Integrating Gender and the Care Economy in post-COVID-19 Recovery Policies

Regional Knowledge Sharefair on the Care Agenda
1-3 November 2022
1. **Policy guideline** on the design of response policies that place the care economy as central to post-C19 recovery efforts.

2. **Importance of the care economy** for individual wellbeing and functioning of society, and impact of distribution of care work on gender equality.

3. **Socio-economic effects of C19** on women and the care economy.

3. Centering gender and the care economy in post-C19 recovery policies (**5R framework for decent work and care**):
   - Recognizing, *reducing* and *redistributing* care work.
   - Rewarding care workers.
   - Increased *representation* of care workers in post-C19 recovery.
1. Policy guideline

- “Strengthening Social Protection for Pandemic Responses”

- **Timing:** August 2020 to 30 June 2022.

- “To strengthen national capacities to design and implement social protection policies, with a human rights and gender perspective, for rapid recovery from COVID-19 creating increased resilience ...”

- **Expected outcome:** Strengthened care economy policies for recovery by developing innovative capacities and cooperation mechanisms to integrate, for example, the care economy into social protection and other public policies of COVID-19 recovery.

2.1. Care work: Definition

- Work performed for or on behalf of others.

- Essential to meet the **physical, psychological, and emotional needs** of people of all ages, the sick, and persons with disabilities.

**Within households**

- **Direct care of persons**
  - Caring for children
  - Caring for the sick
  - Providing emotional support
  - Caring for the elderly
  - Caring for persons with disabilities

**Indirect care of persons**

- Cooking
- Cleaning
- Laundry
- Household maintenance
- Fetching water
- Collecting firewood

**Outside households**

Care work = Paid and unpaid care work
2.2. Care work: Importance

- Quality and adequate care work is critical for:
  - Human well-being.
  - Raise, train and educate workforce.

While important for wellbeing and society, care work involves costs:
- Direct costs – time, money, and physical and emotional wellbeing.
- Opportunity costs – time taken out of other activities – education, paid work, political participation, etc.

Care services to household members can be provided by:
- Other household members (female vs. male);
- Outside household – voluntary, market, government or civil society

Recognition of care economy draws attention of policy makers and claims public resources.
2.3. Care work: Mandates

- **Beijing Declaration and Platform for Action** called upon countries to “conduct regular time-use studies to **measure**, in quantitative terms, **unremunerated work**, …” (para. 206(g) (i)).

- **2030 Agenda, Target 5.4:** “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”
  - **Indicator 5.4.1** Proportion of time spent on unpaid domestic and care work, by sex, age and location.
2.4. Care work: Distribution

- Globally, women represent **65.3%** of 381m care workers.

- **65%** of all nurses are females; the figure is **91%** in Egypt.

- The majority of unpaid care work takes place within **households**.

- African women and girls perform **67-92%** of total unpaid work done.

**Share of total unpaid care work undertaken by women**

- Cabo Verde 2012: 66.6%
- Ethiopia 2013: 70.0%
- South Africa 2010: 70.0%
- Cameroon 2014: 74.1%
- Ghana 2009: 76.4%
- Tanzania 2014: 78.8%
- Mauritius 2003: 79.1%
- Madagascar 2001: 81.3%
- Benin 2015: 84.0%
- Algeria 2012: 85.2%
- Tunisia 2005-06: 85.8%
- Morocco 2011-12: 87.5%
- Mali 2008: 92.0%

**3.1. Socio-economic effects of COVID-19: Summary**

* CARE ECONOMY ↔ GENDER INEQUALITIES: C-19 containment measures have shifted responsibility for the provision of care services such as education, health and long-term care to households.

** Comprehensive care policies must become a key element in post-C19 recovery policies.**

- **Virus** (e.g., exposure, infection rates, fatalities)
- **Control measures** (e.g., business, market, border and school closures, travel restrictions, social distancing)
- **Gender equality effects**

**Gender equality outcomes of COVID-19**

- Health
- Education
- Unpaid care work
- Livelihoods (including occupational sex segregation)
- Gender-based violence against women

**Feminist COVID-19 response and recovery plan = Mitigating gender impacts and building back better**

- Protect and support care workers, and maintain dedicated healthcare services to women
- Safeguard girls’ education
- Address unpaid care work
- Maintain livelihoods
- Tackle gender-based violence against women

**Quality sex-disaggregated data**

**Full and equal participation in leadership and decision-making at all levels**
3.2. Effects of COVID-19 on Care Work: Mental strain and worsen women’s existing burden of unpaid care work.

- **GREATER RISK OF EXPOSURE.** Greater exposure to COVID-19, leaves female health workers at greater risk to be infected with the virus than male health workers.

- **MENTAL STRAIN** of being directly on the frontline of the fight against this virus, putting their lives at risk, looking after pandemic patients and losing colleagues to the virus.

- Additional burden resulting from COVID-19:
  - Caring for **sick relatives** as a result of COVID-19.
  - **Young children** kept at home from school and day-care facilities.
  - Fetching water and **collecting firewood**.

- **Gender norms:** extra burden of unpaid care work is more likely to be borne by women and girls.

- **Socio-economic impacts:**
  - **Time poverty.**
  - Barrier in accessing **education for girls** and **paid employment for women**.
4.1. Integrating Gender and Care Work in Post-Covid-19 Recovery Policies

- A focus on the **care economy** is key for a sustainable post-Covid-19 socio-economic recovery.
4.2. Recognise and reduce care work.

1. Recognise care work as valuable work, contributing to societal functioning and wellbeing.
   - Measure all forms of care work (both paid and unpaid) through regular collection and analysis of nationally representative and gender-disaggregated time-use data.
   - Take care work into account in policy formulation and decision-making.
   - Ensure national-level coordination of the care economy.

2. Reduce care work:
   - Invest in technological improvements and infrastructural developments.
     - Reduce indirect care work.
     - Increase productivity of direct care work.
   - Invest in social care service infrastructure for children, the elderly, the sick and people with disability to reduce direct unpaid care work.
   - How investments financed has impact on inequality.
4.3. Redistribute care work.

3. Redistribute responsibilities for care work more fairly:

- Between women and men within households.
- Among different people in communities and between families, and public and private institutions.
- Transforming gender stereotypes and changing social norms.
- Promoting shared responsibility within the household.
- Redistributing through social protection policies and programmes: provide benefits to persons in need of care or to carers, in connection with the costs of pregnancy, childbirth, bringing up of children and caring for other family members.
- Redistributing through care supporting workplaces (leave benefits, paid sick leave, ...)
- Redistributing to community and the market.
4.4. Represent and reward care worker.

4. Full and equal participation of caregivers and care receivers in budgetary, planning and decision-making processes.

- To ensure that the needs of women and girls are adequately taken into account.
- Representation through individual and collective action.
- Both political representation and economic representation (having the opportunity to participate in remunerative activities outside of the house).

5. Ensure care workers are adequately rewarded and remunerated for their work.

- Decent terms and conditions of employment and social protection.
- For all care workers, including informal work arrangements and migrant workers.
- Provision of care income for women with a disproportionate burden of unpaid care.
THANK YOU!