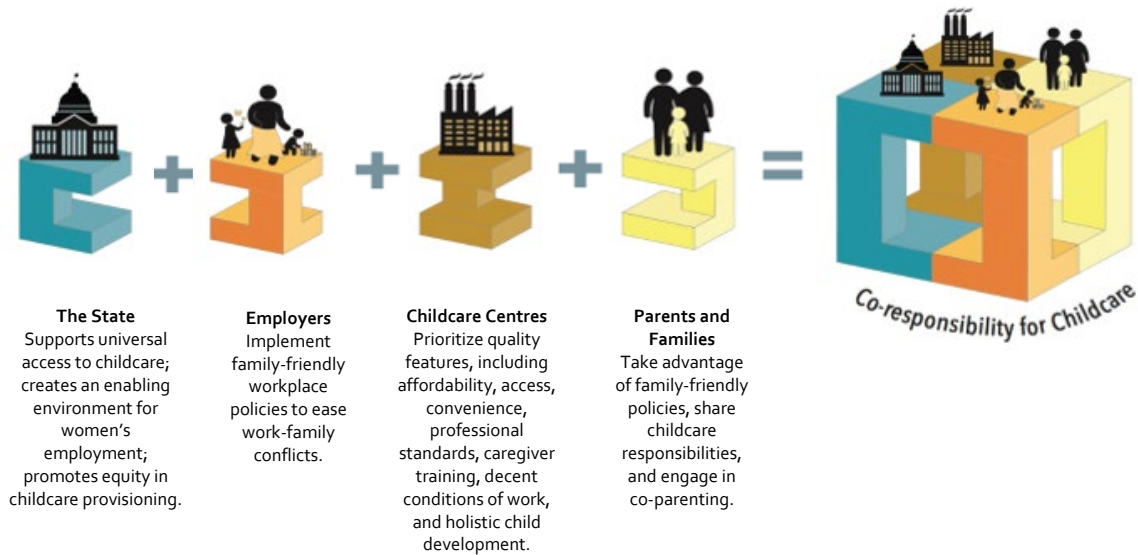
The case studies seek to grasp the on-going dynamics to promote care policies and services in the two countries based on the below analytical framework proposed by UNICEF.

(b) Analytical framework

Both case studies draw on the key elements of a co-responsibility model for childcare, proposed in a 2015 UNICEF technical note (UNICEF, 2015), and which promotes and helps achieve women's economic empowerment and early childhood care and development at the same time. This model (figure below) assumes that when the State supports universal access to childcare by creating an enabling policy environment for women's employment, when employers implement family-friendly workplace policies that decrease work-family conflicts, when childcare centres provide quality, affordable, accessible, convenient, and professional services, and when parents and families take advantage of the policies as well as services in parallel to engage in co-parenting, the shared responsibility of childcare is enhanced and women are enabled to join and remain in the workforce.

The four below sections examine consecutively the four elements of the framework in the two countries. The last section delves into the impact of COVID-19 pandemic and resulting consequences on the care sector in both countries.

Diagram X.1
Co-responsibility model for childcare



Source: UNICEF (2015). Achieving women's economic empowerment and early childhood care and development as mutually reinforcing objectives: Towards an integrated vision of early childcare programming. A technical note.

2. Role of the State

The conceptual framework adopted for this case study suggests that States can play an essential role in ensuring women's economic empowerment while at the same time supporting social reproduction by providing the relevant legal and policy frameworks that support and protect women's employment, promote family-friendly workplace policies, and warrant equal access to quality childcare and child benefits, all of which are meant to ensure a balance between work and family life, resolve work-family conflicts that working women are burdened with, and introduce child-caring and rearing as a familial and societal responsibility rather than a role to be filled by the mother of the child.

(a) Legal and policy frameworks

(i) *National visions and strategies*

Both governments of Lebanon and Saudi Arabia have set themselves, over the past years, the ambitious goals of economically empowering women and increasing female labour-force participation, and this has been reflected in their national visions and strategies.

The 10-year National Strategy for Women in Lebanon (2011-2021) (National Commission for Lebanese Women, 2011) which has been developed by the National Commission for Lebanese Women in cooperation with UNFPA, including its National Action Plan (2017-2019) (National Commission for Lebanese Women, 2017) seeks to promote women's economic participation as one of its strategic goals by revising the laws that govern women's labour to ensure they do not include any gender discriminatory provisions; raising women's awareness on their rights at work and available opportunities; building women's capacities to facilitate their access to the labour market; and providing needed incentives, among which childcare provision services, to enhance women's participation in the economy.

Moreover, in 2019, the government of Lebanon with the support of the World Bank, developed a Women's Economic Empowerment National Action Plan aiming to increase the female labour-force participation rate in Lebanon by five per centage points within a five-year time frame. Some of the

components of this action plan which relate to childcare include: Implementing a comprehensive and multisectoral advocacy campaign to address stereotyped images in the workforce; Developing a strategy and plan to create job opportunities in the care economy that would have the double objectives of: (i) easing women's burden to care for dependents (children, elderly and people with disabilities); and (ii) creating more job opportunities for men and women; Developing a strategy and programs to support returning mothers to the workforce; Developing programs to expand access to affordable and high-quality care provision to women so they can be economically active (children, elderly, people with disabilities), including setting the legal /regulatory framework and licensing regime, defining implementation arrangements, providing incentives when relevant and subsidies to those in need, and implementing an advocacy campaign. This action plan also includes the submission of law proposals on various gender-related issues including paternity leave and flexible work (The World Bank, 2019). But whereas some positive developments have been observed in Lebanon over the past 10 years in terms of legislative reforms, such as the extension of maternity leave duration from 7 to 10 weeks, and the amendments introduced to the Social Security Act to provide equal access between husband and wife to family compensation, yet achievements remain shy and more remains to be done to break down the barriers that stand in the way of women's labour-force participation in Lebanon.

In **Saudi Arabia**, an ambitious vision for the Kingdom's future titled "Saudi Vision 2030" was announced in 2016, based on three main pillars: a vital society, a thriving economy, and an ambitious nation. One of the general objectives under the second pillar of this vision is to lower unemployment rates. This objective in turn includes subgoals one of which is to provide equal employment opportunities for all. This subgoal further includes detailed objectives one of which is to increase women's participation in the workforce (Kingdom of Saudi Arabia, 2016). As a result of this vision and its objectives, many reforms were initiated in favour of Saudi women such as giving women the right, on equal footing with men, to obtain a passport and to travel abroad, allowing Saudi women to drive cars, introducing amendments to civil status which guaranteed women their rights, preventing discrimination in employment, bringing the retirement age of women into line with men's, allowing women to pursue jobs in a variety of new fields, preventing discrimination in access to credit, guaranteeing employment protection for women during the whole pregnancy and maternity leave period, and encouraging and supporting women in taking up leadership positions (Al Madina, 2020). These regulatory changes related to women's rights in general, were accompanied by a strong interest in empowering women economically and increasing their participation in the workforce. As such, the Ministry of Labour and Social Development launched, through its various affiliated agencies and funds, a number of projects, initiatives and programs aiming to empower women economically and increase their labour-market participation, among which an initiative to nationalize the child hospitality sector in KSA, as well as the Qurrah programme which is a unified portal for children's hospitality sector in Saudi Arabia aiming to create a bridge between children hospitality centres and parents looking for such centres for their children by financially supporting the enrolment of children in these centres.

National visions and strategies in both countries reflect a will and interest to promote women's economic participation as part of the efforts to achieve gender equality.

3. Labour-market policies

(a) **Maternity benefits**

(i) ***Maternity leave duration***

As per the respective national labour codes of **Lebanon** and **Saudi Arabia**, female employees in each of the two countries are currently entitled to 10 weeks of paid maternity leave, including post and pre-natal periods, which does not meet the ILO recommended duration of 14 weeks. It is important to note however that in Lebanon, changes were introduced to the labour law in 2014 to increase the duration of maternity leave from 7 to 10 weeks in 2014, which can be considered as a positive

development. As for Saudi Arabia, and as part of a current labour reform initiative, the Ministry of Labour and Social Development is now considering a variety of changes to the Labour Law which include increasing employer-paid maternity leave from 10 to 14 weeks.

Moreover, Article 151 of the Saudi Labour Law gives a female employee on maternity leave the right to extend the leave period one additional unpaid month; and also entitles a female employee who gave birth to a sick child or to a child with special needs requiring permanent care to an additional month of paid maternity leave and the right to extend the leave by an additional unpaid month, for a potential maximum of 18 weeks of paid and unpaid maternity leave.

(ii) Maternity leave coverage

In **Lebanon**, with regards to maternity leave coverage, and according to Article 29 of the Lebanese Labour Code, female employees are entitled to receive 100 per cent of their normal wages over the whole 10-week maternity leave period. Cash benefits are also statutorily provided by the Social Security Act (Article 26) at two-thirds of the average daily earnings for a total period of 10 weeks on condition that the benefiting employee abstain from engaging into other employment throughout the period of maternity leave. Articles 15(1)© and 19 of the Social Security Act also provide for a supplementary benefit for a period of up to 26 weeks for female employees who are temporary unable to return to work because of medical issues and complications related to childbirth, and to those workers who are temporary unavailable to perform work as a result of a sickness related to childbirth. It has however been reported that social security programs for cash sickness and maternity benefits have not yet been implemented in Lebanon (ISSA, 2017). As such, and whereas in theory a mixed-payment system involving both the employer and the National Social Security Fund, should apply for payment of maternity benefits in Lebanon, employers have practically found themselves covering 100 per cent of maternity benefits, which could have a negative impact on the hiring of young married women in Lebanon and in some cases lead to the dismissal of female employees.

In **Saudi Arabia**, the labour law requires employers to cover 100 per cent of female employee wages during the maternity period.

The fact that maternity leave costs in both countries fall solely on the employer, instead of being administered by the government, could still lead employers to favour recruitment and promotion of male employees over female employees.

(iii) Support to breastfeeding

Whereas the Lebanese Labour Code does not contain any statutory provisions that support breastfeeding for mothers in the workplace, Article 154 of the Labour Law in Saudi Arabia gives the female employee, upon her return to work following her maternity leave, the right to take fully paid period or periods of rest, not exceeding one hour per day over a period of 24 months following delivery, to breastfeed her child. This period of rest is calculated from the actual working hours and is not included in the official periods of rests provided for the workers.

(iv) Employment protection

In **Lebanon**, in terms of employment protection, Article 52 of the national Labour Code which previously prohibited employers from dismissing a pregnant employee starting from the fifth month of pregnancy, was amended to extend this prohibition over the whole duration of an employee's pregnancy or maternity leave, unless proven that she is engaged in another employment during this period. However, this protection remains limited inasmuch as it provides no legal guarantee for women to return to the same or equivalent position after maternity leave, which can eventually negatively affect their career development (The World Bank, 2019).

In **Saudi Arabia**, and as per Article 155 of the law, employers are prohibited from issuing a notice of termination or dismissing an employee who is pregnant or on maternity leave or for the duration of her illness resulting from pregnancy, provided that in the case of the latter the employee's illness is certified and her absence (whether cumulative or in aggregate terms) does not exceed 180 days per annum.

(b) Paternity, parental and care-related leave

In **Lebanon**, paternity and parental leave are not provided for in the Lebanese Labour Code. A draft law suggesting that fathers receive 3 days of paid paternity leave was approved by the Council of Ministers in January 2018. Despite the shortness of the proposed leave period, this can be considered as a step in the right direction, however it has not been enacted yet by the Lebanese Parliament (UNFPA, UNDP, UN Women, 2018).

In **Saudi Arabia**, Article 113 of the labour law refers to the right of the male employee to take 3 fully paid days of paternity leave in case of the birth of a child, noting that this right remains valid even if the child is born outside KSA.

As for parental leave and leave to take care of a family member, those are not provided for in either the Lebanese or the Saudi labour law, thus keeping these areas as critical ones for development.

(c) Flexible work arrangements

In **Lebanon**, the Lebanese labour law does not include any provisions related to flexible working arrangements for employees with minor children (Yassin, N; Ghalayini, N; El-Ghali, H., 2016). However, Article 24 of Law No. 46/2017 related to salary scales of public sector employees, stipulates that a married female employee can, for personal reasons, benefit from a half-time working schedule at half-pay for a maximum period of 3 years during her period of service, without this affecting her right to family compensation, contributions of State employees' cooperative, and other compensations and benefits.

In **Saudi Arabia**, and in fulfilment of the Kingdom's 2030 vision and its objective to raise labour-force participation rates among Saudi nationals, the Ministry of Human Resources and Social Development launched in 2020 several national initiatives aiming to introduce modern operational work models to facilitate employment of national cadres, particularly youth, women and persons with disabilities.

One of these initiatives is the "Telework Program" which aims to formalize remote work, and to provide appropriate and productive remote job opportunities for national labour, based on an official contractual relationship between the employee and the employer, and subject to the Saudi Labour Law. This programme particularly targets two segments of society which are women and persons with disabilities, by providing them with job opportunities that overcome transportation obstacles as well as other obstacles faced by working women, such as combining between their work and the need to care for their children (Kingdom of Saudi Arabia, 2017).

Another major initiative launched by the Ministry in May 2020, is the "Flexible Work" policy, which aims to increase labour-market participation rates in the country by providing Saudi men and women with job opportunities based on an hourly-basis flexible contractual regulation (Al Shammari, 2020).

(d) Childcare provision in the workplace

In **Lebanon**, there are no legislative provisions or policies that mandate employers to support or provide childcare services for their employees, and working parents therefore have to resort to either public or private childcare centres.

In **Saudi Arabia**, the labour law requires employers to support or provide childcare services for their employees, whereby article 158 of the law requires every employer employing 50 or more female workers to establish a suitable place with enough caregivers to take care of female employees' children

under the age of six years, in the case the number of children reaches 10 or more. Moreover, the minister of labour may require an employer who employs a hundred female employees or more in one city to establish a day-care centre, alone or in partnership with other employers in the same city, or to enter into a contractual agreement with an already existing day-care centre to take care of female employees' children under the age of six years during working hours.

Significant progress is witnessed in the legal and policy frameworks both in Lebanon and Saudi Arabi in the last few decades. Efforts are still to be scaled up to fill the remaining gaps and meet the international standards.

(e) Regulation and monitoring of services

The provisioning of early childcare in Lebanon is governed by three different ministries: the Ministry of Public Health (MOPH), the Ministry of Social Affairs (MOSA) and the Ministry of Education and Higher Education (MEHE), and this has proven to be one of the biggest challenges facing the early childcare sector in Lebanon given the lack of coordination between the three responsible entities (Save the Children, 2011). It is important to note that early childcare centres in Lebanon can be divided into three groups: private childcare centres which are owned and managed by private entities, public childcare centres operated by the Ministry of Social Affairs in its Social Development Centres, and public childcare centres operated by the Ministry of Social Affairs in partnership with non-governmental organizations.

Although early childcare centres are included in the Lebanese educational system under the MEHE, the MOPH through its Department of Mother and Child Health is responsible for regulating and quality-monitoring the work of private early childcare centres as well as NGO-operated public childcare centres, as per Ministerial Decree No. 12286 (dated 04/15/2004), which stipulates the legal, regulatory and administrative provisions that govern the conditions for licensing private early childcare centres and sets forth a number of basic requirements for the establishment of nurseries such as its location (either on the ground or first floor), its area (over a minimum of 200 m²), the division of children (separate rooms for children of different age groups), the presence of recreational space (a play area at least the same size of the classrooms) (Lebanese Ministry of Public Health, Decree no. 4876, 2010). Licensing conditions also include provision of appropriate first-aid training to of all day-care personnel, availability of first-aid kits in the day-care facilities and setting in place an evacuation plan and health-related regulations. The Ministry should also have access to the curriculum adopted by the day-care centre and licences are reviewed every two years. Moreover, and as per MOPH Decree, owners of day-cares who do not have the appropriate expertise are requested to hire a manager with a relevant education background to run the day-care, noting that in Lebanon only two universities, the Lebanese University and the Lebanese American University in Beirut, offer a full-fledged degree in early childhood education, and this degree does not tackle children ages 0 to 3. Thus, it is likely that those working in the day-care field learn about childcaring as they practice.

The MOPH decree has also been complemented by a national toolkit titled "National Guidelines for Early Childhood Care" which was developed by the Beyond Association NGO in cooperation with the Ministry of Public Health as part of the joint initiative between the Ministry of Social Affairs and the Italian Agency for Development Cooperation in Lebanon MOSAIC which sets forth guiding structural, operational, and health requirements that are considered essential to operating a safe and nurturing nursery, and which are used to regulate the work of private and NGO-operated public day-care centres (Lebanese Ministry of Public Health, 2018).

As for public childcare centres which are operated by the Ministry of Social Affairs within its Social Development Centres (SDC), they are not bound by the standards and regulations set forth by the MOPH, but rather follow the standards and regulations set forth by the Ministry of Education and Higher Education for pre-school classes.

In **Saudi Arabia**, and despite the fact that the Ministry of Social Affairs started issuing initial licences for children hospitality centres in KSA in 2008, regulation of this sector remained dispersed between different parties. The children hospitality sector only became clearly organized, at the beginning of February 2011, with the issuance of the Council of Ministers' resolution number 54 which mandated the Ministry of Social Affairs to supervise and follow up on the activities of national children's hospitality centres and set the regulations and conditions for the necessary licences in agreement with the Ministry of Interior, and in coordination with the relevant authorities. In May 2013, and following a period of extensive coordination and consultations with non-government actors as well as the examination of global best practices, the Minister of Social Affairs issued the regulations for children's hospitality centres which stipulate that "the activities of national children's hospitality centres are limited to care and entertainment programs, according to the rehabilitation and training programs..." and that "these centres shall not include the educational curriculum prescribed in the kindergartens of the Ministry of Education" (Al Zahrani N., 2016). Most importantly, and as per those regulations, child hospitality centres are allowed to cater for children from 1 to 10 years of age (in clear distinction between them and kindergartens which only catered for children aged 3 to 6) on condition that they do not receive school-aged children during school hours. Childcare hospitality centres are also allowed to operate from 6 a.m. till 10 p.m. on condition that each working period shall not exceed 8 hours.

As per the issued regulations:

- the centre's director has to be a Saudi national and holder of a relevant university degree;
- the centre's staff has to include a female director, a female supervisor, a female nurse, a number of female caregivers depending on the number of children and their age categories, a cleaning worker whose task is limited to cleaning work only, a guard, and a driver with a female escort, all of which should have obtained cleared health certificates.

The regulations also include standards and conditions specified by the competent authorities for building requirements as related to safety, location, lighting, ventilation, surface area of rooms (4 sqm/ child), toilet suitability and hygiene standards, dedicated space for meal preparation that meets health and safety requirements, presence of an indoor playground as well as a shaded outdoor playground. Moreover, the regulations also require the establishment of special female committees in the various ministry branches to inspect and verify the compliance of children hospitality centres with regulations.

In July 2019, and in order to bring the sector in line with the social developments related to women empowerment as per Saudi Vision 2030, an amendment to the regulatory policies of the children hospitality sector was introduced with one of its most prominent aspects related to the establishment of children hospitality centres in commercial complexes, markets, universities, hospitals, residential towers, business centres and government facilities, and the like (Ministry of Human Resources and Social Development, 2021).

In 2020, and in order to further expand the children hospitality sector, the ministry also sought to regulate the work of home-based children hospitality centres, operated by women within their own homes for a small number of children, and a ministerial decision was issued approving the regulations for home-based children hospitality centres. The regulations stipulated that the person providing the service in her home should be a Saudi woman, healthy and fully dedicated to this job, and that her employees should be Saudi caregivers (to expand Saudi women's job opportunities). It also limited the age category of children catered by such centres from 0 to 6 years old. The regulation also stipulated the health standards required for the employees of these centres, the children it received, the number of caregivers for each group of children, as well as the health and safety controls in-home equipment, such as the specifications of electrical sockets, space capacity, and so on.

Significant valuable progress has been made in Saudi Arabia in terms of regulations. If the regulations for the private sectors are well established in Lebanon, more progress is still needed on the public sector side. Mechanisms to ensure the enforcement of the regulations in the private sector are yet to be developed.

4. Role of employers

Whereby the State is responsible for setting the proper legal and policy framework that enables working parents to reconcile between their work and their family responsibilities, employers can also play an important role in supporting employees with caregiving responsibilities and encouraging male employees to take on a greater share of unpaid care work. This can be achieved through employer-supported access to childcare services (on-site childcare facilities run by the employer or by a third party; near-sight childcare facilities that can be sponsored by one or more companies; public-private partnerships; subsidized childcare in the form of vouchers, discounts, spending accounts, or bonuses designed to help cover the full or partial costs of child day-care), as well as other family-friendly workplace policies (such as paid parental leave, breastfeeding breaks, flexible work schedules, etc.). Providing employees with an enabling and family-friendly workplace environment has proved to be beneficial not only to the employee but to the employer as well (UNICEF, 2019). The majority of studies that have been undertaken on the costs and benefits of family-friendly workplace policies reveal a positive correlation between the adoption of such policies by employers and company cost savings, increased employee productivity, improved talent recruitment and employee retention, reduced absenteeism, and positive work-related behaviours, among others. Add to which, greater gender equality and specifically reduced gender pay gaps (Lyonette and Baldauf, 2019).

In **Lebanon**, even though the law does not mandate employers to provide childcare services or flexible working arrangements to their employees, several good practices have been documented that demonstrate an increased interest, especially among private-sector employers, in adopting sustainable and socially responsible workplace policies. As a matter of fact, more than 200 private companies in Lebanon have registered to be part of the UN Global Compact, a corporate sustainability initiative launched by the United Nations in 2000, and many of those companies have also adopted the Women's Empowerment Principles and have joined the UN Global Compact Target Gender Equality Initiative, a programme that aims to support companies in reaching ambitious gender equality goals across all areas of business.

One particular case of public-private partnership in the provision of childcare was identified as a good practice and is demonstrated in the below case study.

Box X.1

Case 1: public-private partnership: provision of near-site subsidized childcare

One of the conducted interviews highlighted the experience of the General Directorate of **General Security in Lebanon** in partnering with a private day-care centre to meet the needs of its female employees. According to the owner of the partner day-care centre, the General Directorate of General Security includes in its workforce women who travel from various Lebanese areas, and sometimes from distant rural areas, to report to work in Beirut. Being far from their children for long periods of time on a daily basis generated a sense of anxiousness and worry among female officers with childcare responsibilities and led to increased absences in their ranks. This in turn led the General Security Forces management to find an innovative solution by partnering with a private day-care centre located minutes away from its premises, and subsidizing day-care services for children of female security forces officers. The main aim of this partnership was to encourage female general security forces officers to come to work and empower them by providing them with an accessible, affordable and safe space to place their children while they were working. Moreover, the day-care opening hours were revised to accommodate female security officers' shifts by opening early and operating longer in the evening, and even offering additional flexibility in opening and closing hours based on the working mothers' needs. According to the owner of the partner day-care centre, the highlight of this collaboration was that "the children were being well taken care of and developmentally growing as a result of the learning environment they were exposed to, while their mothers were at the same time comfortably performing their jobs without having to constantly worry and stress about who was taking care of their children".

Source: Key Informant Interview with Ms. Ola Ahmad, owner of subsidized day-care centre.

In **Saudi Arabia**, a number of private companies have taken the initiative to offer their employees parental leave and have reported a positive change in what relates to employee well-being and productivity. One such initiative launched by Procter and Gamble in 2021 is featured below.

Box X.2

"Share the care" initiative – by Procter and Gamble

In January 2021, Procter and Gamble (P&G) re-affirmed its commitment to promoting gender equality by launching the "Share the Care" initiative across its offices globally. This innovative policy which unifies paid parental leave, offers new parents, whether mothers or fathers, eight weeks of fully paid parentally leave to care for and bond with new children. Staff at P&G Saudi Arabian Offices were among the first to take advantage of this new policy which, within the span of only a few months, led to a palpable emotional uplift among new fathers and mothers at P&G KSA.

Source: Channawi Omar (2021), "Paternity leave will positively disrupt the advancement of gender equality in KSA and beyond", available on <https://www.arabnews.com/node/1823156>.

It is evident that employers can play an important role in addressing the issue of childcare, especially in low-income and crisis countries like Lebanon where government funding and State-led initiatives are limited. The presented cases demonstrate that when family-friendly workplace policies and initiatives are embraced at company management level, their implementation can often become very easy, which in turn can lead to increased productivity and profits and positively impact the employer, the employee and the employee's children.

5. Childcare services

(a) Centre-based childcare

(i) *Availability*

Centre-based childcare in **Lebanon** is provided through two main channels: public day-care centres and private day-care centres.

Public day-care centres are operated by the Ministry of Social Affairs (MOSA) and consist mainly of 45 day-care centres located in Social Development Centres (SDC), in addition to 25 day-care centres operated by Non-Governmental Organizations (NGO) which have established agreements with MOSA. These public day-care centres are distributed all over Lebanon and primarily target children of poor, vulnerable, and marginalized communities.

As for private day-care centres, there is a total of 495 licensed centres in Lebanon distributed across the 9 geographical zones where the Ministry operates with a majority located in Beirut and Mount Lebanon governorates combined which include the areas of Beirut, Metn, Keserouan, Jbeil, and Baabda; this number has not been validated however following the emergence of the COVID-19 pandemic which has no doubt had serious implications on the child day-care business.

In 2019, the Central Administration of Statistics reported the total number of children under 4 years of age in Lebanon to be 378,000 with the highest number of children in this age range present in Beirut and Mount Lebanon governorates combined (representing 170,000 children) (Central Administration of Statistics, 2019). Those numbers validate the geographical distribution of day-care centres, however when comparing the number of available day-care centres in the different governorates with the number of children under 4 years of age, data indicates that the demand for private day-care services exceeds the offer and the number of available private day-care centres is much less than the number of children who can benefit from this service (see table X.1).

Table X.1
Availability versus need for child day-care centres by governorate

Governorate	Children under four (2018 data from CAS)	Private day-care centres (Per MOPH data)	Children to be served per nursery
Beirut	23 000	52	442 children per nursery
Mount Lebanon	147 000	261	563 children per nursery
North Lebanon	51 000	30	1700 children per nursery
Akkar	35 000	7	5000 children per nursery
Bekaa	24 000	30	800 children per nursery
Baalbek-Hermel	21 000	10	2100 children per nursery
South Lebanon	47 000	45	1044 children per nursery
Nabatieh	31 000	34	912 children per nursery

Source: Central Administration of Statistics – Lebanon (2019).

In **Saudi Arabia**, centre-based childcare can be divided into two types: community-based children hospitality centres, and children hospitality centres established in commercial complexes, markets, universities, hospitals, residential towers, business centres and government facilities, and the like. Both types are being established by the private sector. Even though no specific data was collected as related to the number and location of available children hospitality centres, sector-related statistics indicate that the children hospitality sector is a fast-growing one, put aside the downfall incurred as a result of the pandemic. According to a study conducted in 2016 (Al Zahrani N. , 2016), the number of children hospitality centres at the end of 2015 was 89, whereas an interview conducted with a key person at the Ministry of Human Resources and Social Development has revealed that the number of centres had reached 590 centres before the pandemic emerged. This means that there has been a 563 per cent growth in the number of centres within a period of 5 years, or 113 per cent growth annually.

Moreover, given the large number of mothers and mothers-to-be in Saudi Arabia, the children hospitality sector is expected to experience increasing demand for its services and to host millions of children in the future. According to a guide issued by the Ministry of Human Resources and Social Development related to investment in the children hospitality sector, there are 594 governmental facilities that employ women, 90 per cent of which do not have children hospitality centres, and who would potentially establish, or contract an investor to establish, a children hospitality centre within their premises (Ministry of Human Resources and Social Development, 2020).

Saudi Vision 2030 and its objectives related to expanding women's economic participation have thus led to an increase in demand for children hospitality centres, and to the rapid development of this sector which is expected to increase even further in view of all the mentioned factors.

6. Quality

The provision of quality childcare services is also considered to be a crucial factor in promoting women's economic participation. Some of the essential elements that constitute quality childcare offered by day-care centres include low child-to-staff ratio; adequate space, safety, and security; a rich curriculum that provides the child with a well-rounded socio-emotional and pedagogical development; in addition to qualified and well-trained personnel (UNICEF, 2015).

Many of the above-cited quality aspects are present in most private day-care centres in **Lebanon**, as well as in NGO-operated public day-care centres, especially when it comes to space, safety and security, given that both categories of day-care centres abide by the licensing requirements of MOPH Decree No.4876. And while it is true that services offered by private day-care centres in Lebanon may vary depending on their available human and financial capabilities, it can be said that the majority of private day-cares in Lebanon abide by the licensing requirements and provide a safe and secure

environment for the children they receive, abide by MOPH hygiene guidelines, and have a pre-set weekly schedule entailing activities and content that children will be exposed to while present in the vicinities of the day-care. They also follow up on the health status of the children by requesting access to their vaccination cards, having a full-time nurse present at the day-care at all times, and having a paediatrician regularly checking the children's medical records. Many private day-care centres also invest in their teachers by ensuring they attend content-related trainings and constantly introduce improvements to the set curriculum. Depending on the monthly tuition fee they charge in return for their services, many private day-care centres in Lebanon have even come to offer state-of-the-art facilities, international standards of hygiene and security, professional and highly qualified staff, and the most updated pedagogical curricula. Finally, there are a number of inclusive private day-cares in Lebanon that accept children with varying abilities and that have created an enabling environment for the development of children with different backgrounds and abilities.

In contrast, and despite the fact that MOSA Social Development Centre day-cares have dedicated efforts to ensure the needed health, safety, and security aspects for childcare, they however still fall behind in terms of providing their personnel with appropriate training and capacity-building and in offering the children they receive the needed pedagogical curriculum to enhance their social, emotional, cognitive and learning development, which is mostly due to a shortage in budget and an inconsistent allocation of resources.

In **Saudi Arabia**, centre-based children hospitality centres abide by specific regulations set forth by the Ministry of Social Affairs which include standards and conditions specified by the competent authorities for building requirements as related to safety, location, lighting, ventilation, surface area of rooms (4 sqm/child), toilet suitability and hygiene standards, dedicated space for meal preparation that meets health and safety requirements, presence of an indoor playground as well as a shaded outdoor playground. Moreover, the regulations also require the establishment of special female committees in the various ministry branches to inspect and verify the compliance of children hospitality centres with those regulations.

7. Affordability

Even when childcare services are available, they might not always be affordable to working parents in relation to their income, especially in countries like Lebanon which rely heavily on the private sector for childcare provision, and many studies have shown that the lack of affordable quality care is one of the primary reasons why women drop out of the workforce (Morrissey, 2017).

In **Lebanon**, and based on information acquired from key informant interviews, the monthly tuition fees for private day-care services varies between 200,000 LL and 1,500,000 LL depending on the day-care centre's location, size, and the type of services it offers. As for public day-care centres, they charge a symbolic set monthly fee of 25,000 LL which is often waived by the Ministry of Social Affairs due to the incapability of vulnerable and low-income working parents to settle it. But although public day-care centres provide an adequate environment for children to stay safe while their parents go to work, yet they do not offer the necessary developmental services offered by many of the private day-care centres.

Results of an online survey conducted within the framework of this case study and which targeted parents making use of private day-care services, revealed that their average monthly household income amounts to approximately 3,758,300 L.L., and that they dedicate approximately 1,363,338 L.L. —almost a third of their monthly income— for childcare. However, and based on a study conducted by the United Nations Development Programme (UNDP) on wages distribution of Lebanese employees, surveyed respondents fall within the middle-income bracket with annual incomes varying between 30 and 60 million Lebanese pounds, and therefore might be able to afford to dedicate a third of their monthly income to childcare services. But this is surely not the case for working parents who fall within

the lower-income bracket of UNDP study with annual incomes varying between 6 and 15 million Lebanese pounds (Lebanese Ministry of Finance and UNDP, 2017). In fact, 29.9 per cent of surveyed parents in Lebanon cited childcare cost as one of their major sources of stress.

Ensuring both quality and low-cost childcare services is therefore something that can be very difficult, especially for low-income parents in Lebanon who must at many times sacrifice standards of childcare services for affordability. This is bound to further exacerbate already existing social inequalities and calls for government financial intervention given that it significantly compromises the human capital building process that is expected to lift population out of vulnerability and poverty and support the improvement of the well-being of future generations.

One of the essential components to ensure social inclusion and affordable quality childcare services for all is child-focused social protection systems that provide working parents with benefits such as cash transfers, cash vouchers and child allowances (UNICEF, 2015). In Lebanon, however, more than half of the workers are in the informal sector as wage employees or self-employed (Aita, 2017) and thus suffer from an absence of social security coverage.

In **Saudi Arabia**, no data was obtained regarding the actual cost of enrolment in childcare hospitality centres, however 60 per cent of respondents to an online survey disseminated among mothers using the services of such centres indicated spending less than 2000 Saudi Rials (the equivalent of approximately 530 USD) for the services of children hospitality centres. However, and in line with Saudi Vision 2030 and its objective to expand women's economic participation, the children hospitality sector witnessed in 2017 the emergence of a new player which is the Human Resources Development Fund (Hadaf) as a result of the merge of the Ministry of Labour and the Ministry of Social Affairs into one ministerial entity titled "Ministry of Labour and Social Development". This player became a major stakeholder in the children hospitality sector through its Program for Supporting Hospitality for Children (Qurrah) aiming to improve and develop the environment and facilities of the children's hospitality sector while at the same time supporting Saudi women's employment in the private sector by covering in part the children hospitality centre enrolment costs.

Women wishing to register their children in children hospitality centres and avail of the financial support being provided by the programme should however meet the following conditions:

- Be a Saudi national.
- Be an employee of the private sector.
- Be registered with the General Organization for Social Insurance (GOSI).
- Salary does not exceed 8,000 SAR.
- Child must not be over the age of 6.

(a) Home-based childcare

Despite the wide range of available day-care centres in **Lebanon**, many Lebanese parents remain reluctant to send their children to day-care centres for several reasons which may include fear that they might pick up viruses and become ill, or the rigidity of day-care opening hours which may sometimes be restrictive for working parents (Solomon, 2019). As such, and over the past few years, a new category of childcare services has arisen in Lebanon, in the form of "nannies" or "babysitters", and based on information received from ministry representatives and private day-care owners, this trend has been further reinforced as a result of the COVID-19 pandemic and the ensuing closure of day-care centres, whereby families who were able to afford this service resorted to it to be able to continue working while knowing that a qualified individual was taking care of their child.

What is known about this newly emerging childcare sector is that it consists exclusively of female service-providers who are usually of mature age and have experience working with children. Those women get paid per the hour of service provided and their fees range between 50 USD and 100 USD per hour depending on their years of experience, which makes this service considerably more expensive than private day-care provision and affordable to a restricted category of “high socio-economic” and “elite” families.

Migrant domestic workers have also over the years played a critical role in supplementing care to children of Lebanese households. A study carried out by ILO in 2016 estimated that there were over 250,000 migrant women employed by private households carrying out the cleaning, cooking, and caring for the children and the elderly (International Labour Organization, 2016). However, many of these migrant domestic workers are young and have no experience when it comes to taking care of children. Moreover, the fact that they have to undertake multiple tasks such as cleaning, cooking and childcaring makes it difficult for them to be fully focused on the child. The actual economic crisis in Lebanon brought an additional layer of complexity as significant numbers of migrant workers left the country over the past two years and the number of newcomers is extremely reducing (Annahar, 2021).

It is important to note that home-based childcare in Lebanon remains informal and that there are no established guidelines or monitoring mechanisms to regulate the work of home-based caregivers.

In contrast, home-based childcare constitutes an integral part of the children hospitality sector in **Saudi Arabia**. Over the past years, and in an effort to further expand the children hospitality sector in the country, the Ministry of Labour and Social Development sought to regulate the work of home-based children hospitality centres, which are operated by women within their own homes for a small number of children. In 2020, a ministerial decision was issued approving the regulations for home-based children hospitality centres. This constituted an important organizational shift within the child hospitality sector in KSA and an extension of its regulatory umbrella which formalized home-based care services for children by submitting them to regulatory controls to ensure the safety of children and encourage the sector’s expansion, while at the same time not requiring the rental of designated premises.

(b) Family care

Whereas many working parents all over the world avail of a family member, most often a grandparent, to take care of their children while they are working to save on paid childcare, financial constraint is not always the reason behind this choice which can be influenced by a variety of other factors such as preference, culture, public policy, and available options.

In **Lebanon**, results of the online survey as well as discussions conducted with working mothers suggest that, even when quality day-cares are available and affordable, many parents in Lebanon still rely heavily on trusted family members, and more specifically grandparents, to support them in their childcare responsibilities, based on the belief that grandparents, are the best alternative to provide the child with the emotional development needed at a young age. Based on the results of this survey, and besides the fact that the mother is considered as the primary person responsible for the child, grandparents and particularly grandmothers are suggested to be a major support system with around 45 per cent of the surveyed parents indicating that they rely on them to take care of their children when the day-cares are closed. For the rest, 7.7 per cent of the parents indicated that one of the two parents took care of the child when the day-care was closed, compared to 2.3 per cent who referred to “the father (either alone or with support of a helper or another family member)”, and another 2 per cent who referred to “other family members”, and finally an anecdotal 0.4 per cent who referred to “siblings”.

However, not all working parents have the opportunity to rely on grandparents for childcare, and even when they do, shifting the burden of childcare on grandparents may not always be safe or even appropriate given that it can impact on the grandparents who provide the care and might restrict their ability to work. This is especially the case in many low and middle-income countries where, due to the

absence of social pension schemes, people keep on working well beyond their retirement age, in addition to the fact that many people are now staying healthy and living longer and are thus able to keep on working till an advanced age (Devercelli, Amanda E.; Beaton-Day, Frances, 2020).

Similarly in **Saudi Arabia**, almost all of the mothers who responded to the online survey indicated that, if they had the choice, they would rather leave their children at home in the care of a family member or of a professional caregiver rather than placing them in centre-based childcare. And when asked whether they had a reliable alternative to care for their children in cases of emergency such as child sickness or closure of children hospitality centre..., even though less than half replied positively, the majority of those who did indicated this alternative to be a family member, with very few indicating the alternative to be the father or the domestic helper, which highlights the role of the extended family as a well-established truth in Saudi working women's social support system.

8. Role of parents and families

Choosing the right place or person to leave a child with during parents' working time is an important, if not critical, decision that all working parents have to make. Appropriate, safe, and affordable childcare services are also crucial in providing parents with the peace of mind needed to perform their work while knowing that their children are being well taken care of.

An online survey was developed and disseminated within the context of each case study to capture the opinions of working parents who make use of children hospitality centres in each of Lebanon and Saudi Arabia and to understand how using such services has impacted their life, and what are their needs and expectations from those centres.

Whereas the total number of responses to the online survey in Lebanon reached 743, the response rate in Saudi Arabia remained limited despite successive attempts and a long wait. Research team needed to resort to a service provider to continue disseminating the questionnaire directly to parents of children enrolled in the hospitality centres. Despite all efforts, only 98 responses were collected, and such a small sample does not allow for effective analysis, but however gives us an insight of how some parents view the children hospitality sector in KSA, as well as their needs and expectations. It is important to mention that almost all respondents to both surveys are mothers of children which confirms the beliefs that children's care is the mother's responsibility even when it is provided through care services.

A close look at the results of the two surveys re-affirms the impact of childcare as a barrier to women's economic participation in both countries pushing them to resort to part-time jobs or even to quit the labour market altogether. In Lebanon, more than half of the surveyed mothers who indicated that they were presently unemployed cited childcare responsibilities as the reason for having stopped work or not seeking work in the first place, and more than half of those expressed the need for family-friendly workplace policies and quality childcare services for them to be able to take on paid work. In Saudi Arabia, the majority of respondents also reported household responsibilities and childcare as the reason why they did not work or had quit their previous work.

Moreover, and in what relates to the impact that the establishment of children hospitality centres has had on women in Saudi Arabia, almost all respondents agreed that the emergence of children hospitality centres has helped in empowering women, with more than half indicating that enrolling their children in those centres has allowed them to continue working, and another 20 per cent indicating that it allowed them to better concentrate on their work. It can thus be said, inasmuch as relates to the survey sample, that children hospitality centres have contributed to empowering women in Saudi Arabia by allowing them to pursue their professional career or academic studies while reassured that their children are well taken care of.

When asked about their level of satisfaction with the services being provided by the private day-care centres they were using, the majority of respondents in both Lebanon and Saudi Arabia gave positive feedback. Still, some parents expressed a need for improvement in KSA and for additional

services in Lebanon, most cited of which was at-home care (34.6 per cent), longer day-care opening hours (28.7 per cent), child-focused community-based day-care centres (26.1 per cent), and workplace on-site childcare (21.7 per cent).

Regarding the most important characteristics that parents look for in children hospitality centres, the three top ones cited by Saudi Arabian mothers included “appropriate location”, “safety security and cleanliness” and “flexibility of operating hours to suit working mothers’ schedules”. Similarly in Lebanon, cited characteristics were mostly related to care provision and the use of child-appropriate educational techniques in addition to a hygienic and safe environment (63.8 per cent). Parents specifically provided specific examples of what they meant by “care provision” focusing on emotional support to the children including “love”, “tenderness” and “respect”.

All in all, more than half of the surveyed parents in Lebanon admitted that childcare was an important source of stress that has proved to be quite challenging for various reasons, the most recurrently cited of which are: lack of childcare available during the needed hours (36.8 per cent), followed by the cost of childcare (29.9 per cent), and transportation to and from the day-care centre (10.7 per cent). In Saudi Arabia, the majority of respondents also revealed that childcare constituted a source of stress for them with varying levels, and the most cited reasons behind this stress appeared to primarily be the cost of childcare services followed by lack of childcare services during needed hours. One more reason cited by Saudi women was the lack of after-school childcare services for school-aged children of working women.

Strikingly, data collected in both Lebanon and Saudi Arabia also indicates that, when childcare centres are closed, childcare remains primarily a maternal responsibility, with very few respondents in both countries reporting that the father takes on this responsibility. In Lebanon, responses to the survey showed that in case of day-care closure, the solution for women was either to leave their work, take care of the child while working from home, or take the child with them to work as they have no other choice. In Saudi Arabia, women who had no alternative to care for their children in case of day-care closure mostly indicated that they would re-arrange their work schedule to compensate for lost time or that they would take unpaid leave from work, with some indicating that they would take their paid leave.

Given the limited scope of implementation of family-friendly workplace policies in Lebanon, and the unavailability of data related to the implementation of newly introduced flexible work arrangements in Saudi Arabia, it is still difficult to determine the extent to which such policies have allowed working parents to strengthen their co-parenting practices. Additional research is needed to explore and understand men’s perspectives and attitudes toward childcaring in both countries, and the extent to which family-friendly workplace policies could support and increase working fathers’ involvement in childcare.

9. Impact of COVID-19

In the early days of 2020, the COVID-19 pandemic unfolded leaving its trail on all aspects of human life, and among the sectors that have been particularly hit globally is the childcare sector. The COVID-19 pandemic, and its ensuing lockdown measures, has thus had a tremendous impact on childcare providers all over the world.

In Lebanon, a country which is also going through one of the most severe economic crises, more than 500 day-care centres that employ thousands of employees, the majority of which are women, were forced to remain closed over long periods of time as a result of the government-imposed lockdown measures. Daycare centres, particularly those belonging to the private sector and which rely heavily on income from parent-paid fees, thus received a heavy blow and experienced large losses that have led to the closure of a big number of day-care institutions amid the absence of financial support by the Lebanese government, as indicated by the Head of the Syndicate of Nurseries Owners in Lebanon (Kahwaji, 2020). Even with the progressive easing of lockdown measures and the re-opening of day-care centres, there is

evidence of a long-lasting fall in demand for private child day-care services given the downward economic spiral the country is going through and the deteriorating labour market which has resulted in reduced income for two out of every three Lebanese households (World Food Programme, 2020). These realities were also confirmed during the interviews undertaken while conducting the present case study. As a result of both the economic and health crisis, childcare providers in Lebanon have found themselves in a rather vulnerable position, and this raises concern regarding the ability of the childcare sector to sustain itself in Lebanon and to keep up with the needed developments in the future.

Moreover, and in a country where the labour market is already largely male-dominated and where women labour-force participation rates remain significantly low, women in Lebanon have also found themselves disproportionately impacted by both the economic and health crisis. As a result of the COVID-19 pandemic which led to the temporary closure of day-care centres all over the country, and imposed an additional risk to older people's health, many working mothers in Lebanon were deprived of their two main sources of childcare provision, day-care centres and grandparents, and found themselves forced to juggle between paid employment and childcare responsibilities.

In **Saudi Arabia**, the pandemic did not spare female employees either. According to the results of a survey conducted with Saudi women, a large portion of working women confirmed that the pandemic had an impact on their work and their employment status, which included quitting their jobs or reducing their working hours as a result of their childcare and domestic responsibilities. The pandemic had a large impact on how working mothers viewed childcare, as it made it more difficult and challenging for mothers to take care of their children as they became mainly concerned with their children's safety and protecting them from the virus. Home management also proved to be strenuous for mothers during the pandemic as a result of the continuous cleaning and sanitizing needed to prevent virus infiltration in addition to other domestic tasks. The majority of surveyed women stated that time allocated for childcare and domestic work increased during the pandemic and that they did not have someone to take care of their child during closure of children hospitality centres resulting from the pandemic. The pandemic thus had a differentiated impact on working mothers, but it is obvious that the health concerns related to the pandemic coupled with the increased burden of domestic and childcare tasks, has led many working women to spend part of their working hours dealing with family responsibilities, and as such to compensate this lost time either by working beyond their usual working hours or by taking unpaid leave from work.

However, amidst the gloomy picture drawn above, evidence shows that the COVID-19 pandemic has not been all negative with regards to childcare, inasmuch as it has led to a speculated increase of fathers' involvement in childcare responsibilities during the lockdown period, as expressed by 68 per cent of surveyed women in Saudi Arabia, and by a study conducted by the ILO on the impact of COVID-19 on working populations in Lebanon which reveals that men in Lebanon took a greater part in caring for their children during the COVID-19 pandemic (ILO, 2020). This provides a positive indicator regarding the possibility of rebalancing domestic gender roles and giving more way for women to join the labour force in the future.

B. Case study on women economic empowerment and care to older persons

1. Introduction

(a) Background

In Morocco, female labour participation is low. It stands around 20 per cent in 2020 compared to around 70 per cent for men (HCP, 2021a). Among the explanatory factors for this low participation women's economic participation is the fact that they perform a significant share of unpaid care work among which care intended to the elderly. Though not yet precisely quantified, care provided to older persons will certainly be increasing given the current and project demographic trends in Morocco.

The aging of the population raises many issues: it questions the ability of societies and public policies to support it economically and socially; it highlights the fundamental role of family caregivers when a high level of dependency emerges among the elderly; and it highlights the role of women who are the main care providers of older persons in most Arab countries either through professional services way, or as voluntary caregivers, as daughters, mothers, wives and daughters-in-law.

In most societies, the responsibility of providing care falls heavily on women. They are thus particularly concerned with the consequences that their role as caregivers can have on several levels and in particular on their health and their economic and financial situation (Amanullah S., Vithianathan A., Snelgrove N., Ghuloum S., Shivakumar K.S., 2020).

Furthermore, the available studies highlight the major role played by women in informal long-term care; this mode of support being the most common form of care in the Arab region.¹²⁵ They must then distribute their time between their family and their professional responsibilities.

(b) Analytical framework

This case study is prepared in light of the above context. The assumption underpinning the analysis is that wider access to elderly-care services would contribute to remove some of the obstacles facing women's participation in the labour market and the progress of their careers. This assumption refers to key objectives, identified by UN-Women, including promoting the well-being, the dignity and the rights of dependent older people; reducing and redistributing the heavy responsibilities of unpaid family caregivers; improving accessibility, the affordability and quality of long-term care services, whether provided by public, private, for-profit or not-for-profit operators; and respect for the rights of paid care workers" (UNWOMEN, 2017).

These objectives necessitate an in-depth understanding of the situation of older persons, the scope and characteristics of the needs for long-term care and related services as well as their expected evolution in the upcoming years. They also require an understanding of the legal and policy frameworks that govern the provision of these services. They particularly call for a detailed review of the involvement of family caregivers, especially women, and their role in the provision of care for the elderly.

The below sections will examine these elements in the context of Morocco.

2. The situation of the elderly in Morocco: demographic perspectives in favour of the development of the care economy

After having experienced strong demographic expansion during the twentieth century, Morocco entered the twenty-first century with a major demographic change compounded with economic and social challenges: the aging of its population. This stems from a rapid demographic transition: if Morocco is still a young country today in demographic terms, the share of the population under 15 is decreasing over time: this age group representing 44 per cent of the country's population in 1960, 31 per cent in 2004, and 28.2 per cent in 2014, is projected to represent 21.7 per cent in 2030 and 17.9 per cent in 2050 (HCP, 2021b).

At the same time, the population over 60 has seen its relative share increase from 6.3 per cent in 1982 to 8 per cent in 2004, 9.4 per cent in 2014 and reached 11.3 per cent of the total population in 2020. Their relative weight is estimated to grow even faster in the decades to come, reaching 15.4 per cent in 2030 and 23.2 per cent in 2050. An unprecedented situation in the history of Moroccan demography: by 2040, the relative share of those aged 60 and plus should equal that of those under 15, both estimated around 19.5 per cent of the total population.

¹²⁵ The literature review carried out by Hussein and Ismail (2017) highlighted the fact that in Arab countries informal care continues to play a central role in long-term care and those women provide most of this formal and informal care.

Furthermore, the profile of the elderly population is significantly changing overtime (Sajoux M. and Nowik L., 2010): increasingly well-educated, the older persons of tomorrow will certainly have different expectations and lifestyles from those that can be observed among the current elderly population of today. This observation can have considerable implications on the role and therefore the lives of caregivers. It leads to the question of the availability and accessibility, of older persons and caregivers, to modes of support and services adapted to their needs. This raises the question of the development and the reform of legal frameworks and policies favouring the promotion of the care economy which allows family caregivers, if this is their choice, to have more time and to join the labour market.

3. Institutional frameworks and care services for the elderly

The residency arrangements for older persons, organized by the public authorities, is currently exclusively intended to persons in extremely precarious situations. The care provided to older persons in situation of exclusion, in the Centres for the Elderly (les Centres pour Personnes Agées, CPA, commonly called Dar Al Moussinine), has known, many transformations in the last decade due not only to the evolutions in the legal and institutional contexts but also to the way the question of social action and social development is being approached in Morocco.¹¹⁶

(a) Institutional and policy frameworks governing support and services for older people

Morocco adopted a new constitution in 2011. This constitution affirms the right to equality, access to social protection, health care, decent housing, and advocates for the implementation of public policies in favour of vulnerable people.

At the end of 2006, Law 14-05 relating to the conditions for the opening and management of "social protection establishments" was promulgated. In its first article, this law stipulates that its provisions apply to establishments whose purpose is to take care of any person, man or woman, who finds himself/herself in a situation of difficulty, precariousness or indigence. This particularly concerns abandoned children, women in a situation of family abandonment or exclusion, elderly people without support and people with disabilities. Regarding the elderly, this institutional care therefore consists of an ultimate safety net based on national solidarity and which is only intended to intervene in the event of an absolute failure of family solidarity. No financial compensation is requested from the beneficiaries.

Law No. 65-15 relating to Social Protection Establishments (SPE) was promulgated in April 2018 (Government of Morocco, 2018). It repeals Law No. 14-05 of November 22, 2006, and contains provisions relating to the creation and control of SPE. These establishments provide care for individuals or groups of individuals in difficult situations such as abandoned children, women in precarious situations, the elderly, people with disabilities, etc. This care must obey certain principles and in particular the preservation of the dignity of the people taken care of, the non-discrimination of these people, the respect of their physical and psychological integrity as well as the confidentiality of information concerning them.

The law 65-15 paved the way for new forms of services and enabled the private sector to undertake them. It constitutes a significant turning point in the provision of care services for the elderly. Thus, alongside establishments housing the elderly, day centres and reception are available as well as a dynamic associative developing initiative concerning the elderly. All these services are developing within an institutional and policy framework that is undergoing significant transformations. This framework has an important influence, to be taken into consideration in any planning or action aimed at strengthening these services and encouraging their use.

¹¹⁶ For example, the Social Development Agency (Agence de Développement Social, ADS) was created in 1999. It is a public institution dedicated to poverty reduction and the promotion of social development. Its actions complement other State instruments contributing to reducing the "social deficit".

Accordingly, a myriad of different services is now available in Morocco, provided by both the public and private sectors answering emerging needs.

(b) Services addressed to older persons: evidence of growing needs

(i) Public services: nursing homes and day care and centres

Public centres for elderly include nursing homes, day centre and day care. Actually, since 2000, a new dynamic is observed in terms of the development of institutional care for the elderly in a situation of exclusion in Morocco. While in 1990, 30 establishments offered residency to over 1,300 elderly people, in 2005, 32 centres were established, and 2,250 elderly people were institutionalized. Subsequently, the number of centres and people welcomed increases significantly to reach 46 centres and more than 3,600 people in 2011. In 2014, there were 53 establishments welcoming and accommodating the elderly in addition to 6 establishments providing day care without shelter. A total of 5,200 elderly people benefited from these centres, all categories combined (centres with accommodation and day centres). In 20 years, the number of elderly people in institutions has more than tripled. This increase should not be attributed solely to demographic changes because even if the total elderly population has increased sharply in 20 years (+70 per cent), it is far from having tripled.¹¹⁷

A day care is a structure that welcomes, one to several days a week, elderly people who live at home and who have a significant loss of autonomy related, for example, to a neurodegenerative disease. By providing an appropriate support, day care facilitates the maintain of the capacities of the elderly through adapted activities. It also makes it possible to take over from the caregivers during the days of care at the day care centre, which allows them to have time to carry out other activities, particularly professional ones.

Day centres are now part of the SPE. Currently, eight-day centres are approved by the Ministry of Solidarity, Social Development, Equality and Family. The general objective of these centres is to allow the opening of the elderly to the outside world, the enhancement of their time through social and cultural activities (recreational games, travel, sport, artistic activities, storytelling, exchange of experiences ...) in addition to the possibility of offering certain services in their favour. In terms of target audience, these centres are mainly intended for the elderly who are poor or from very modest social categories.

The strong development witnessed in the associative sector since 1990 as well as the new components of the social policy in Morocco, including the NIHD (National Initiative for Human Development), have certainly made it possible to take better care of elderly people in great precariousness. The growing investment by the public authorities in supporting the development of day centres for the elderly reflects the recognition of the existence of needs to which the family sphere alone cannot provide satisfactory responses.

(ii) Private establishments and housing for the elderly: toward the emergence of a market

Article 6 of law 65-15 promulgated in 2018 introduced a new element. While the principle of free services is maintained for people in care, this law stipulates that SPE created by natural or legal persons under private law, whose purpose is to take care of the elderly or people with disabilities can provide their services against fees according to the conditions and procedures set by the regulations. This is a fundamental entry point to many developments to take place while responding to a demand that is emergent.

¹¹⁷ According to the 1994 census, Morocco then had 1.8 million people aged 60 and over. In 2014, the date of the last census, there were 3.2 million. The elderly population has thus multiplied by 1.7 in 20 years.

As the law is relatively new, private nursing homes are yet to be established. Several of the interviews carried out as part of this study demonstrate the emergence of expectations in terms of establishments dedicated to caring for the elderly. The prospect of having the assurance that a dependent elderly relative can access quality care and services in an institution makes it possible for many people to see one of their elderly relatives integrate into an institution.

The example of the Soussi nursing/retirement home located in Rabat could provide some insight at this level. This nursing home is managed by the French Association for Mutual Aid and Benevolence of Rabat-Salé. Initially it was only intended for elderly people of French nationality or dual nationals residing in Morocco. Since 2017, it is open to people of all nationalities (AISSI, 2017). This establishment mainly welcomes elderly people with significant cerebral and neurological degeneration disorders.

Building on experience from other countries, another type of nursing homes for the elderly could emerge. It is mainly about nursing homes with services targeting autonomous older persons. These non-medical establishments allow the elderly to have their own accommodation while residing within a structure in which various services are available (Badri, 2020).

(c) Services and home care for the elderly

The investigations carried in the context of this study shows that there are currently limited number of companies offering home services adapted to the needs of older persons with a loss of autonomy or who are dependent. The existing ones have been established only in the last decade. There services seem to be accessible to a limited segment of the Moroccan population due to their high cost.

The managers of the companies interviewed as part of this study indicated that the services provided are flexible namely in terms of frequencies and durations of the visits. Services are tailored to the needs and exigencies of the clients be it the elderly themselves and/or their family members. The services offered can even be carried out by several professional care providers who take turns to ensure constant supervision and presence with a particularly vulnerable elderly person with specific needs. Flexibility becomes an important factor to be taken into consideration when implementing home help plans, not only because of the diversity of the needs of the older persons themselves or their family members or caregivers, but also because of the financial implications these need a can entail and the ability of the families to afford such services.

(d) Challenging factors related to care and support services

As explained above, the demographic trends translate an emerging and growing need for care services to older persons. This need is being clearly translated in the investigations conducted in the context of this case study. However, the development of the services is being challenged by a myriad of factors.

- The lack of qualified personnel and the insufficiency of the staff working in the centres for the Elderly have been highlighted several times (Smar, 2011). The very frequent absence of specialized staff and, in particular, of doctors, nursing auxiliaries, psychologists, psychiatrists, physiotherapists, social workers and socio-cultural animators, is certainly one of the aspects which will have to be remedied by future investments in terms of taking caring for vulnerable older people (Amar, Sajoux, 2018).
- The training offer concerning the professions of home help intended for the elderly, and especially for the elderly with a loss of autonomy, is currently very limited. This constitutes a difficulty for companies or organizations wishing to develop in this field because very few people have received appropriate training. This lack of specialized training courses partly explains why the characteristics of these professions are still relatively poorly identified (L'economiste, 2014a).

- Nursing centres and day care centres, despite their benefits, are not yet present in sufficient numbers regarding potential needs and it seems that the interest of such structures is not yet well perceived by seniors and families. Similarly, the support options for caregivers (to inform them about the disease, give them ways to deal with their own stress and certain situations, etc.), admittedly very under-developed at the moment, are not always optimally invested by the families for which they are intended (L'economiste, 2014b).
- The offer for home services is still very limited.
- The issue of financial accessibility to private establishments and housing for the elderly is key. It would be desirable that the elderly nursing homes would not only be invested by from the lucrative private sector but also by players from the non-profit private sector and the public sector.

It is to be noted that the above-mentioned challenges prevail in a society where there still is reluctance, of both older persons and their families, to resort to support provided by persons from outside the family as will be detailed in the sections above. Growing needs are being faced with prevalent social norms.

In sum, most of the burden is therefore essentially based on family solidarity and therefore raises significant challenges for family caregivers, especially women.

4. Family caregivers: major players in supporting older persons

The current alternatives to support older persons are thus very often, even if not exclusively, based on intergenerational cohabitation, which alone cannot adequately meet the needs of sick and/or dependent elderly people (Azammam, 2009). Indeed, it is difficult for the elderly to accept that a person who is not from their close circle takes care of them (Fassi Fihri, 2009). There is a reluctance that many people may have to the idea of accepting that someone outside the family takes care of their elderly relative.

To protect their elderly and sick loved one, families, and in particular children, tend to think they are doing better by being the only ones to intervene with them, by protecting them from any interaction with someone outside the family (Yaakoubd, 2012). But in reality, this is counter-productive in the sense that this strategy deprives their older persons from a specialized care and follow-up at home, which would enhance the well-being and may help to slow the progression of a disease.

At the same time, family caregivers, especially women, face several challenges in supporting older persons: exhaustion; the difficulty of coping with the daily care of dependent people—especially when the caregiver has a professional activity or lack necessary skills to cope with the loss of autonomy of their elderly loved one. The lack of professional relays and their financial accessibility creates then an additional later of complexity.

5. The leading role of women in supporting the elderly

In general, the day-to-day care of the elderly relies heavily on women. The feminization of care concerns the daily care of aging parents and husbands. It is wives, daughters, sisters, daughters-in-law, even granddaughters, who take care and manage the intimacy of their loved ones (Sajoux M., Lecestre-Rollier B, 2015). Family solidarity toward the oldest is thus accompanied by an unequal division of labour between the sexes, which is a source of tension, and it is rarely expressed openly. Nevertheless, it appears through interviews, especially in the discourse of the women. They regularly use the term "sacrifice" to mean that one of them (herself or a sister, aunt, cousin, niece, etc.) has "sacrificed" her life by staying at the paternal home to care for aging parents.

This means concretely that the woman has put her own aspirations on hold – by delaying her marriage, even by remaining celibate; by not working outside the home; by returning to live at home after her divorce—to place herself at the service of the family kinship. Certainly, women can find in it a source

of legitimization, even of valorization, both within the family and vis-à-vis the outside world. This ensures that single women and divorced women, who are highly stigmatized, have a socially acceptable place and role. Nevertheless, the women of tomorrow will be more and more educated and more and more engaged in the labour market. These developments are already under way. Will today's young girls accept tomorrow to continue to "sacrifice" themselves like their elders? The very term "sacrifice" bears witness to the fact that representations have already begun to change (Sajoux M., Lecestre-Rollier B, 2015).

The data from the National Survey on Time Use carried out in 2012 by the High Commission for Planning highlight the fact that women devote on average to housework a daily duration 7 times longer than men, but also that they devote a daily duration almost 6 times longer than men to care activities to household members (HCP, 2020). This care includes "material and medical care provided to adult (15 years and over) members of the household". Likewise, the interviews conducted for this case study highlighted the central role of women in direct assistance to the elderly. These interviews indicate how families try to identify among their members the woman who will be likely to carry out daily care activities. The interviews conducted lead also to the observation that it is common for women to choose, or are obliged to choose, to arrange their working hours, or even to stop their professional activity, to meet the needs of a dependent elderly parent.

Regarding the consequences on their activity that family caregivers may experience, it is wise to cite elements from one of the very rare studies addressing the situation of family caregivers in Morocco. It is a study conducted at the National Institute of Oncology of Morocco and which focused on family caregivers caring for patients aged 70 and plus (Lkhoyaali S, Ait El Haj M., El Omrani F. and al, 2015). Support for those patients led to the cessation of professional activity for over half of the 150 family caregivers (60 per cent being women) who participated in this study. Caregivers were forced to quit their jobs in order to help their sick loved one; the authors of the study further specify that two people were made redundant due to repeated absences from work. This study does not specify whether it is rather women or men who have had to stop their professional activity, but it does highlight the difficulties encountered by family caregivers in pursuing their professional activity.

6. The COVID-19 pandemic: an intensification of the challenges

Day centres in Morocco had closed for several months from mid-March 2020; the elderly who were welcomed there found therefore themselves living 24 hours a day with their close entourage without any real possibility of leaving their accommodation. At the same time, families who usually called on professional helpers, or simply on people outside the household, found themselves in difficulty.

As the proportion of elderly people receiving a retirement pension is limited in Morocco, and certain pensions are of very low amounts, many elderly people are supported economically by those around them to meet certain types of costs, including health costs. The economic impact of the pandemic has indeed been very strong, especially on households that have had to face major economic difficulties in the context of the pandemic.

While professional caregivers had authorization to visit the people they care for at home, the same was not true for people outside the household due to strict travel restrictions. With regard to professional carers, relatively few in number and whose services are currently only accessible to a very limited segment of the Moroccan population, several of them find themselves at some point in the impossibility of working either because they caught the virus or because one or more of their relatives had it and they had to be tested and wait for the test results before to be able to go again to the homes of the elderly people (Balard F. and Corvol A., 2020).

Another explanatory element for the intensification of the aid burden weighing on family caregivers is also the fear that some families had about the risk of contamination. So families usually calling on the services of professional caregivers, had to manage at times a spacing of their home visits. The burden of care falling on the family carers living with the elderly person being cared for, who are generally women, was then considerably increased (Ibourk A., El Aynaoui K., Ghazi T., 2020).

The list of private day-cares in Lebanon was obtained from the Head of Mother and Child Health Unit at the Ministry of Public Health during the Key Informant Interview conducted for this case study. To note that the Head of the Unit acknowledged that the provided list requires updating as many small nurseries have closed as a result of the COVID-19 pandemic.

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Annex

Annex

Overview of studies produced

The following list includes all the studies produced in the framework of the project “Strengthening Social Protection for Pandemic Response” of the United Nations Development Account, within the stream on strengthened care economy policies, as of end March 2022.

- ECA (Economic Commission for Africa) (2022), *The impact of COVID-19 on the care economy in Africa* (forthcoming).
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The coronavirus disease (COVID-19) pandemic, and the response to it, have brought to light the importance of care for the sustainability of life, and the central role that care plays in the functioning of our economies and societies. The pandemic has exacerbated existing care needs, transformed conditions of paid and unpaid care work and, ultimately, increased the volume of women's unpaid care work, deepening the associated gender gaps. This study brings together evidence from across the globe on how the pandemic has impacted women's unpaid care work, as well as exploring measures implemented by governments and the degree to which these mainstream a gender perspective. As the pandemic moves into its third year, these different experiences point to an opportunity to incorporate unpaid work and gender into recovery efforts, highlighting the care sector as an important driving force for building back better with more equality.