



COVID-19
RESPONSE

CARE IN LATIN AMERICA AND THE CARIBBEAN DURING THE COVID-19. TOWARDS COMPREHENSIVE SYSTEMS TO STRENGTHEN RESPONSE AND RECOVERY¹

Summary

Care comprises the activities that enhance, both on a day-to-day basis and over generations, people's physical and emotional wellbeing. It is essential work for sustaining human life and for the reproduction of the workforce and societies, representing a fundamental contribution to economic production, development, and wellbeing.

The current distribution of the responsibilities of care work is incredibly unequal, falling mainly on households and carried out mostly by women as unpaid work. Despite its importance, this work continues to lack visibility, and be underestimated and disregarded in the design of economic and social policies in Latin America and the Caribbean. Reflecting the stereotype of the feminization of care work, women are also overrepresented in the field of paid care work, which is generally characterized by low pay and unstable working conditions.

The COVID-19 pandemic has reinforced the centrality of care, highlighting the unsustainability of its current organization. In Latin America and the Caribbean, since before the pandemic, women have dedicated three times the number of hours as men to unpaid work. This situation has been aggravated by the rising demand for care and the reduced supply of services caused by the social distancing and lockdown measures that have been adopted to curb the health crisis. Moreover, the so-called 'new normal' will involve important changes to education and employment, given that the social infrastructure is not in line with the new distancing measures, which creates new challenges in reorganizing productive and reproductive work in the medium term, and new pressure on the national education and health and social care systems beyond the crisis.

¹ Developed by Julio Bango, consultant to the UN Women Americas and the Caribbean Regional Office with data available as of 9 July 2020. In coordination with: Raquel Coello, UN Women Regional Women's Economic Empowerment Specialist and Lucia Scuro, Social Affairs Officer, ECLAC Division for Gender Affairs. Production Team: Beatriz García and Denize Santana (UN Women) and Iliana Vaca Trigo (ECLAC). Thanks to Ana Guezmes, Diana Espinosa, Juliette Bonaffe, Alison Vasconez, Lorena Barba, Ximena Loza (UN Women) and to Nicole Bidegain, Catalina de la Cruz y Belén Villegas (ECLAC) for all their contributions to the document.

The construction of comprehensive care systems is a fundamental factor in achieving the empowerment of women and gender equality, and it is a key element in socioeconomic recovery in that it creates jobs both directly and indirectly and enables other sectors of the economy to function adequately. For these reasons, UN Women and ECLAC are calling for the governments in the region to put care at the center of their responses to COVID-19, by creating incentive and recovery packages, promoting comprehensive systems that ensure access to care for people who need it, and guaranteeing the rights of those who provide it. These comprehensive care

systems can become a real driver for a socioeconomic recovery which leaves nobody behind.

This document substantiates the importance of care work for societies, defines the care sector's current condition in Latin America and the Caribbean and describes the impacts caused by the COVID-19 crisis, as well as the contingency measures that have been implemented in various countries in the region to address the crisis. The document concludes with a series of policy recommendations to address the care crisis as a way out of the COVID-19 crisis.



Introduction

What do we talk about when we talk about care? Care encompasses the activities that enhance, both on a day-to-day basis and over generations, the physical and mental wellbeing of individuals. It includes the daily tasks of managing and sustaining life, such as maintaining domestic goods and spaces, hygiene, educating and training people, maintaining social relationships and psychological support to family members. Therefore, it refers to a wide range of aspects covering healthcare, household care, care for dependent people and care givers, and self-care.

Currently and on a global level, **most contributions to care work takes place in the domestic sphere and is carried out by women as unpaid work.** For this reason, traditionally, these contributions have not been visible in economics or in development. Unpaid care work **accounts for almost half of total work time²**, making it **essential for maintaining the sustainability of the system as a whole**, given that all people, in every stage of life, need care. Without care work, all other activities cannot function.

Recognize

Highlight and revalue care work as a key job for the wellbeing of societies and for the functioning of the economy, both as a job provided within households, and as a booming economic sector of decent employment.

Redistribute

Distribute unpaid care work and domestic responsibilities, as well as the exercise of responsible parenting, in a fairer and more balanced way between men and women.

Reduce

Support and provide coverage for basic care needs, reducing the burden of unpaid work disproportionately undertaken by women in the home, taking a rights-based approach (the right to have access to care as a key citizenship right) and guided by the principles of equality, universality, and solidarity.

SOURCE: UN WOMEN (2018): Recognise, Reduce, and Redistribute Unpaid Care Work. Inspiring Practices in Latin America and the Caribbean.

² Total work time is the sum of paid work time and unpaid work time. Paid work refers to work done for the production of goods or services for the market and is calculated as the sum of time devoted to employment, job search and commuting. Unpaid work refers to work done without payment and develops mainly in the private sphere. It is measured by quantifying the time a person spent on self-consumption work, unpaid domestic work and unpaid care for their own home or to support other household work. <https://oig.cepal.org/es/indicadores/tiempo-total-trabajo>

However, the role of “natural” care givers, which societies assign almost exclusively to women and girls, generates an overload of work that limits their opportunities and choices, undermining their rights and becoming a major obstacle to gender equality and women’s empowerment and autonomy. This is why there is the need to **Recognize, Redistribute and Reduce** unpaid care work undertaken by women³ in order to allow the responsibility of this fundamental work to be valued and jointly taken on by the state, the private sector, the community and households, and by both men and women.

In terms of public policy, the aim is to define the concept, considering care policies as public action aimed at organizing the work of caring for and assisting dependent people⁴ – so that these people may carry out basic, instrumental and advanced everyday activities – and also considering people in care jobs as users of these policies. This concept includes methods which guarantee access to services, time and resources so that people may care and be cared for in equal and good quality conditions.

Care was recognized by the governments in the region during the **Regional Conference on Women in Latin America and the Caribbean** as people right, highlighting the key social function that care has in the production and reproduction of life and the wellbeing of societies. In this sense, the **Montevideo Strategy** urges governments to encourage the adoption of care policies and policies promoting co-responsibility between men and women, which contribute to women’s autonomy and a fair social organization of care⁵. This commitment was ratified recently in the **XIV Regional Conference on Women in Latin America and the Caribbean**, held in January 2020 in Santiago de Chile, through the **Santiago Commitment**, which explicitly mentions the need to “*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 boost the economy in key sectors, including the care economy*”⁶.



3 Elson, D. (2017). Recognize, Reduce, and Redistribute Unpaid Care Work: How to Close the Gender Gap. New Labor Forum. Volume: 26 issue: 2, page(s): 52-61.

4 Dependent persons are both those who have not yet become independent (children) and those who, for any reason, have lost their independence, either fully or partially (elderly adults or people with disabilities).

5 This was agreed by the governments in the region in the Regional Gender Agenda, when they recognised care as a right and, via the Montevideo Strategy, committed themselves to making every effort to overcome the strict, gender-specific division of labour and the unjust social organisation of care work in order to reach the 2030 SDGs.

6 ECLAC – Santiago Commitment - XIV Conference on Women in LAC - https://conferenciamujer.cepal.org/14/sites/crm14/files/20-00089_crm.14_compromiso_de_santiago.pdf

THE SANTIAGO COMMITMENT

Adopted in the XIV Regional Conference on Women in Latin America and the Caribbean. January 2020
Articles concerning the Promotion of Care Policies

...The countries in the region agree to:

“Adopt measures to ensure the promotion and effective protection of the human rights of all domestic workers, as established in Convention No. 189 of the International Labour Organization” (Paragraph 15).

“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 boost the economy in key sectors, including the care economy” (Paragraph 24).

“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).

“Promote measures, policies and programmes for the full engagement of boys, young men and men as strategic allies in achieving gender equality and in promoting and ensuring women’s rights and their economic empowerment and autonomy, eliminating all forms of discrimination and violence against women, adolescents and girls, and foster policies for the equal sharing of domestic and care work between men and women” (Paragraph 27).

“Also promote a systemic change in the approach to migration to reduce the vulnerabilities of women in the migration cycle, and the adoption of cooperation agreements among countries of origin, transit, destination and return for migrant women, refugees and asylum-seekers, paying particular attention to displacement phenomena surrounding global care chains and their structural causes, and ensure human rights and decent working conditions, prevention and response to violence —especially sexual violence— and to people smuggling, and non-discriminatory access to health services and comprehensive social protection” (Paragraph 28).

Care policies must be established using the principles of **universality, solidarity, autonomy and social co-responsibility**, that is, with the involvement of families, the state, the market, and society, and co-responsibility **in terms of gender, between men and women**. It can be divided into five main components:

- i. The services provided;
- ii. The regulations that are established;
- iii. The training that caregivers undergo;
- iv. Information management actions and the promotion of public awareness about care;
- v. Communication activities directed at disseminating rights and transforming patriarchal cultural patterns.

The crisis caused by the COVID-19 pandemic has highlighted the centrality of care work. It is work which, in health systems and in households, saves lives and supports households that have become the focal points of containment measures. However, the crisis has also demonstrated the unsustainable nature of the current

social organization of the care sector by intensifying existing economic and gender inequalities, given that it is the poorest women who bear the heaviest burden of caring and for whom this burden of caring limits their opportunities to livelihood. As the Secretary General noted in his recent Policy Brief on the Impact of COVID-19 on Latin America and the Caribbean⁷, recovery will urgently require a care economy in order to reduce the burden of unpaid care work, which falls disproportionately on women.

Therefore, **the crisis must be transformed into an opportunity to strengthen care policies in the region using a comprehensive and systemic approach**, incorporating all communities which require care, while at the same time coordinating them with economic, employment, health, education, and social protection policies on the basis of promoting social and gender co-responsibility. **Only in this way will it be possible to successfully overcome the devastating economic and social consequences caused by the pandemic and build a new normal which improves the situation from which it started.**

⁷ United Nations. Policy Brief: The Impact of COVID-19 in Latin America and the Caribbean. July 2020. https://www.un.org/sites/un2.un.org/files/sg_policy_brief_covid_lac_spanish.pdf



The importance of care for sustainable development and welfare in Latin America and the Caribbean

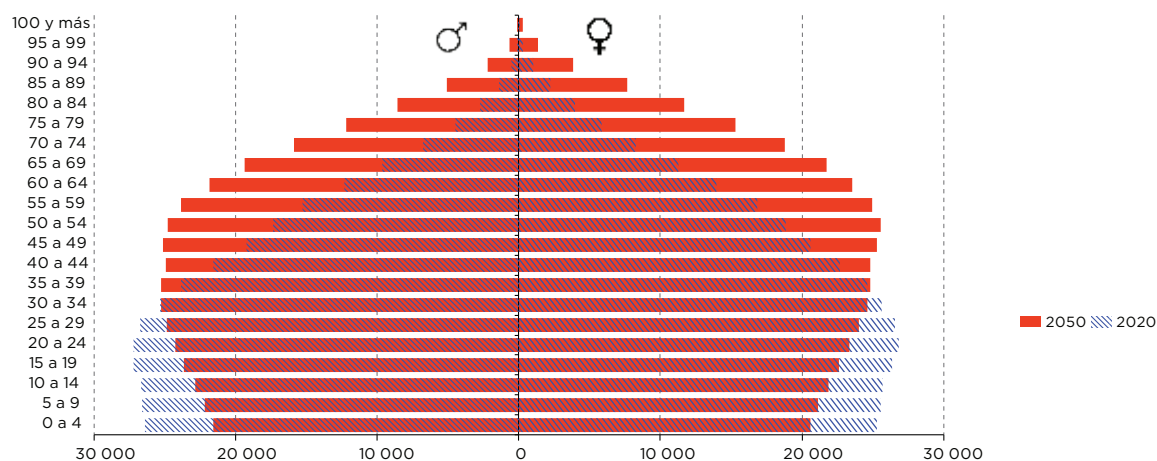
The welfare systems in the region's countries are based on three pillars of fundamental rights: education, health, and social security. In many cases, and especially regarding the latter two rights, these services are accessed through formal paid work. The **inclusion of care as a fourth pillar** can be justified insofar as it is a component of personal development, but also an important component in the reproduction of society since, as mentioned earlier, all people in every stage of life require care, and many people dedicate themselves to caring. Care policies are emerging increasingly as a central pillar aimed at reaching a fair social organization of a care system that contributes to achieving gender equality.

Despite its importance, care has not been made visible nor has it been given a central role in the region's public policies. This can be explained by the existence of a

cultural prescription that establishes a division of social roles where the responsibility of caring is assigned to women in the family sphere, further strengthening an inequitable sexual division of labour⁸.

When considering care a fundamental component of the functioning of societies and of a livelihood which allows people to enter the labour market, it becomes clear that welfare systems were underpinned by this ongoing gender inequality. However, economic, social, demographic and cultural changes – such as, for example, the progressive ageing of the population, the diversification of family patterns, the massive influx of women to the labour market and other spheres of social life – have created a crisis in the current social organization of care which today is becoming **unsustainable** and **urgently requires a review of economic and social protection policies**.

Latin America and the Caribbean: distribution of the population by age group and gender, 2020 and 205
(In thousands of people)



SOURCE: ECLAC (2019). *Women's autonomy in changing economic scenarios*, according to United Nations, World Population Prospects 2019 [online database] <https://population.un.org/wpp/>.

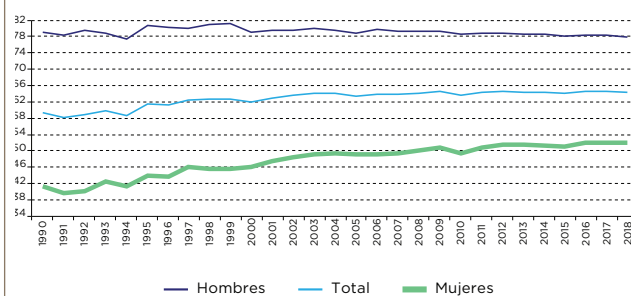
8 This was recognised by the governments in the region, who in the Montevideo Strategy for Implementation of the Regional Gender Agenda within the Sustainable Development Framework by 2030, highlighted that the sexual division of labour and unfair social organization of care is one of the structural challenges of gender inequality in Latin America and the Caribbean https://repositorio.cepal.org/bitstream/handle/11362/41013/1/S1700033_en.pdf.

Latin America and the Caribbean find themselves in a full **demographic transition** that involves the process of the aging of the population, with countries such as **Cuba, Argentina, Chile and Uruguay** in an advanced stage. For the current period of 2020-2025 it is expected that the dependent population (children below the age of 15 and over 65s) 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.

The continuous **entry of women into the labour market** occurs as a product of emancipatory processes and cultural change, as well as the search for economic survival strategies in times of crisis. In addition, **changes in the composition of households and the diversification of family patterns** can be seen, with an increasingly large proportion of women who are economically responsible for their households on one hand, and a rise in migration flows which impacts global care chains on the other hand. Therefore, the male as the one who “earn the daily bread” (the sole provider of household income) and “female caregiver” model as envisaged in the sexual division of labour not only fails to be representative of family structures, but also is unsustainable in the face of the socioeconomic realities of the countries in the region.

The implications of this situation are reflected, among other elements, in a significant gender gap in employment rates between women and men which, although it has narrowed in recent years, continues to be very significant. While the average female employment rate in LAC has gone from 41% in the early 90s to 52% in 2018, it remains 25 percentage points below the male employment rate⁹. In addition to being insufficient, any progress made could be threatened by the economic consequences of the pandemic and associated job losses.

Latin America (18 countries). Evolution of the labour force participation rate of the population of 15 years and older by gender, 1990-2018
(In percentages)



SOURCE: Economic Commission for Latin America and the Caribbean (ECLAC) and the International Labour Organization (ILO), based on ILOSTAT [online database] http://www.ilo.org/ilostat/faces/ilostat-home?_locale=es.

^a Simple average of 18 countries: Argentina, Bolivia (Plurinational State), Brazil, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Uruguay and Venezuela (Rep. Bolivariana). Data for Peru up to 2017 and for the Bolivarian Republic are included from Venezuela until 2016.

The large incorporation of women into the labour market has been offset by the fact that women have become **poorer in terms of time**: as their paid work time has increased, the burden of care work in the home has not decreased. In the absence of co-responsibility practices, the disparity between the time women and men dedicate to unpaid domestic and care work is maintained¹⁰. In fact, in the region, women still dedicate more than triple the time that men dedicate to unpaid care and domestic work¹¹. These differences are even greater for women with a lower income, so-called “women on the sticky floors” (“*mujeres de los pisos pegajosos*”), who dedicate an average of 46 hours a week to unpaid work, in comparison with women who have broken the so-called “glass ceiling”, who dedicate an average of 33 hours a week to unpaid work¹².

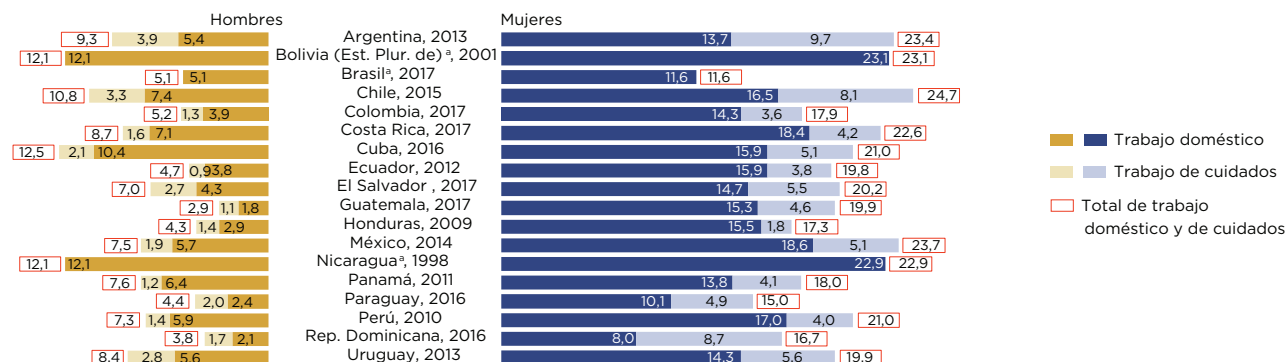
9 ECLAC-ILO: Employment Situation in Latin America and the Caribbean: Evolution of and Prospects for Women’s Labour Participation in Latin America. https://www.ilo.org/wcmsp5/groups/public/---americas/---ro-lima/---sro-santiago/documents/publication/wcms_725442.pdf

10 UN Women (2018): Recognition, Redistribution and Reduction of Care Work. Inspiring practices in Latin America and the Caribbean. <https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2018/11/estudio%20cuidados/2b%20unw%20care%20mapping-compressed.pdf?la=es&vs=4629>

11 ONU Mujeres. El Progreso de las Mujeres en América Latina y el Caribe, 2017 (Progress of Women in Latin America and the Caribbean). <https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2017/03/unw16017%20executive%20summary%20web%20esp.pdf?la=es&vs=224>

12 For a full description of women’s scenarios of economic empowerment (Glass Ceilings, broken ladders, and sticky floors), see UN Women *Progress Of Women In Latin America And The Caribbean*, 2017. <https://www2.unwomen.org/-/media/field%20office%20americas/documentos/publicaciones/2017/03/unw16017%20executive%20summary%20web%20esp.pdf?la=es&vs=224>

Latin America (18 countries): time dedicated to unpaid domestic and care work according to gender and type of work, last available year (In percentages)



SOURCE: ECLAC (2019). *Women's Autonomy in Changing Economic Scenarios*, according to the Gender Equality Observatory for Latin America and the Caribbean (OIG), Repository of information on time use in Latin America and the Caribbean [online] <https://oig.cepal.org/es/infografias/repositorio-informacion-usotiem-po-america-latina-caribe>.

Note: The heterogeneity of the data sources does not allow comparison between countries. The objective of this graph is to show the tendencies within each country. Domestic work refers to the activities that produce goods and services for the consumption of members of the household and of other households. The population aged 15 and over is considered, except in the case of Argentina, where the population aged 19 and over is considered, and Cuba, where the population between 15 and 74 is considered. Does not allow the disaggregation of domestic and care work. United Nations, World Population Prospects 2019 <https://population.un.org/wpp/>.

The overload of unpaid care work and the time-poverty that women face prevent equality of opportunity, rights, and outcome relative to men regarding participation in the labour market, but also social and political participation, and in the enjoyment of free time. Ultimately, the **overload of this type of work on women limits their opportunities and stands in the way of their economic empowerment** and also in the way of the possibility to enjoy their rights on an equal footing with men.

The above changes make it imperative to revise the current social contract to bring in care policies as the fourth pillar of welfare, so that material, institutional and symbolic conditions can begin to be created that enable societies to break with the traditional sexual division of labour and build a new one, in accordance with the demands of just and sustainable societies.



Care policies in Latin America and the Caribbean: inspiring practices

The translation of care into policy is relatively recent in the region, although it has gained considerable momentum in recent years, a fact which is supported by evidence from time-use surveys and the measuring and counting of unpaid domestic and care work, among other instruments. Characterized by a high level of heterogeneity, several countries in the region have advanced in a significant number of development policies and actions linked to the **recognition, reduction and redistribution of care**. The largest advances can be seen in the creation of early

childhood care services. Other strategic areas, such as care for dependent elderly people and sick and disabled people, the regulation of maternity and paternal leave for care purposes, the strengthening and formalization of the care sector, the creation of incentives for flexible labour organizations that are compatible with care responsibilities, and the co-responsibility of men in these tasks, have a more limited and incipient development¹³. The following table gives some examples and inspiring practices in the region.

¹³ UN Women (2018) "Recognise, Redistribute and Reduce care work: inspiring practices in Latin America and the Caribbean" and the Government of the City of Bogotá website

Recognize, redistribute and reduce care work. Inspiring practices in Latin America and the Caribbean

ON A NATIONAL LEVEL:

Uruguay: after a long process that began with encouragement from the academic world and civil society, this is the model that has achieved the greatest development and attracted the most attention in the region. The **National Integrated System of Care** (“*Sistema Nacional Integrado de Cuidados*”) was created in 2015 with the objective of generating a co-responsible model of care between families, the state, the community, and the market. Its conception was built on: care as a universal right; gender equality as a cross-disciplinary principle; and children, elderly people and people with disabilities in a situation of dependency, and both paid and unpaid care givers as target populations. It was created as law and established a governance that coordinates ten public institutions in a **National Board of Care** (“*Junta Nacional de Cuidados*”) and institutionalizes social participation in a **Care Advisory Committee** (“*Comité Consultivo de Cuidados*”). Its actions are structured in five-yearly Plans which outline the following components: Services; Training; Regulation; Generation of Information; and Awareness and Communication.

Costa Rica: since 2010 the **National Network of Childhood Care and Development** (“*Red Nacional de Cuido y Desarrollo Infantil*”) has been in place with the objective of establishing a public-access, universal and solidarity-based system of care and development that puts together different forms of public and private provision of care services for children from 0-6 years old. The programme also looks to promote social co-responsibility and brings together different actors, alternatives and childhood care and development services. Work is currently underway to create a National Care System that will bring together three population groups (children, elderly people, and people with disabilities).

Colombia: an **Intersectoral Commission of Care Economy** (“*Comisión Intersectorial de Economía del Cuidado*”) was created which works on the construction of the National Care System (“*Sistema Nacional de Cuidados - SINACU*”). Since the year 2010, with the inclusion of the care economy in the system of national accounts, Time Use Surveys have been developed with the aim of measuring women’s contribution in the economic and social development of the country and as a tool for defining and implementing public policies.

Mexico: the country aims to place Care onto the public agenda through the establishment of a National Care Strategy, which brings together already existing programmes and actions from a rights-based focus and a viewpoint towards co-responsibility. Additionally, the National Survey of Time Use (“*Encuesta Nacional de Uso del Tiempo - ENUT*”) in Mexico constitutes one of the most thorough producers of expertise in the region, especially based on its contribution to the estimates by the **Satellite Account of Unpaid Work** (“*Cuenta Satélite del Trabajo No Remunerado - CSTNRHM*”), whose aim is to raise awareness of the economic value of unpaid work which members of the household carry out via productive activities, making it possible to measure their contribution to the national economy more precisely.

Chile: the **Chile Cares Programme** (“*Programa Chile Cuida*”) is being implemented to provide care for dependent people, their care givers, their households, and their support network. It is also worth highlighting the role that the **Chile Grows with You Programme** (“*Programa Chile Crece Contigo*”) has played in the region, as an initiative that promotes paternal involvement in improving childhood development outcomes.

Paraguay: An **Interagency Care Policy Group** (“*Grupo Interinstitucional Impulsor de la política de Cuidados ICPG*”) was established in 2016. The ICPG is now made up of eleven state institutions and is following an initial roadmap for the country to design, adopt and implement a national care policy.

Dominican Republic: since 1998 the country has had in place key legislation surrounding the rights of elderly people, thanks to the enactment of the **Law on the Protection of the Ageing Person** (“*Ley de la Protección de la Persona Envejeciente*”) which, among other things, consecrates the right to free and easy access to public and private services. The government is currently working on the construction of a National System of Integrated Care, as a part of the design of a basic social protection floor with a focus on gender, supported by UNDP, ILO, and UN Women.

Recognize, redistribute and reduce care work. Inspiring practices in Latin America and the Caribbean

ON A LOCAL LEVEL:

Mexico City: recognizes the right to receive care in its **Political Constitution** and states that “every person has the right to receive care that sustains their life and gives them the material and symbolical components to live in society throughout their life. The authorities shall establish a care system that develops public policies and provides universal, accessible, relevant, enough, and high-quality public services. The Constitution of Mexico City envisages that the system shall prioritize support to people in situations of dependency caused by illness, disability, and the life cycle, especially children and the elderly, and unpaid care workers.”

The city of Buenos Aires: the **bill on the creation of the Care System (“*proyecto de Ley sobre la creación del Sistema de Cuidados*”)** attempts to formulate, implement, coordinate, monitor and evaluate integrated public policies with a gender perspective, promoting the development of autonomy and support to people in situations of dependency. This system guarantees people’s rights to receive care, take care of themselves, and give care in conditions of quality

and equality throughout the region, promoting a co-responsible social organization of care between families, state, market, and community, as well as between women and men.

Bogotá: its **2020-2024 District Development Plan (“Plan de Desarrollo Distrital 2020-2024”)** contemplates the implementation of a **District Care System** that efficiently brings together the District’s institutional services as a co-responsible model of care between the District, the community, families, and the private sector with the objective of redistributing the time spent caring/being cared for within households, promoting the guarantee of women’s rights in the labour market and in the family, supporting the creation of productive, stable and formal jobs, and improving the offer of resources and social infrastructure so that the right of every citizen to receive care is realized. To put this commitment into action, the city began to create district care policies, coordinate the care system and, in the upcoming months, will set up both mobile and permanent care centers.

SOURCE: UN Women (2018) “Recognize, Redistribute and Reduce Care Work: Inspiring Experiences in Latin America and the Caribbean” and the City of Bogotá Government website <https://bogota.gov.co/mi-ciudad/mujer/el-sistema-distrital-de-cuidado-un-logro-historico-para-las-mujeres#:~:text=El%20objetivo%20del%20Sistema%20Distrital,remunerado%20con%20los%20hombres%3B%20y>





The COVID-19 crisis and the pre-existing care crisis

The crisis triggered by the COVID-19 pandemic is generating social and economic consequences for all people, and especially for women, many of whom are closely associated with care.

Women are in the first line of response to the pandemic (health workers, institutional or home-based care givers), however, many of them work without protocols or necessary protection measures. **Women who are paid as domestic workers** are at the heart of the response to the crisis due to the role that they play in caring for children, sick people and people in situations of dependency, and in maintaining households, including preventing the spread of the virus. However, and despite the enormous contribution that their work represents in the lives of many people, they are also one of the principal groups effected by the crisis. Among other reasons, this is due to the precarious employment situation in this sector,

characterized by low salaries and a lack of social benefits for their survival and for the support of their families in the face of layoffs or income reductions¹⁴.

With regard to unpaid care work within households, the confinement and social distancing measures adopted with the intention to contain the spread of the virus have led to an abrupt reduction of formal (care and education centers, care centers for people in dependent situations, paid domestic work) and informal (support for families, neighbors, etc.) care arrangements. Within this framework, the temporary closure of care and education centers and pressure on the health systems, together with time spent and increased number of activities carried out in the home, care work has increased exponentially, while the unequal distribution of the burden that falls mainly on women has been maintained¹⁵.



14 UN Women, ILO and ECLAC (2020) Domestic workers in Latin America and the Caribbean during the COVID-19 crisis. <https://lac.unwomen.org/es/digiteca/publicaciones/2020/06/trabajadoras-del-hogar-frente-a-la-crisis-por-covid-19>

15 ECLAC (2020). The COVID-19 pandemic is exacerbating the care crisis in Latin America and the Caribbean <https://www.cepal.org/es/publicaciones/45335-la-pandemia-covid-19-profundiza-la-crisis-cuidados-america-latina-caribe>

Several studies have criticized the “romanticization”¹⁶ of quarantine and social distancing measures, which end up rendering these tensions and issues surrounding health invisible. Even those women, principally from the upper or middle classes, who have kept their jobs (either because they work in services considered essential, or because they can work remotely from home), are faced with having to **continue working in a paid capacity at the same time as taking on the increased burden of care work within the home**, and must deal with the consequences of this, not only on their productivity but also their personal wellbeing.

In Latin America and the Caribbean, according to data by the International Labour Organization (ILO), a fifth of the population works in sectors linked to care – in the broad sense – in a paid capacity. The sector accounts for more than a third of female employment¹⁷. However, this work is often carried out under precarious working conditions, in situations of violence or abuse and/or with pay penalties that widen the pay gap¹⁸.

Just over half of the 126 million women in the female labour force in Latin America works in informal conditions, which often involve job instability, low pay, and a lack of protection and rights¹⁹. Many of the measures that governments have adopted to prevent the spread of the virus have led to the **temporary or permanent loss of thousands of formal and, above all, informal jobs**, with services and sectors such as tourism or business (where are large part of female employment is found) being some of the most affected.

The segmentation that characterizes the region’s labour markets concentrates a significant proportion of women

in the sectors with the highest risk of job loss or pay reductions. The overrepresentation of women in informal work and lower-income sectors leaves them more exposed to the adverse conditions of the crisis and reinforces the perverse linkages between monetary poverty and time poverty.

As UN Secretary General António Guterres points out²⁰, “the consequences of the crisis could constitute a setback to the already limited progress made in gender equality”. Therefore, he recommends placing women’s leadership and contributions at the heart of the resilience strategy and post-crisis recovery.

Definitely, if **changes in the labour market** are not made to facilitate the conciliation between paid work and families’ responsibilities to give care, and if the **social reorganization of care** is not urgently addressed to promote co-responsibility between the state, the private sector, the community, and households, then it will be impossible for many women to resume activities that generate income and fully re-enter the economic sector. In the **paid care sector**, transformative change will need to be made by attacking the precarious working conditions under which paid care work is carried out and the lower wages earned by workers in education, health, personal care, and paid household work, in comparison with other sectors of the economy. In the **field of unpaid care work**, invisibility, lack of recognition and inequalities that operate within households must all be addressed. Both sectors are fundamental for the day-to-day support of life and the functioning of the economic system, however they must not continue operating on the foundations that sustain and deepen gender inequalities and limit the empowerment of women.

16 The romanticisation of “stay at home”: How does quarantine impact the daily lives of women? – Sociology of Gender Research Group, Faculty of Social Sciences -- University of the Republic, Uruguay. <https://cienciassociales.edu.uy/wp-content/uploads/2020/04/GISG-Reflexionesparadifusion.docx-1.pdf>

17 ECLAC (2019). Women’s autonomy in changing economic scenarios. <https://www.cepal.org/en/publications/45037-womens-autonomy-changing-economic-scenarios>

18 ILO (2019). Care work and care jobs for the future of decent work, Geneva, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf

19 ILO (2019). Thematic Labour Overview, N°5. Women in the World of Work. 2019. https://www.ilo.org/americas/publicaciones/WCMS_736930/lang--en/index.htm

20 UN (2020) Policy Brief: The Impact of COVID-19 on Women. https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf



Measures to address the impacts of COVID-19 on the care sector. Progress in the region

Since the beginning of the pandemic, some governments in the region have identified interactions between the care sector and COVID-19 and have sought to implement

measures to attempt to mitigate their consequences. Some of these measures are listed in the following table²¹.



MEASURES ADOPTED IN THE REGION REGARDING CARE IN THE RESPONSE TO COVID-19

TYPE OF MEASURE	COUNTRY	MEASURES
LICENCES AND PERMITS	Argentina	The obligation to attend the workplace is suspended for the duration of social isolation with the enjoyment of workers over the age of sixty, pregnant workers and risk groups. This measure was initially made for 14 days (Resolution 207/2020) but was then extended for the duration of the extension of preventive and compulsory social isolation (Resolution 296/2020). The non-attendance of the responsible adult for care of a dependent person , whose presence in the is indispensable for the care of children or adolescents, during the suspension of classes in schools.
	Bolivia	Creation of special leave with incentives , for the purpose of protecting the health of people with underlying illnesses, elderly adults (60 years old or more), pregnant women and people under the age of five, being the beneficiary of the special leave (parent or guardian).
	Cuba	Measures have been approved that stipulate that the parent or family member who works and is in charge of children in primary, special and nursery education whose classes have been suspended, should receive during the first month a wage guarantee of 100% of the basic salary in the first month, and 60% for as long as the suspension is maintained.
	Trinidad y Tobago	" Pandemic leave " has been introduced as a new form of paid leave for parents who don't have support networks during the closure of education and care services. Part of the method involves incentives for the employment sector to implement different type of flexibilities: working from home, schedule changes, job rotations, etc. The employed person has the right to stay at home without being penalized in any way.
SERVICES	Costa Rica	The National Network of Childhood Care and Development continued to provide services. This measure was aimed at supporting parents who continued working so that the care of children did not fall on elderly people or high-risk groups who were a part of their family networks.
CASH TRANSFERS FOR CARE WORK	Argentina	An " Emergency Family Income " has been established for unemployed people, informal workers and workers employed in private homes. The allowance for the Emergency Family Income will be \$10,000 Argentinian pesos, it will be paid to a member of the family and will be paid only once in the month of April of this year.
	Ecuador	A single cash transfer of \$120 was established and paid in two equal shares months of April and May 2020. This transfer is aimed at affiliates without unit with an income below a Unified Basic Salary (\$400 per month), persons affiliates of the Peasant Social Security and the Unpaid Household Work System, except for those who have contributory social security. It is included among the beneficiaries to domestic workers.
	Dominican Republic	The " Stay at home " programme offering social transfers benefits the most vulnerable families (particularly female-headed households), as well as informal and or/domestic workers.
	Uruguay	The reinforcement of transfer programmes such as the Uruguay Social Card and allowances for dependent children, with the aim of supporting women's economic livelihoods.

MEASURES ADOPTED IN THE REGION REGARDING CARE IN THE RESPONSE TO COVID-19

TYPE OF MEASURE	COUNTRY	MEASURES
CAMPAIGNS TO PROMOTE CO-RESPONSIBILITY	Argentina	The #QuarantineWithRights (#CuarentenaconDerechos) campaign was launched with the aim of promoting the fair distribution of household chores and the equitable sharing of the support of children's tasks and games. It also promotes the recognition of the rights granted to women working in private homes.
	Ecuador	The National Council for Gender Equality launched an information campaign about the co-responsibility of care , through which communications are disseminated on social media on the burden of unpaid work on women in the context of the health emergency and the need to promote co-responsibility in caregiving during the pandemic and quarantine. An example of this is the #AtHomeWeShareActivities hashtag (#EnCasaCompartimosActividades).
	El Salvador	The Salvadoran Institute for the Development of Women (ISDEMU) launched an information campaign disseminated on social media and communications pieces on the importance of making visible unpaid work and caregiving carried out mainly by women in the home, and on promoting co-responsibility of care work in the home in the context of the national emergency caused by COVID-19.
	Mexico	Through the #HeForShe campaign by the National Institute of Women (InMujeres) and UN Women Mexico , a publication was written which is made up of graphics and a guide inviting men to create and share harmonious spaces, which are collaborative and free from violence, in daily life as well as when tackling the COVID-19 pandemic.
	Dominican Republic	A diffusion of information campaign named "In this House we're a Team" and a publicity campaign on the co-responsibility of care and the importance of promoting positive masculinities and relationships free from gender violence.
SUPPORT FOR PEOPLE WITH DISABILITIES	Colombia	The Ministry of Health and Social Protection issued guidelines for people with disabilities, their families, caregivers, and health sector actors (regional health directorates, suppliers and insurers) on the implementation of differential methods to prevent and mitigate the spread of COVID-19.
EXCEPTIONS TO RESTRICTIONS ON MOVEMENT	Argentina	Parents or responsible adults are authorized to enter local shops with their dependent children up to the age of 12, provided that they cannot be placed in the care of another responsible adult. An exception to the restriction of movement for girls and boys whose parents do not reside in the same household, it is provided this priority be given to children in the home that constitutes their center of life, so that they can be transferred to the residence of the other parent, family member or relative only once if they are not present at the beginning of the isolation measure. Exceptions to the movement restriction for persons required to assist others with family members in need of assistance, the elderly, children and adolescents and persons affected by the care of school canteens, community and picnic areas.
RIGHTS OF PAID DOMESTIC AND CARE WORKERS	Argentina	Domestic workers employed in private households must be granted paid leave during the preventative social isolation, other than in instances of support for isolated elderly people or workers who have no other care support. In this case the employer must attest to the need for the employee and must ensure that neither the employers nor their close circle are exposed to COVID-19. The National Commission for Work in Private Homes decided to arrange a salary increase for hourly and monthly salaries. In addition, they are included in the collection of the Emergency Family Income where their family group fulfils the relevant socio-economic conditions.
	Chile	Access to unemployment insurance benefits has been established for domestic workers , in exceptional circumstances. If the contractual relationship between employer and employee is suspended or the working day is reduced, the employer is obligated to pay contributions to social security and health, and the employee will receive part of their pay through unemployment insurance. This law refers to female domestic workers who contribute to the pension system.
	Ecuador	Information campaigns on the rights of female paid domestic workers in the context of the COVID-19 pandemic, directed at employers as well as employees.
	Peru	Various measures have been established to guarantee and monitor the protection of the social and labour rights of domestic workers in the framework of the COVID-19 health emergency. Written contract, fair and equitable pay; 18 years old being the minimum age to carry out their work. Any act of discrimination against domestic worker is prohibited; it is forbidden to separate those who work into exclusive spaces in the framework of the present law; right to protection against violence and abuse in all aspects of employment and occupation, particularly against sexual assault.



From crisis to opportunity: recommendations for the promotion of care policies in Latin America and the Caribbean²²

The COVID-19 pandemic has highlighted the fundamental importance of care for sustaining life and in the functioning of societies and the economic system. However, the crisis has also exacerbated the unjust distribution of the responsibilities of caring, which continues to fall mainly on households, through unpaid work carried out by women, and on people who carry out paid work in the care sector under precarious, poorly paid working conditions.

The construction of integrated care systems, as well as being a key factor in achieving women’s empowerment and autonomy and gender equality, is a key component of socioeconomic recovery for various reasons:

- Investment in social care infrastructure²³ and the creation of an economy of services, regarding care services, boosts local economies through **direct job creation and improved family incomes**, which generates returns to the economy and society as a whole;
- The existence of a strong network of infrastructure and quality care services makes it possible to reduce a part of the burden of unpaid care work carried out at home, mainly for women, which frees up time and creates favorable conditions for their assimilation into the labour market, **enabling them to make use of their full capacities and promoting their economic autonomy**;
- Care policies contribute to the professionalization and certification of those who work in a paid capacity in the sector, **increasing their employment skills, their salaries and their productivity**. They can therefore become an engine for the generation of decent jobs, particularly for women, in a context of a global decline in employment;

- The regulation and formalization of the sector contributes to the **generation of tax revenues and the strengthening of social security systems** in contexts where the high degree of informality and the massive loss of formal jobs puts the sustainability of these systems at risk.
- Investing in quality early childhood care positively impacts **educational and employment paths and the productivity of the future workforce**, since adequate childhood development from the very beginning of life contributes to reducing inequalities;
- The care of elderly people and people with disabilities in situations of dependency has positive effects in terms of **reducing hospitalizations** and optimizing investment in health, which, in the context of the ageing populations in the countries in the region becomes extremely relevant.

The so-called “**new normal**”, where social distancing measures continue to be necessary, will also imply important changes in the ways of schooling and work, which will continue to generate challenges in reorganizing productive and reproductive work as well as new pressure on national systems of public education, health, and social protection.

Consequently, it is key that the measures and contingency plans to mitigate the immediate impacts of the pandemic, and the medium- and long-term plans for socioeconomic recovery, place care policies at the center of their design and implementation.

²² Some of the recommendations were taken from the policy document “COVID-19 and the care economy: Immediate action and structural transformation for a gender-responsive recovery. Prepared by the Economic Empowerment and Research and Data Sections at headquarters of UN Women. <https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-covid-19-and-the-care-economy>

²³ Social infrastructure can be defined in general terms as the construction and maintenance of facilities that support social services, including, among others, medical centres, educational centres, centres for the care of dependent people, centres for the care of women who are victims of violence, markets and centres for the collection of basic necessities, water and sanitation infrastructure, community housing, and improving the public transport network.



From crisis to opportunity: recommendations for the promotion of care policies in Latin America and the Caribbean



Immediate recommendations for the implementation of care policies during the health emergency and the COVID-19 crisis

- 1 Ensure **care services** are considered a **priority**, making sure that those working in these services can carry out their work in a **safe way**.
- 2 Expand the **protection** of **people** who carry out **care work** both in a paid and unpaid capacity
- 3 Promote measures to make it easier for workers to make any **care responsibilities compatible** with paid work.
- 4 Encourage a **better distribution** of **care responsibilities** between **men** and **women**.
- 5 Prioritizes **access** to **food** and **basic services** to alleviate domestic work and the burden of unpaid care work.

Recommendations for the implementation of medium- and long-term care policies.



- 1 Create robust **care systems**, which are resiliently designed and implemented from a **gender focus**.
- 2 **Invest** in **infrastructure** supporting the care sector and **technology** and **transport** systems that save time.
- 3 **Transform labour markets** to enable the **reconciliation** of paid work and unpaid care, promoting social co-responsibility between **families**, the **state**, the **market**, and the **community**.
- 4 Integrate the care variable into the **planning**, design and implementation of **macroeconomic policies**

a) Immediate recommendations for the implementation of care policies during the health emergency and the COVID-19 crisis

- **Ensure care services are considered a priority, making sure that those working in these services can carry out their work in a safe way during the lockdown period.**

This will allow care services to continue functioning, thus expanding the options for dealing with the increase in the unpaid workload of families and providing an option for the care of dependent people. This will require making resources available to strengthen these services and provide workers with the necessary tools to carry out their work safely. Care services are essential for ensuring that workers with family responsibilities, especially children who have not returned to school, can return to work as countries resume economic activities.

- **Expand the protection of people who carry out care work both in a paid and unpaid capacity.**

This expansion should guarantee access to healthcare and social protection programmes (including financial transfers or paid sick leave), both for people who dedicate themselves to paid care work (including paid domestic workers), and for those who dedicate themselves to unpaid care work. Social protection can play a very important role in response to the rising demand for unpaid care work, including the care of children, especially in cases where schools and day-care centers have closed.

- **Promote measures to make it easier for workers to make any care responsibilities compatible with paid work.**

In this regard, flexible working agreements and reductions in working hours are crucial for people

to be able to cope with the double burden. Several countries have introduced measures ranging from the reduction of working hours in paid jobs to access to paid family leave and paid sick leave, including for independent workers²⁴.

- **Encourage a better distribution of care responsibilities between men and women.**

As shown earlier, in Latin America, various countries have launched campaigns on social media to encourage the sharing of domestic responsibilities during the lockdown. These campaigns should be continued and made stronger as lockdowns are lifted in order to encourage a sustained cultural change.

- **Prioritize access to food and basic services to alleviate domestic work and the burden of unpaid care work.**

Adapting basic public services for continued operation in the context of lockdown is crucial not only to contain the spread of the virus, but also to reduce the burden on women regarding unpaid care and domestic work. The continuation of school feeding programmes even when schools are closed is vital in preventing hunger and malnutrition, at the same time as alleviating stress among women who are often responsible for satisfying food requirements at home. Access to water, sanitation and hygiene has never been as crucial as it is now, and must be rapidly expanded to reach rural zones, informal settlements and refugee camps. When running water is not available, efforts must be made to increase the frequency of water deliveries (for example, via water tankers), install additional water storage and handwashing structures, and distribute hygiene products and free soap.

24 Ugo Gentilini, et al, [Social Protection and Jobs Responses to COVID-19: A Real-Time Review of Country Measures](#) (version 7, from 1 May 2020).

**PROPOSALS FOR SPECIFIC MEASURES FOR THE INTEGRATION OF CARE POLICIES
IN THE IMMEDIATE RESPONSE TO COVID-19**

Information and Data	Conduct rapid data gathering on the impacts of COVID-19 on unpaid care work. Systematically incorporate data disaggregated by gender and data on the impacts on time use when carrying out diagnostics on the impacts of COVID-19 in preparation for response plans.
Services	Keep childcare services functioning, at least for essential workers and progressively for parents who must pick up their jobs again. Ensure continuity of care for elderly people and people with disabilities who don't have support networks.
Cash Transfers and Paid Leave for Care	Implement and/or make flexible the conditions for access to bonuses and subsidies for access to care services. Expand cash transfer programmes and include in their beneficiaries women earning an income but in informal situations, female paid domestic workers who have seen their incomes reduced, and women who cannot earn an income because they are dedicated to the unpaid care of their children or dependent people in their households. Suspend existing conditionalities of Conditional Transfer Programmes (CTPs), which, as well as being irrelevant in the time of the pandemic, reinforce gender stereotypes and increase the burden on women with more caregiving responsibilities. Expand social protection for female caregivers to mitigate the effects of the strain of caregiving by increasing access to various types of paid leave, both for childcare and the care of elderly people and those with disabilities in situations of dependency.
Compatibility between care and paid work	Promote co-responsibility in the business sector during lockdown through measures to reduce the working day, the adjustment of goals and objectives (in the case of work from home) and other measures which contribute to the conciliation of work and time spent caring. Implement family-friendly working hours during the lockdown to give workers more freedom surrounding when and where they can fulfil their work responsibilities. If flexible working hours are not possible, consider alternative support for parents who work, for childcare and for caring for dependent people.
Advocacy for cultural change	Promote campaigns for make visible the burden of care work on women in the context of the crisis and lockdown and promote co-responsibility within households between men and women, considering cultural diversity. Carry out awareness and training campaigns at community level in order to promote good practices and gender co-responsibility in care carried out in the family environment.
Actors and Institutionalality	Systematically incorporate working groups on care policies into crisis committees and into the institutional mechanisms created to develop socioeconomic response plans and the design of measures working towards the so-called the "new normal". Promote the participation of civil society , particularly women's organizations, as well as the private sector, in the construction of exit strategies.

b) Recommendations for the implementation of medium- and long-term care policies.

- **Create robust care systems which are resiliently designed and implemented from a gender lens.**

As this document has shown, domestic and care work undertaken by women not only allows the formal health system to function, but also forms part of the backbone of the functioning of the economic and social system as a whole. It is therefore necessary to create systemic solutions guaranteeing that an individual's care needs are covered throughout their life – from childhood to old age – which are not founded primarily on unpaid work carried out by women inside the home, and which instead are collective solutions based on solidarity and co-responsibility between different social actors. These systems can be built on top of existing health, education, and social (caring for people in situations of dependency) services and aim at expanding coverage and improving quality.

- **Invest in infrastructure supporting the care sector and technology and transport systems that save time.**

Prioritize as part of the infrastructure plans investment in facilities that support the care sector such as: healthcare centers; education centers; care centers for dependent people; care centers for women victims of violence; markets and centers for the collection of basic necessities; water and sanitation infrastructure; community housing; the improvement of the public transport network. The access a household has to infrastructure and technologies that save time, including water, sanitation, electricity, food mills and fuel-efficient stoves, has a direct impact on women's time and the weight of their work²⁵. Investment in these areas – including the development, transfer and diffusion of appropriate technologies in the countries where they are implemented – is crucial to reducing women's time and income poverty, promoting their health and wellbeing, and improving the preparedness of poorer communities for future crises.

- **Transform labour markets to enable the reconciliation of paid work and unpaid care, promoting social co-responsibility between families, the state, the market, and the community.**

Gender inequalities in the labour market, including gender pay gaps, create economic disincentives for a fairer distribution of unpaid care and domestic work at a household level. Legislation that prohibits wage discrimination against women and promotes wage transparency in terms of gender by requiring employers to review and disclose their remuneration practices can play a key role in reducing inequalities²⁶. Minimum wage regulations are also crucial for employees in paid care roles, in particular for female paid domestic workers, who are often at the base of the income pyramid and, in some cases, are still not covered by minimum wage legislation. Additionally, employment policies are required that incentivize and facilitate the conciliation of paid work with unpaid care work for employees with family responsibilities. This can be done through parental leave for men and women, leave for caring for sick dependent people, and flexible working arrangements in terms of hours and distribution of days off.

- **Integrate the care variable into the planning, design and implementation of macroeconomic policies.**

Macroeconomic policies that recognize the economic contributions and input of care work (including unpaid care and domestic work) and analyze the dynamic connections with other sectors of the economy, are fundamental for ensuring that economic recovery efforts are sustainable. This integration can be done through the use of satellite accounts and the incorporation of variables regarding the care economy into macroeconomic planning instruments such as general equilibrium models and the social accounting matrix. Together with investment in care and health, fiscal stimulus

25 UN Women (2019). Global survey on the role of women in development.

26 ILO (2018). Global Wage Report 2018/19: What lies behind gender pay gaps.

packages should include the expansion of infrastructure and care services for children, elderly people, and sick people. Several studies have already shown that these investments can generate significant multiplier effects

by facilitating women's participation in the workforce, creating jobs in the care sector, improving children's capacities and supporting the wellbeing of vulnerable populations, thus generating a triple dividend²⁷.

PROPOSALS OF SPECIFIC MEASURES FOR THE IMPLEMENTATION OF CARE POLICIES IN THE MID AND LONG TERM.	
Information and data	Promote the development of satellite accounts that gather the contributions of domestic and unpaid care work to national accounts. Promote the periodic development of Time Use Surveys and regularly collect information using surveys that are carried out at intervals of under one year
Services	Promote public investment in infrastructure for the functioning of public services including health, education and childcare, care for people with disabilities, and elderly people in dependent situations, freeing up time for families to carry out unpaid work (particularly women). Expand the coverage and improve the quality of care services to meet different needs throughout a person's life, defining common standards for public and private institutions.
Training/ education	Establish training policies for people who perform care services in both paid and unpaid capacities, in order to improve the quality of care and dignify paid work, professionalizing and formalizing it. Promote measures to eliminate job insecurity and create decent working conditions in the sectors that make up the care economy.
Cash transfers and paid leave for care	Support total and partial subsidiaries in the hiring of care services for children, elderly people, and people with disabilities in dependent situations. Promote the extension of paid paternity and parental leave . Encourage the expansion of different types of schemes for paid leave for care that do not deepen gender stereotypes.
Compatibility between care and paid work	Promote social co-responsibility and the participation of private businesses in the provision of care services. Expand different types of schemes for unpaid leave for care and flexible arrangements that do not deepen gender stereotypes. Implement care clauses in collective bargaining agreements with a gender equality perspective.
Advocacy for cultural change	Carry out campaigns and actions that promote social and gender co-responsibility in care work on a permanent basis. Promote the creation of research and applied knowledge surrounding the implementation of care policies, establishing agreements with the academic and scientific community.
Actors and Institutionalinity	Promote interinstitutional coordination bodies for the definition and implementation of Integrated Care Systems. Attribute specific competencies to an organism whose function is coordinating the Care System and building interfaces between the institutions involved in ensuring consistency in implementation. Include in the institutionalization of care systems articulation and participation spaces for civil society organizations, including women's and feminist organizations, so that they have the capacity to propose, advise and control the management of care systems in order to make the policy more sustainable.
Macroeconomic policy	Develop general equilibrium models and nuances in social accounting which include variables that reflect the care economy in order to incorporate them into the design of macroeconomic policies. Incorporate targeted investments for the expansion of infrastructure, the extension of services and the creation of jobs in the care sector into fiscal stimulus packages . Analyze gender biases in tax systems and encourage their elimination in tax reform measures designed in response to the crisis. Promote the elaboration of Gender-Responsive Budgets , including the development of tools for marking and developing investment and expenditure in line with ODS indicator 5c1

27 UN Women (2018). Turning promises into action: Gender equality in the 2030 Agenda for Sustainable Development, New York; UN Women (2019). "[Investing in free universal childcare in South Africa, Turkey and Uruguay: A comparative analysis of costs, short-term employment effects and fiscal revenue](#)"; UN Women Policy Paper [Gender equality, child development and job creation: How to reap the 'triple dividend' from early childhood education and care services](#); UN Women Policy Paper ["Redistributing unpaid care and sustaining quality care services: A pre requisite for gender equality"](#)

Ultimately, the **basis for the need to make progress with care policies** that are coordinated with the other pillars of welfare can be summarized under the following headings:

- **Legal basis.** The promotion of care policies by governments signifies the **inclusion of a new right in the welfare matrix**: the right of all people to give care and not to give care, as well as to be cared for in conditions of quality and equality. This right means that care should not be provided uniquely by family members, and that those who require care should have services and alternatives available, ensuring that the responsibility is shared, and that it does not limit opportunities for development for those who currently assume this responsibility with little recognition and without compensation.
- **Gender equality basis.** By including the right to care in the wellbeing matrix and promoting social and gender co-responsibility in care, the conditions to **modify the sexual division of labour** are created. It is recognized that care responsibilities are not exclusively women's, thus helping to eliminate one of the structural causes of gender inequalities. Time poverty, which is the result of the burden of unpaid work for which women are currently responsible, limits their opportunities to participate on an equal footing in paid work, training, the political sphere, and decision-making spaces at all levels, among others.
- **Economic basis.** The recognition and appreciation of unpaid care work has made it possible to measure its importance in terms of the generation of wealth in countries and its relevance in the economic structure. Investment in care policies in the form of services and regulations contributes to an increase in employment

rates, particularly for women, by eliminating the principal structural barrier that prevents them from entering the labour market. **Investment in care is also a net generator of jobs.** All of this helps to increase families' disposable income, boost consumption and increase state revenue via taxes and contributions to social security systems. At the same time, the legislation, regulation and control of quality employment in the care economy improves working conditions in the sector and implies improvements in retirement conditions (pension systems). This approach promotes the distribution of income throughout a person's lifetime.

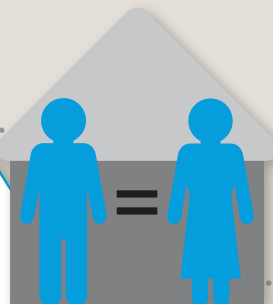
- **Sustainability of development basis.** At the end of the region's demographic bonus, the high proportion of elderly people in relation to the number of employed people will signify a need for a larger investment in health and social security to ensure the well-being of the population. It will be key to ensure that all people who are able to work can do so, and that they can do so with productivity levels that make it possible to generate the wealth that is needed to finance this well-being. On one hand, care policies are an important instrument in continuing to encourage a greater participation of women in the labour market offering their full potential, and in generating a return to society from the resources invested in education systems. On the other hand, investment in early childhood care is essential for the following reasons: to ensure adequate childhood development; to enable children to reach good levels of learning at the school age; and – as well as becoming citizens that think critically – so that they can obtain qualification levels required to access high-productivity jobs in the future.



Basis for the promotion of integrated care systems

Legal basis

The **right** of all **people** to give and not to give care, as well as to **be cared** for in conditions of quality and equality, means that those who require care **have services** and **alternatives** available, ensuring that the responsibility is shared, and that it does not limit development opportunities for those who currently assume this responsibility.



Gender equality basis

Care systems create the conditions to **modify** the **sexual** division of **labour**, recognizing that **it is not** the exclusive **responsibility** of **women**, and thus helping to eliminate one of the structural causes of gender inequalities.



Economic basis

Investment in care policies, as well as being a net generator of jobs, contributes to an **increase** in **employment rates**, particularly for **women**, by eliminating the principal structural barrier that prevents them from entering into the labour market, helping to increase **families'** disposable income, boost consumption and **increase state** revenue via taxes and contributions to social security systems.



Sustainability of development basis

The end of the demographic bonus and the high proportion of elderly people in relation to the number of employed people will require a **larger investment** in **health** and **social security** to ensure the well-being of the population, which will be sustainable only if all people who are able to work can do so, and do so with **productivity** levels that make it possible to generate the wealth that is needed to finance this **well-being**.



Efforts by UN Women in Latin America and the Caribbean to promote the Economic Empowerment of women in response and recovery strategies facing COVID-19

- Generation of analysis and evidence based on the social and economic impacts of COVID-19 on women and girls, so that gender analysis and sex-disaggregated data form an integral part of the response to the emergency.
- Advocacy to make visible the contributions of women in the response to the COVID-19 crisis and the differentiated impacts that the crisis has on women and girls, placing the need to implement multi-sectoral measures to mitigate and overcome these impacts on the public agenda.
- Technical assistance and public and private actors in alliance with civil society and other international cooperation actors to develop strategies and solutions for the economic empowerment of women as a part of the response measures to the crisis.
- Incorporation of the intersectionality focus into the planning and implementation of the response to the needs of women in their diversity.
- Coordination of efforts between different actors and generation of strategic alliances between the different sectors, including the government, **UN** agencies and international organisms, civil society, the media and the private sector to strengthen prevention and responses to COVID-19.
- Mobilization of networks and partnerships between women's organizations to support the voices, participation, decision-making and role of female human rights defenders, feminist civil society organizations, and grassroots women in every aspect of the COVID-19 response: identification/assessment; planning; implementation and recovery; and monitoring and evaluation.
- Production of technical expertise and innovative proposals to promote the economic empowerment of women during and after the pandemic and create the conditions for recovery and resilience against future crises.

Actions implemented by ECLAC to support governments in the region in addressing the economic and social effects of the pandemic from a gender perspective

- In response to the 8th pillar of the Montevideo Strategy for the implementation of the Regional Gender Agenda with the Sustainable Development Framework by 2030 on regional cooperation, a Briefing of Ministers and High-Level Authorities of Machineries for the Advancement of Women in Latin America and the Caribbean: *The response to the COVID-19 pandemic crisis from a gender perspective*²⁸ was held on 8 April. It was organized by **ECLAC** and the UN organization dedicated to Gender Equality and the Empowerment of Women (UN Women), and was attended by representatives from 29 countries in the region.
- Preparation and dissemination of documents and reports that present diagnostic information and analysis of the socioeconomic impacts of the pandemic, and that provide elements for the formulation of evidence-based policies in reaction to the crisis. Particularly noteworthy is the document *The COVID-19 pandemic is exacerbating the care crisis in Latin America and the Caribbean*²⁹, which presents a diagnosis of the care crisis in Latin America and the Caribbean and highlights the validity of the Santiago Commitment as a regional instrument for promoting policies and regulatory frameworks that respond to care needs from a gender focus, given that it is women who carry out the majority of these tasks, in both paid and unpaid capacities.
- *The mapping of initiatives led by governments in Latin America and the Caribbean to address gender dimensions in the response to the COVID-19 pandemic* in areas such as the prevention of violence against women, the promotion of co-responsibility in care and the protection of women's jobs and incomes.
- *COVID-19 Observatory in Latin America and the Caribbean: Economic and social impact with a gender section*, developed in alliance with UN Women, which periodically incorporates government initiatives in the region on gender equality and COVID-19³⁰.
- Production and analysis of quantitative evidence which facilitates the diagnosis of the situation of women in the face of the COVID-19 crisis and makes it possible to anticipate the economic and social impacts in the region, in order to include gender analysis in economic recovery policies.
- Technical assistance to governments in the region to support the creation of comprehensive policies from a gender perspective.



28 <https://www.cepal.org/en/events/briefing-ministers-and-high-level-authorities-machineries-advancement-women-latin-america-and>

29 https://repositorio.cepal.org/bitstream/handle/11362/45352/4/S2000260_en.pdf

30 <https://www.cepal.org/en/topics/covid-19>