



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

Regional Knowledge Sharefair on the Care Agenda
1-3 November 2022



United Nations
Economic Commission for Africa



Outline

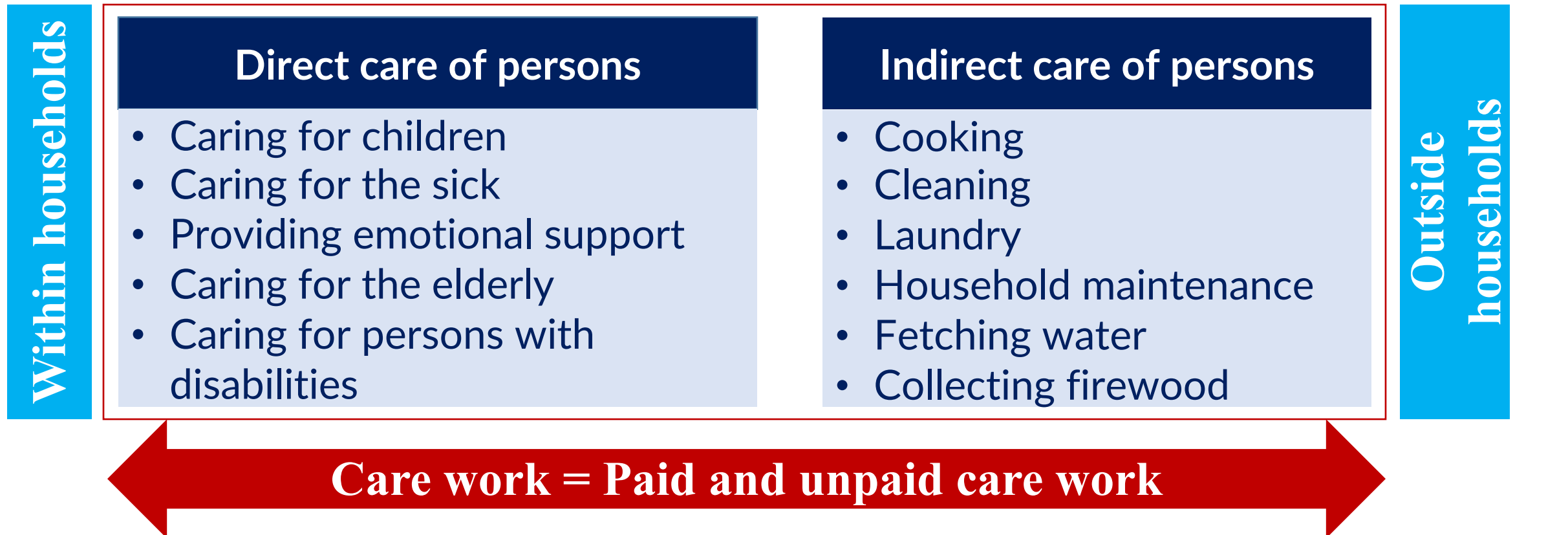
1. **Policy guideline** on the design of response policies that place the care economy as central to post-C19 recovery efforts.
 2. **Importance of the care economy** for individual wellbeing and functioning of society, and impact of distribution of care work on gender equality.
 3. **Socio-economic 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.
- **Reviewed** in EGM in Addis Ababa in June 2022.

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.



2.2. Care work: Importance

- Quality and adequate care work is critical for:

- **Human well-being.**
- Raise, train and educate **workforce.**

- Recognize care work
- Reward care workers

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.

Reduce

Care services to household members can be provided by:

- **Other household members** (female vs. male);
- **Outside household** – voluntary, market, government or civil society

Redistribute

Recognition of care economy draws attention of policy makers **and claims public resources.**

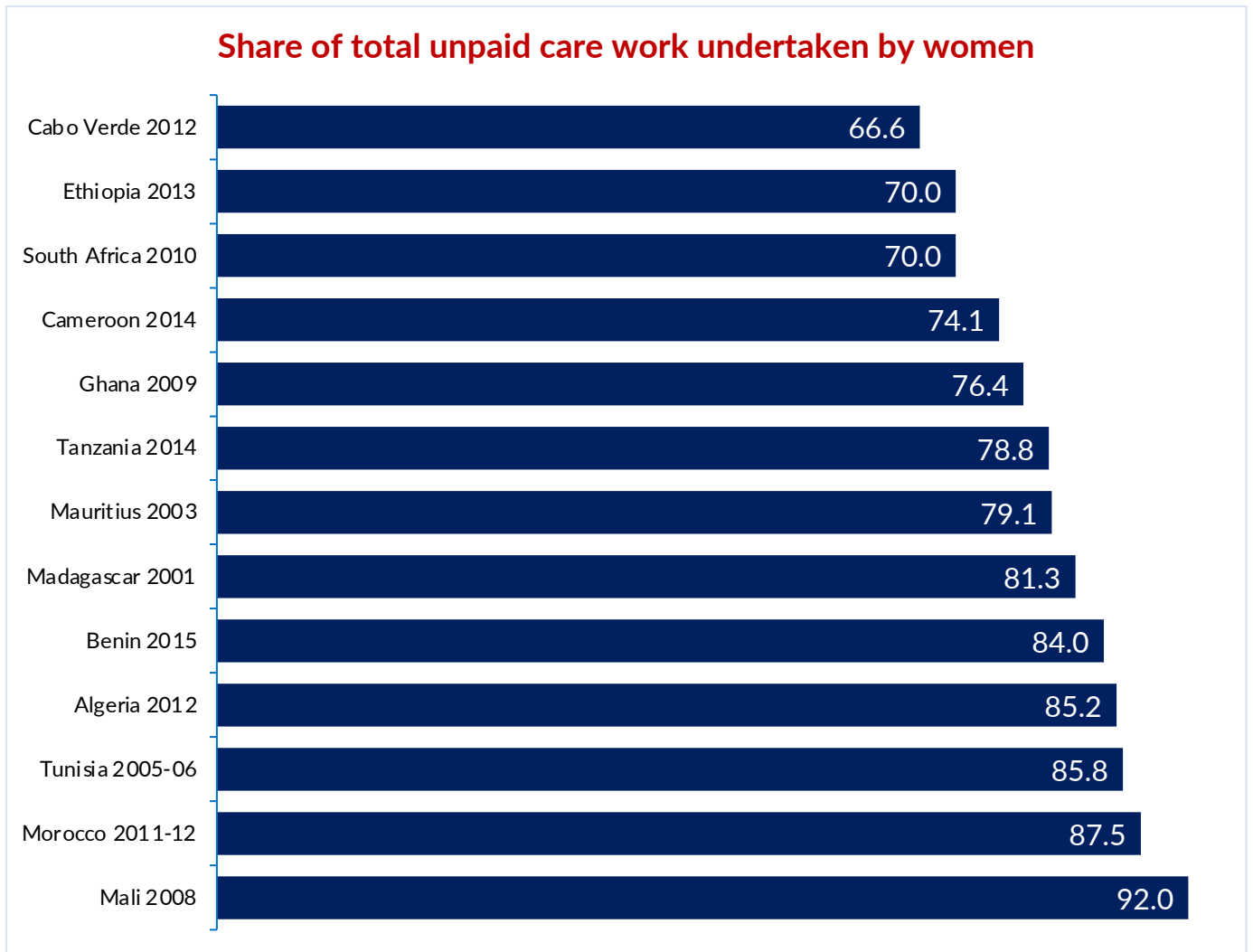
Representation

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.

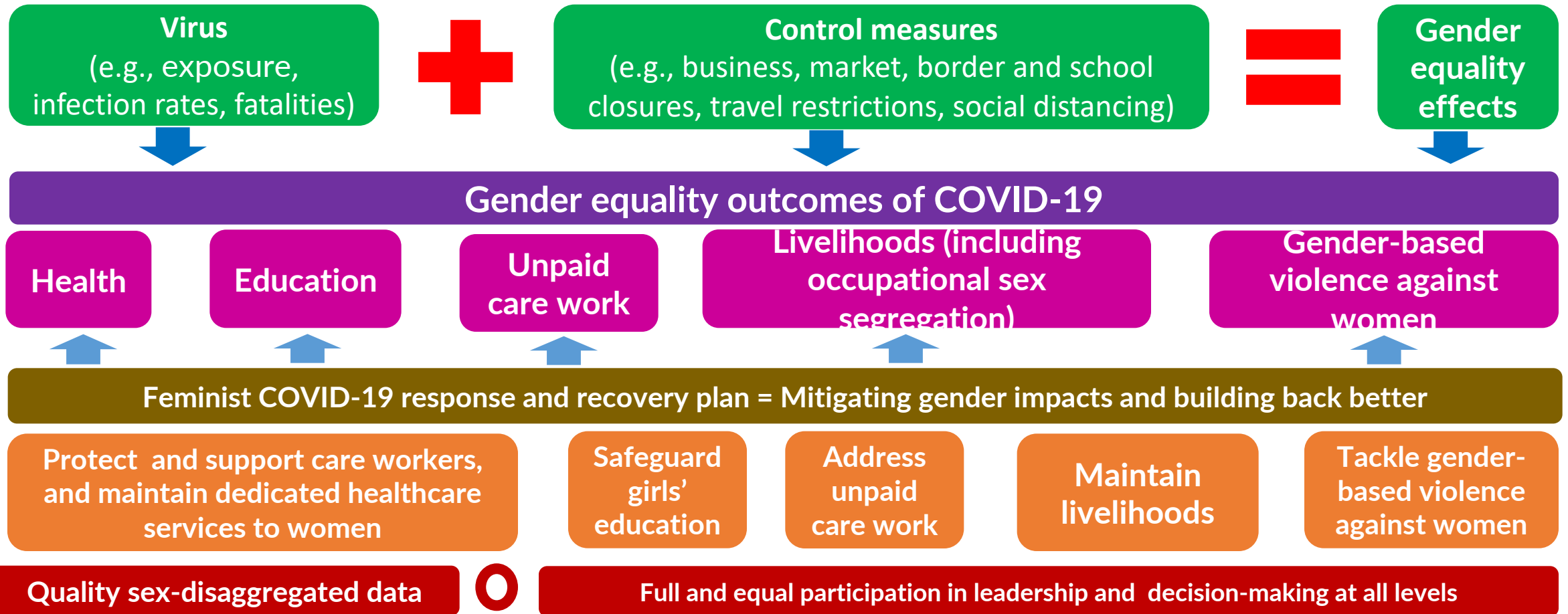


Source: [The Unpaid Care Work and the Labour Market. An analysis of time use data based on the latest World Compilation of Time-use Surveys / Jacques Charmes; International Labour Office - Geneva: ILO, 2019.](#)

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.



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 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!

