



COVID-19 in Women's Lives: FINDINGS AND RECOMMENDATIONS ON THE CARE EMERGENCY



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Presentation

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Since the beginning of the COVID-19 pandemic in March 2020, the Inter-American Commission of Women (CIM/OAS) has focused on making the work carried out by the National Machineries for the Advancement of Women visible in different areas of action, due to the importance of their work for the advancement of equality and women's rights. One of the core issues on the equality agenda has been caregiving, which we have worked on based on the logic that an economic recovery cannot advance fully and effectively without the participation of women in economic and productive life, and the need to have new gender pacts to resolve the structural barriers faced by caregiving.

Within this framework, the CIM has worked on this issue in partnership with the European Union (EU), through the Gender Equality area of the EUROsociAL+ program. The work plan has been to advance towards the development and design of public policies in States to prevent or reduce setbacks in terms of women's economic empowerment.

The work carried out has been focused on understanding, from the point of view of the National Machineries for the Advancement of Women, the situation of caregiving in each of the countries, the progress achieved, the challenges identified, the priorities established, and the recommendations presented by the authorities. This document presents a brief summary of the findings of this process from the perspective of the five structural nodes identified by the CIM¹, the arguments for advancing caregiving actions, the concrete proposals for action, and the role of the CIM in supporting the States.

We wish to recognize the work of the National Women's Mechanisms, especially the Ministers and high women's authorities in the region, who struggle every day to move us towards a more egalitarian region, where women can realize their full potential and their diverse autonomies, particularly their economic autonomy. We continue to move forward together towards a more just, egalitarian and feminist region.

¹ Structural nodes presented in the document *COVID-19 in the lives of women: The Global Care Emergency*: 1) care as a right, 2) caregiving as a job in value chains, 3) caregiving within essential social services, 4) the participation of men in the collective solution to caregiving, and 5) caregiving as a transversal axis.

Introduction and background

The Inter-American Commission of Women (CIM/OAS) and the European Union (EU), through the gender equality area of the EUROsociAL+ program, have been working to strengthen States' public policies related to the global caregiving emergency, exacerbated by COVID-19, which affects women's autonomy in all spheres. This collaboration seeks to advance public policies to avoid setbacks in the advances achieved in women's rights.

Two documents were published as the result of this collaboration in 2020: *COVID-19 in Women's Lives: The Global Care Emergency* and *COVID-19 in Women's Lives: Care as an Investment*. Along these lines, we have made strides in positioning the topic of caregiving as a global emergency that has produced specific impacts on women, their empowerment, and their economic autonomy. These publications are tools that allow States to analyze, visualize, and move toward comprehensive public policies and strengthened legal frameworks in the area of caregiving, considering that the lack of these services constitutes a structural barrier to women's full participation in the labor market and thus their economic autonomy and empowerment.

With a view to strengthening cooperation among States on this topic, the National Machineries for the Advancement of Women from each OAS member state were asked to provide information on initiatives, programs, projects, or public policies related to caregiving with a gender focus. Following up this compilation of information, and with a view to advancing concrete actions in support of States, in September 2021, virtual dialogue forums were organized with the national machineries in the region to:

- Discuss the priorities, recommendations, and needs of States in terms of drafting public policies and guidelines on caregiving from a gender perspective.
- Advance in identifying the needs to be addressed through public policies and normative frameworks.
- Share good practices, experiences, and knowledge.
- Identify possible areas for cooperation, synergy, and action.

As a result of the discussion sessions held among the national machineries, we present this document summarizing the findings and suggesting concrete actions and arguments for continuing to advance caregiving policies and actions with a gender perspective in Member States.

Discussion findings

a) Situation of the countries

The situation of the countries in our region is different and, in some cases, varies greatly from one country to another. Some have advanced toward the development of concrete policies and approval of regulatory frameworks. Others have even moved to implement national caregiving systems. However, there are still few countries that have national caregiving systems with national coverage and legislation in which care is recognized as a fundamental right.

At the regional level, there have also been advances related to social security systems, to measuring the use of time through the application of specific surveys or modules in other national surveys, and to evaluating the economic contribution made by unpaid domestic work and care work through satellite accounts.

In countries where some advances were found in care policies and legislation, particularly related to the establishment of daycare centers, and in some cases in the context of the respective national equality plans, most advances were achieved as a result of the COVID-19 pandemic, due to the global care emergency presented by isolation measures and the closing of care centers and services.

Based on the compilation and systematization of initiatives provided by the national women's mechanisms, it was possible to determine that due to the COVID-19 pandemic numerous initiatives were implemented in the different countries that emphasize the importance of moving toward public policies and regulatory frameworks that extend care services and recognize the work of both paid and unpaid care.

Listed below are some of the most notable advances presented by the countries in the area of care resulting from COVID-19:



CARE AS A RIGHT

- Progress on national care systems, including care policies for older persons.
- Progress on legislation on national care systems.
- Progress on legislation related to aspects of maternity (daycare centers, subsidies).
- Progress on regulation of care centers.



CARE AS WORK IN THE VALUE CHAIN

- Progress on measuring the use of time.



CARE AS AN ESSENTIAL SOCIAL SERVICE

- Progress on creation of satellite accounts.



CARE AS COLLECTIVE, WITH CO-RESPONSIBILITY OF MEN

- Progress on communication campaigns on social co-responsibility for care and the involvement of men.
- Special training on responsible and active parenting, promoting men's involvement in care.



CARE AS CROSS-CUTTING CONCEPT

- Progress on the creation of inter-ministerial panels, including discussions with civil society.
- Creation of the Global Care Alliance, as an intersectoral group.

Annex 1 details the specific progress made at the country level, as mentioned by the countries that participated in the discussions held.

b) Challenges identified

Numerous challenges have been identified in efforts to design public policies and regulatory frameworks in the States on caregiving issues. On one hand, there is the challenge of recognizing and valuing care at the social and economic level. In the case of unpaid care provided by caregivers, who are predominantly women, they are often classified as economically "inactive" despite their vital contribution to reproduction and support of economic life. On the other hand, in the case of paid work, the situation of caregivers continues to be precarious, in that their work is considered informal, is poorly paid, and without access to social security.

There is also a challenge from the perspective of rights -- the right of access to a system of universal and egalitarian care for all dependent persons, and equally the rights of caregivers. The transition to care systems, with full recognition of these rights, is one of the most important challenges faced by States, and it involves a substantive change in policies and regulatory frameworks.

Listed below are some of the challenges presented by the countries in the area of care:



CARE AS A RIGHT

Implementation of standards and policies: There is a gap between already approved standards and policies and their implementation. There are also challenges in the area of revision and periodic evaluation in countries that are already implementing care policies.



CARE AS WORK IN THE VALUE CHAIN

Production, access to, and analysis of evidence: Make unpaid work visible and give value to and recognize the economic contribution made by women through surveys on the use of time and satellite accounts.



CARE AS AN ESSENTIAL SOCIAL SERVICE

Financing of caregiving services as essential social services: See care as a social and economic investment, as well as the importance of financing for caregiving as part of essential social services.



CARE AS COLLECTIVE, WITH CO-RESPONSIBILITY OF MEN

Change perceptions toward cultural change: Gender roles and responsibilities, sexual division of work, care as social and economic investment, care as economic activity within value chains, importance of women's economic contribution in the productive world.



CARE AS CROSS-CUTTING CONCEPT

Financial sustainability: Failure to allocate resources in an adverse context with fiscal limitations.

Development of capacities: Lack of knowledge of basic conceptual topics (gender, care, shared responsibility) and need to strengthen capacities for analysis and use of data for decision-making.

Continuity of efforts: Changes in administration often delay processes and may even hold back progress.

c) Proposed actions

During the discussions, the States also submitted concrete proposals for moving toward action in different aspects related to the subject of care. These proposals serve as a road map for moving ahead on concrete matters with a view to strengthening the States' public policies and regulatory frameworks in the area of care.



CARE AS A RIGHT

- Move ahead on the development and adoption of international protocols or guidelines.
- Move ahead on compliance with and implementation of international agreements adopted by the States.
- Move ahead on specialized domestic regulations.



CARE AS WORK IN THE VALUE CHAIN

- Labor recognition, profiles, and regulation of people working for pay in the care sector.
- Design, monitor, and evaluate public policies on the impact of telework on the dynamics of care and on the use of time.



CARE AS AN ESSENTIAL SOCIAL SERVICE

- Social security for caregivers.



CARE AS COLLECTIVE, WITH CO-RESPONSIBILITY OF MEN

- Ongoing communication campaigns on care and shared responsibility and new forms of masculinity.



CARE AS CROSS-CUTTING CONCEPT

- Forums for inter-institutional coordination.
- Establish forums for dialogue and sharing with other institutions, the private sector, civil society, and international bodies.
- Utilize international forums to strengthen public policies and to highlight the importance of caregiving as a cross-cutting issue in the economic recovery.
- Feedback with other subsystems: early childhood, older persons, and people with disabilities.
- Sharing information on:
 - Perspective or approaches applied.
 - Good practices and lessons learned.
 - Discussion strategies.
 - Evidence produced and its use.
 - Level or progress made in positioning the system.
- Importance of moving ahead on training related to:
 - General gender topics.
 - Interpretation and analysis of data.
 - Basic concepts around care and caregiving.
 - Budgeting, planning, and evaluation with a gender approach.
 - Gender stereotypes and roles and cultural changes.

d) Main arguments for moving ahead on caregiving actions with a gender focus

The CIM has made available to Member States the document *COVID-19 in Women's Lives: Care as an Investment*, which presents some arguments for considering caregiving as a social and economic investment, focused on recognizing that with women's active and equal participation in economic life and in formal employment, a country's economic growth is greater. With the implementation of equality measures in the productive world, the region gains with the generation of greater wealth and sustainable development.

As part of expanding this analysis, the States have also highlighted some aspects that should be considered for strengthening caregiving policies and regulatory frameworks.



Economic advantages:

- It is an investment, not an expense, that allows women's full and equal participation in the formal labor market, allows increased tax collection, generates employment and greater wealth.
- Investment in care is good business, in that, in addition to allowing women's participation in the formal labor market, it also guarantees access to and universality of quality caregiving for those who are dependents.
- Higher incomes impact consumption and tax collection.
- The cost-benefit is positive over time.



Combats poverty and promotes economic growth:

- Care is an element for combating poverty over the long term, both for caregivers and for those receiving quality care, particularly in early childhood.
- Recognition of the economic and social contribution made by caregivers should have an impact in terms of social security, and thus on their quality of life throughout their lives.



Promotes gender equality:

- To guarantee women's equality and equity and cement their autonomy and economic empowerment.
- Recognize the diversity of women caregivers, and bear in mind intersectionality as a fundamental component of caregiving work.



It is an international commitment of the States:

- Countries have signed on to agreements, conventions, the 2030 Agenda/the SDGs. Gaps must be closed between commitments made at the international level and their implementation at the national level.



It is a human right:

- Everyone has needed and will need caregiving at some point in their life. It is the basis of life and thus the right of every human being to receive care. In that sense, it is the responsibility of all sectors of society and thus the importance of shared social responsibility.

e) The role of the CIM

The CIM assumed the commitment to support States in moving toward a national care system that recognizes care as a right, as a cross-cutting element of policies on recovery, as an essential link in the value chain and in economic and productive life, and as an integral part of social security. Such a comprehensive care system needs to be based on shared social responsibility as a basic principle, not only between men and women in the redistribution of domestic and unpaid caregiving work, but also among various social actors, including the State, the private sector, civil society, local governments, communities, and families.

The States emphasized some elements of support and concrete actions for moving ahead in coordination with the CIM.



Support for intersectoral dialogue:

- Promote intersectoral dialogue between national machineries and other actors such as ministries of the economy, finance, labor, and public works.
- Promote dialogue with civil society and the private sector, as part of the principle of co-responsibility/shared social responsibility.



Promote the sharing of practices and experiences:

- Periodically compile, systematize, and disseminate experiences, learning, reflection, and practices (both good as well as those that present lessons learned).



Conceptual precision:

- Brainstorming on basic concepts related to care.



Political positioning:

- Utilize political forums with authorities to present the relevance of the topic based on evidence.



Support in the development of capacities:

- Capacity-development and training on technical aspects for implementation and monitoring of care systems.

Final observations

The global care emergency is a structural challenge for women's participation in the labor market under equal conditions. Thus, it is imperative that caregiving be an inherent and cross-cutting component of economic recovery policies.

At a time when the economy has contracted and there are multiple needs that the region's countries must address, the challenge is to ensure that care is positioned as an economic and fiscal investment that allows and contributes to productive employment and social life. It is imperative to consider the economic return on investment in care and to have an intersectoral linkage that addresses the care emergency in a comprehensive way, seeking synergies, alliances, and opportunities to bring together efforts among macroeconomic, productive, labor, and social measures.

Finally, it is important to highlight the need to move forward on a cultural transformation that recognizes caregiving as a shared social responsibility and the importance of its equal distribution as an issue of gender equality and that generates reflection on care-related practices, customs, and paradigms and their impact on women's day-to-day lives.

The route is to move forward in the area of rights and to redefine care, recognizing its ubiquity and centrality for productive life and sustainable development.

Annex 1:

Specific advances reported by the countries according to the strategic nodes identified by the CIM²

	Care as a right	Care as work within value chains	Care within essential social services ³	Care as collective with responsibility shared by men	Care as a cross-cutting concept
	<p>Argentina</p> <p>There is a draft law on care and local discussions are being held in different areas of the country</p> <p>The actions of the Inter- Ministerial Panel on Care have included progress on recognition of the years dedicated to care for the purposes of social security</p> <p>Reports progress toward consolidation of a comprehensive system of care</p>	<p>Reported the implementation of a new survey on the use of time at the end of 2021</p> <p>Federal Care Map includes the identification of service providers and the existence of care infrastructure for children, the disabled, and the elderly. The map includes training options for caregivers</p>			<p>Argentina's Inter-Ministerial Care Panel has implemented 100 measures, including social security recognition of years dedicated to caregiving activities</p>
	<p>Brazil</p> <p>There is a draft law in Congress for elder care</p>				<p>They maintain an ongoing dialogue with civil society representatives on the subject of care for the elderly</p>
	<p>Canada</p>		<p>A budget has been assured for early childhood caregiving and learning at the national level. This budget is negotiated with local governments to channel it to specific programs</p>		
	<p>Chile</p> <p>A subsystem in addition to early childhood care is being developed, which includes those in a moderately or severely dependent situation</p>	<p>In late 2020 and early 2021 a series of laws were promulgated with economic support programs and subsidies and employment flexibility for caregivers, including the Protected Parenting Law to support fathers and mothers who work and caregiving for children under age six</p>	<p>Since 2008, the Chile Grows with You Program provides service and free universal daycare for all children in the most vulnerable 60 percent of the population</p>		

² This table includes information provided by the countries during the discussion sessions held in September 2021. The information presented is not exhaustive and may be supplemented with additional information. It should be noted that during 2021 there was a prior compilation of information from data supplied by the countries, and during this process it was possible to collect information on other initiatives that have been systematized in a repository of initiatives.

³ During the supporting documentation research and in the information provided by the countries prior to the discussions it was possible to determine that Colombia, Costa Rica, and El Salvador have established by law the implementation of time-use surveys. In addition, Colombia and Costa Rica by law also have the valuation of unpaid domestic and caregiving work based on a satellite account.

	Care as a right	Care as work within value chains	Care within essential social services ³	Care as collective with responsibility shared by men	Care as a cross-cutting concept
	<p>Costa Rica</p> <p>Has had the Child Development and Care Network (REDCUDI) for several years</p> <p>Has the early childhood care and development policy</p> <p>In 2018, the National Care System focused on the elderly was created, with a national policy for the next decade</p>	<p>Reported using results from the time-use survey in discussions with different social actors</p>	<p>By law it has a satellite account for measuring unpaid domestic and caregiving work</p>	<p>The INAMU has been working with companies to position shared social responsibility for care, emphasizing that it is good business to take action in this field</p> <p>Campaigns have been developed on responsible parenting at the public sector level</p>	
		<p>A new time-use survey is in the process of methodological design</p>			
		<p>Has various alternative questionnaires designed for time-use surveys. Awaiting financing</p> <p>The National Care Platform was developed to identify the supply and demand for services for this population</p>		<p>Implementation of campaigns on the redistribution of domestic work and responsible parenting</p>	
	<p>Mexico</p> <p>Recent approval in the Chamber of Deputies of a constitutional reform to consider care work as a human right. The reform is currently being discussed in the Senate</p> <p>Reports progress toward consolidation of an integrated care system</p>		<p>Estimates are being calculated of the economic contribution of care based on the satellite account</p>		<p>Creation of the Global Care Alliance with participation of States, research institutes, international bodies, and private sector representatives</p>

	Care as a right	Care as work within value chains	Care within essential social services ³	Care as collective with responsibility shared by men	Care as a cross-cutting concept
	<p>Paraguay</p> <p>Reports progress toward consolidation of a comprehensive system of care</p> <p>There is a proposed public policy</p>			<p>Activities have been developed to strengthen the institutional capacities of the Ministry of Women to address these issues</p>	<p>An inter-ministerial panel has been formed and efforts and initiatives have continued, including when there have been changes in administrations</p> <p>Dialogues with civil society have been held</p> <p>The Ministry of Women has taken leadership of this issue</p>
	<p>Saint Lucia</p> <p>With support from the Fund for the SDGs, a study is being done on the cost of not acting on the issue of care, as an input for analyzing the viability of a system that provides universal access</p>				
	<p>Suriname</p> <p>Work is being done on regulation of care centers</p>				<p>Training for teachers and technicians of the Ministry of Health on gender issues</p>
	<p>Uruguay</p> <p>Has the National Integrated Care System (SNIC), which is being evaluated and revised</p> <p>Has an early childhood care and development policy</p> <p>Anticipate expanding the SNIC to include care for older persons</p>	<p>A new time-use survey is in progress.</p> <p>In the process of revising the SNIC, the part of the Care Program that refers to personal assistants is being evaluated</p>		<p>The revision currently being done on the SNIC aims to underscore this principle, not only between men and women, but also among the various social actors</p>	



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