



COVID-19

in Women's Lives

Towards a New Gender Pact

Compendium CIM/OAS



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The **Inter-American Commission of Women (CIM)** is the main hemispheric policy forum for the promotion of women's rights and gender equality. Created in 1928 - in recognition of the importance of women's social inclusion to democratic strengthening and human development in the Americas – CIM was the first inter-governmental organization established to promote women's human rights and gender equality.

COVID-19 in Women's Lives: towards a new gender pact

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ISBN 978-0-8270-7151-3

OAS Cataloging-in-Publication Data

Inter-American Commission of Women.

COVID-19 in Women's Lives: towards a new gender pact / Inter-american Commission of Women
p.94 ; 21 x 29,7cm. (OAS. Official records ; OEA/Ser.L/II.6.29)

ISBN 978-0-8270-7151-3

1. Women's rights. 2. Sex discrimination against women. 3. COVID-19 (Disease). I. Title. II. Series.
OEA/Ser.L/II.6.29

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Design and layout: Patricio Bascuñán

Index

5 Foreword

Reasons to Recognize the Differential Impacts

- 7 Cross-Cutting Approaches
- 8 Decision-Making
- 10 Violence against Women and Girls
- 13 Care and Women's Economic Rights
- 17 Women's Health
- 19 Groups at Higher Risk
- 21 Other Relevant Considerations

The Global Care Emergency

- 25 The meaning, ubiquity and importance of caregiving
- 29 Context: Economic situation of women before and during the pandemic
- 34 New caregiving patterns
- 42 A Global Caregiving Emergency
- 49 Measures for dealing with the care crisis in Europe: Lessons learned
- 51 Recommendations

Care as Investment

- 58 Care as Investment ontenido
- 61 Practices and Recommendations

Violence Against Women

- 68 Introduction
- 70 Patterns of Violence Accentuated by COVID-19
- 73 Measures to Prevent, Address and Punish Violence Against Women and Girls

Rural women, Agriculture and Sustainable Development

- 85 The Situation
- 87 The Contribution of Rural Women
- 89 COVID-19 as an Opportunity for Rural Women

Foreword

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Inter-American Commission of Women (CIM)

From the first moment of the crisis generated by COVID-19, the Inter-American Commission of Women (CIM) warned that its impacts were not neutral for women and, therefore, neither could the responses be neutral. COVID-19 has not only deepened the gender inequalities that already persisted in our societies but has also resulted in a step backwards in the rights already achieved by women.

In this context, the work of the CIM has focused on two lines of work. First, as a multilateral body that gives a voice to women throughout the region, particularly the ministers for women, the CIM highlighted the importance of continuing to strengthen the agenda for parity and the effective political participation of women in decision-making in the design of recovery policies. Issues have been addressed from different dimensions including electoral governance and women electoral candidates, legislative work, political parties, local government action, and community leadership.

Second, the CIM set out to generate knowledge of the differential impact of the pandemic on women's lives as well as practical recommendations for addressing it. One of the first efforts was to gather evidence that made different gender dimensions visible. Through the document *"COVID-19 in Women's Lives: Reasons to Recognize the Differential Impacts,"*² the CIM highlights the critical situation of women in the pandemic and the arguments made for addressing the crisis through a gender lens. After this first effort, it was essential to delve deeper into two issues of particular concern: violence against women and the caregiving emergency.

The CIM, together with the Follow-up Mechanism to the Belém do Pará Convention (ME-SECVI), presented the report *"Violence against Women and the Measures to Contain the Spread of COVID-19,"*³ with the objective of examining the measures taken (and not taken) by governments, reflecting on the new patterns of violence that have exacerbated the situation of women victims, and generating a series of concrete recommendations to contribute to States' responses.

2 CIM (2020). COVID-19 in Women's Lives: Reasons to Recognize the Differential Impacts, <http://www.oas.org/en/cim/docs/ArgumentarioCOVID19-EN.pdf>.

3 CIM (2020). Violence against Women and the Measures to Contain the Spread of COVID-19, <http://www.oas.org/en/cim/docs/COVID-19-RespuestasViolencia-EN.pdf>.

Subsequently, together with the European Union through its Eurosocial+ programme, the CIM calls for the declaration of a Global Care Emergency through the publication "*COVID-19 in Women's Lives: The Global Care Emergency*."⁴ The document presents an approach focused on 5 structural nodes: care as a cross-cutting axis; care as a right; care as work and in production and value chains; care in social protection systems; and the incorporation of men as an essential part of the solution. The CIM has sought to place this issue at the centre of economic recovery and reactivation strategies to ensure that women are not left behind, and fundamentally calls for care to be considered as an investment in economic growth and as an integral part of public policies and recovery measures. In this regard, the document "*COVID-19 in Women's Lives: Care as an Investment*"⁵ was also prepared.

The CIM also published the position paper "*Rural women, Agriculture and Sustainable Development in the Americas in the Context of COVID-19*,"⁶ which highlights that while rural women, as farmers, workers, heads of households and community leaders, face a number of challenges due to the COVID-19 crisis, the pandemic is an opportunity to change the paradigm of consumption based on new gender pacts that empower small-scale local women producers as a measure to strengthen food security and food sovereignty.

At the same time, socialization and training processes have been carried out with key actors in the region, as well as a dialogue process with strategic actors and sectors to better understand the impacts of the pandemic in economic sectors where women are concentrated, and that were particularly hit by the crisis: the informal economy, domestic work, the private sector/MSMEs, the rural sector and tourism. Two cross-cutting issues were also discussed: access to social security in contexts of increasing precariousness and access to technology in contexts of increasing digitalization.

All of the publications contained in this compendium seek to make it evident that the COVID-19 crisis affects women's lives differently and disproportionately and offer concrete tools for States to design public policies with a gender perspective. We cannot allow women's agendas and participation to remain on the periphery, especially in a context of unprecedented crisis that requires the contribution and human talent of women.

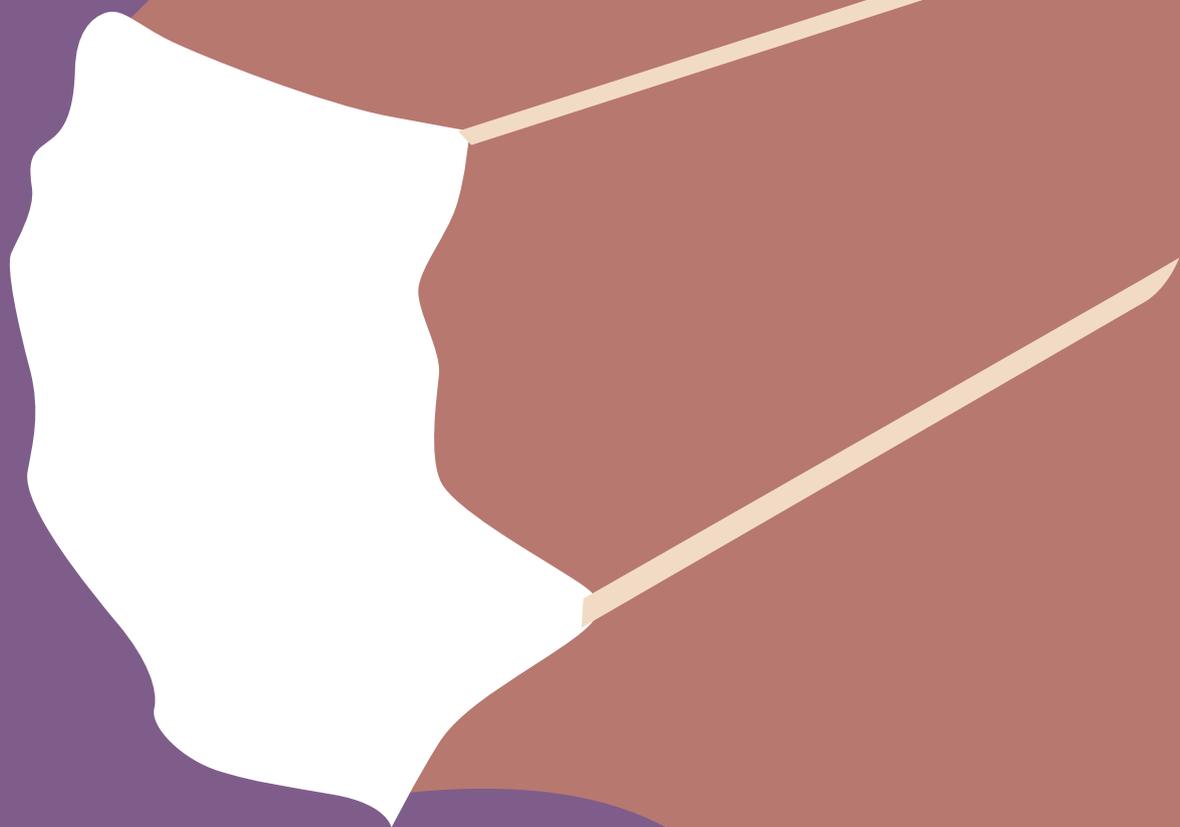
4 IMC (2020). COVID-19 in Women's Lives: The Global Care Emergency. <http://www.oas.org/en/cim/docs/CuidadosCOVID19-EN.pdf>

5 CIM (2020). COVID-19 in Women's Lives: Care as an Investment, <http://www.oas.org/en/cim/docs/CuidadosCOVID19-EN-Corto.pdf>

6 IMC (2020). Position Paper: Rural women, Agriculture and Sustainable Development in the Americas in the Context of COVID-19, <http://www.oas.org/en/cim/docs/DocumentoPosicion-MujeresRurales-FINAL-EN.pdf>

COVID-19 in Women's Lives:

Reasons to Recognize the Differential Impacts



COVID-19 in Women's Lives:

Reasons to Recognize the Differential Impacts

Cross-Cutting Approaches¹

The rights-based approach. Public policy with a rights-based approach is the set of decisions and actions designed, implemented, monitored and evaluated by the State - based on a permanent process of inclusion, deliberation and effective social participation. The aim of this rights-based policy is to protect, promote, respect and guarantee the human rights of all the people, groups and collectives that make up society, under the principles of equality and non-discrimination, universality, interdependence, indivisibility and progressiveness.

The gender perspective is an analytical strategy that includes three elements: (i) the differential impact that measures may have on men and women; (ii) the opinions, experiences and concerns of women and men at different points in the policy cycle; and (iii) the benefits that the measures bring in terms of reducing the inequality gap between men and women.

Inter-sectionality alludes to the importance of adopting differentiated measures that consider the particularities and diverse identities of women in special situations of risk. This leads to taking into consideration the intersection of factors such as race, ethnicity, age, sexual orientation, and gender identity and expression, among other variables that may accentuate a situation of risk to violence and discrimination.

* This publication is an initiative of the Inter-American Commission of Women (CIM), coordinated by Alejandra Mora Mora, Executive Secretary of the CIM, with contributions from Marta Martínez, Hilary Anderson, Beatriz Piñeres, Eva Villarreal, and Javiera Sandoval.

Decision-Making

- **Equal participation of women in decision-making is essential to effective and appropriate responses to the crisis.**² Decisions that do not include women are partial, less effective and can even be harmful. During the Ebola crisis in 2014,³ any response to the specific challenges faced by women was made more difficult due to underrepresentation of women at all levels of the national and international response. The equal participation of women in the response and recovery efforts of the COVID-19 crisis is important in itself for reasons of equality, justice and democracy. Women represent half of the population in all the countries of the region, bring different perspectives and assume greater leadership on the differentiated needs of women. The participation of women in spaces where real power resides is what makes the difference.⁴ These arguments show that this crisis cannot be addressed without the effective participation of women that allows the visibility and incorporation of these different realities in the design and actions of public policy.
- **The incorporation of the Ministries for Women or the National Machineries for the Advancement of Women into the government crisis cabinets,** special task forces or other bodies will ensure that the gender perspective and the needs of women are taken into account in the decisions of governments in the face of the crisis.
- **The participation of experts and women's organizations** will provide an independent, specialized and multiplying voice for the gender perspective in crisis mitigation and recovery policies at all levels. During the Ebola emergency, women's groups used their networks to amplify messages on social distancing in communities, and played an important role in strengthening the response to the crisis.⁵
- **No setback is acceptable in terms of the rights earned by women to participate in decision-making, even during a crisis.** The region has been a pioneer in the world in the acceleration of equality in politics, with the adoption of quota laws and parity. Despite these efforts, women continue to be underrepresented in power in all state institutions (in regional averages: 30.6% of parliaments,⁶ 28.5% of ministerial cabinets, 15.5% of mayors and 32.1% of the highest courts of justice),⁷ which is why States must redouble their efforts to ensure the equal participation of women in crisis response mechanisms. Among the OAS Member States, only eight countries have women Ministers of Health,⁸ they make up 70% of the workforce in the health sector, but they represent only 25% of leadership positions.⁹ The WHO notes that "women provide health and men lead it" and has estimated that achieving gender equality in the health sector will take 202 years. We

must continue promoting acceleration and affirmative action measures that guarantee the equal presence of women in all spaces.

- **Women leaders are excelling in managing the crisis.** Women lead some of the countries that are fighting this crisis most effectively,¹⁰ which is contrary to data that indicates that 50% of the population, including a majority of men, considers men to be better leaders than women.¹¹ Keeping these positive references in mind can help neutralize gender biases, leading to positive evaluations of women's leadership abilities and transformations in the exercise of power.

Violence against Women and Girls

- **Confinement forces women to be locked up with their abusers.** Considering that the home is the most dangerous place for women,^{12,13} confinement increases the risk of violence against women as the length of co-habitation increases;¹⁴ conflicts arise around domestic and family issues; the violence continues without interruption and generates a perception of security and impunity for the aggressor.¹⁵ It is essential to declare the hot-lines on violence, counseling centers and psychological, psychosocial and legal care as essential services and to reinforce them. Information campaigns on the prevention and care of violence, guaranteeing that complaints will be attended and that the victims are not alone are also key measures.
- **The confinement of girls generates an increase in sexual violence against them and more obstacles against their permanence in school.**¹⁶ Confinement exposes girls to more abuse and violence, added to which is the risk of school dropout and exclusion after the pandemic. States must guarantee girls' safety and additional support to minimize the increase in the risks of violence and dropping out of school once the confinement ends.¹⁷ Online school classes (primary, secondary and tertiary levels) must include information on available resources to report cases of violence, the teaching/academic team must be prepared to deal with these situations and remotely identify situations of risk of violence, abandonment or exclusion.
- **Increase in violence against women and girls on the internet (cyber violence).** During this time of emergency and isolation, technology is a fundamental tool for access to information, education, work, and even facilitates access to services for women victims of violence, but it also opens new paths for perpetrators.¹⁸ It leads to greater exposure of victims online and activates the network of sexual predators.¹⁹ In order to confront this problem, measures known as the 3 "S"²⁰ should be adopted to: (i) sensitize, to prevent cyber violence against women and girls through training, learning, campaigning and community development to promote changes in attitudes and social behaviors; (ii) generate safeguards for supervising and maintaining a responsible Internet infrastructure, and having well-founded user care practices; and (iii) enforce sanctions through laws, regulations and governance mechanisms to discourage and/or punish violators from committing these crimes.

- **Violent attacks and harassment against health personnel - a collective made up of a majority of women - in homes and on means of transport cannot be tolerated.** Taking into account that health personnel are mostly women, these violent protests take specific forms against women and generate differentiated impacts. In response to this new risk, governments can launch campaigns to prevent this violence, provide safe means of transportation for nurses and other health personnel at risk of violence in public spaces, provide psychological support and mechanisms to report these forms of abuse.
- **Complaints are more difficult for gendered reasons.** Women have an enormous fear of breaking quarantine orders and restrictions on health and movement²¹ that is exacerbated by their roles in care and protection, making it essential to ensure mobility for women victims of violence and their relatives without special authorization. Likewise, special measures should be adopted to facilitate complaints, reinforcing existing mechanisms and contemplating alternative measures. Technology should also become a facilitating means for filing complaints, through mediums such as smart phones and silent messaging, virtual police stations, panic buttons, geolocation, and even the use of social networks (WhatsApp, Facebook and Instagram). Likewise, the suitability of filing complaints can be evaluated in easily accessible places such as pharmacies, supermarkets or other essential services, which are those closest to the communities where women live.
- **Services for the care and protection of violence against women are not adapted to respond to the COVID-19 emergency.** The services must also be adapted to ensure access for women victims of violence throughout the national territory, and overcome difficulties in reaching rural areas,²² as well as be adapted to specific needs in each territory. Gaps in the number, availability and specialized training of police and security forces between urban and rural areas can create a void in the rule of law in rural, remote or marginal communities, which face less access to all kinds of public services, worsening the risk and situation of women victims of violence.²³

Likewise, services must have routes of action to ensure the safety of women at risk during the emergency, adapting protocols to reinforce their effectiveness during the crisis period. A relevant measure in this special period is the automatic extension of judicial protection measures and precautionary measures to women victims of violence, which many of the region's governments have already ensured.²⁴ Regarding care services, governments can strengthen access to smart telephony and silent messaging as new measures. It is necessary to declare the hotlines for violence and existing psychological, psychosocial and legal counseling and care centers as essential services, and to reinforce them, guaranteeing their access to resources during this exceptional situation.

- **The infrastructure of shelters or places of refuge for women victims of violence and their families face capacity, health and budgetary limitations.**²⁵ This situation will become more complicated as confinement intensifies, so it is necessary to consider measures to exclude aggressors from the home, and not only think of shelters for women and their families; as well as launching extraordinary temporary shelters; and/or enabling hotels and other accommodations for women, children, and older adults, with adequate budgets and care protocols.
- **It is urgent to carry out emergency monitoring of data and public records of violence before and after home isolation.** Data that includes the forms that violence takes during confinement,^{26,27} in both homes and public spaces, will make it possible to understand the impact of violence against women and improve the planning of the corresponding public policies.

Care and Women's Economic Rights

- **Confinement exacerbates the care crisis, increasing the women's global workload.** According to the ILO, women are responsible for 76.2% of all hours of unpaid care work (more than triple that of men),²⁸ and they work double or triple hours, a situation that has worsened with confinement measures, particularly in families with children of preschool age or who cannot independently assume distance education. The current situation has also worsened in families that include dependent older adults or where a member suffers from chronic disease, both groups at risk for coronavirus. **This increased workload negatively affects paid work and women's health, especially in the absence of institutionalized care systems.**

Women's increased job insecurity is explained by the gender roles and care responsibilities assigned to women. Care is collective; however, social gender norms attribute the role of care to women, which limits their participation in the labour market, causes the wage gap and limits their access to quality employment. In the past, the Ebola virus has shown that quarantines significantly reduce women's economic and survival activities, and their post-crisis resilience when preventive measures are in place is much lower, leading to a deepening of gender inequalities in the post-Ebola situation.²⁹

- **In this crisis, the importance of caring for people at home and abroad has been highlighted, as well as the need to adopt measures to redistribute this burden among the State, the market and within families.** It is essential to promote co-responsibility between men and women, both in the workplace and in the home. During containment measures, governments can address this issue through campaigns aimed at both women and men to promote co-responsibility. Companies that have the option of facilitating teleworking for their staff should promote flexibility that allows both men and women and all their staff to equally reconcile household and care responsibilities with work activities, from recognition of the higher workload in families that is mainly assumed by women

Likewise, it is important to guarantee care-related leave for both men and women. With an equal balance in productive and reproductive responsibilities, both women and men can continue in the labour market on equal terms, without women being affected to a greater extent by cuts or dismissals due to their unequal distribution of household work. In the medium term, States should prioritize and invest in care services, offering progressively more coverage under the consideration of essential service, as a condition to

facilitate the insertion or reintegration of women into economic and productive life. At the legal level, progress must be made in recognizing reproductive and care work as a right.

- **In times of economic crisis, the risk to poor women increases.** In 2017, for every 100 men living in poor households in the region, there were 113 women in a similar situation.³⁰ On the other hand, around 2017, the percentage of women without their own income reached a regional average of 29.4%, while the figure for men was 10.7%.³¹ In other words, almost a third of the women in the region depend on others for their livelihoods, which may pose a particular vulnerability in the context of the current emergency.

- **The COVID-19 crisis cannot lead to a decline in women's labor participation, and therefore their access to economic rights must be guaranteed. Furthermore, the participation of women in the labor market is relevant for countries' economic growth.** Women start from worse conditions in confronting this crisis, have lower labour market participation, are more affected by unemployment and are more concentrated in vulnerable and low-productivity sectors. In the region, the labour participation of women is 50.3%, 25 percentage points below that of men.³² The unemployment rate in 2017 was 10.4% for women compared to 7.6% for men.³³ Similarly, 51.84% of women in the region work in low productivity sectors, and of these 82.2% are not affiliated or contributing to a pension system.³⁴ There is a strong link between informality and poverty,³⁵ which is why the high percentage of women in the informal sector contributes to their situation of poverty. This despite the relevance of women's labor participation for GDP. The IMF has stated that, in countries with the largest gaps in participation rates, closing these gaps adds, on average, 35% to GDP.³⁶ The job insecurity of many women puts them at greater risk; in the recovery period they may be without income for their well-being and that of their family. This is aggravated for single-parent families, most of which are headed by women. According to ECLAC data, as a result of the 2008 global economic crisis, the unemployment rate increased more for women than for men between 2008 and 2009.³⁷ In the face of the inevitable economic crisis, the only way to avoid the sexual segmentation of work – meaning that women are assigned to unpaid work in the home and men to paid public work, which would reinforce gender inequalities in households and in the world of work – will be with affirmative action measures by productive sectors and public information campaigns on the individual and collective importance of women's reintegration into the workplace.

- **Economic sectors most affected by unemployment have a high concentration of women.** Initial global data³⁸ indicates that the sectors of the economy most affected by the COVID-19 emergency are retail, lodging and food services, and manufacturing industries. In Latin America, on average, 21.9% of women work in the commerce sector, which also has a high percentage of men (17.7%). Women are the majority in accommodation and

food service activities. Specifically, in the tourism sector, women represent 54% of the workforce and face the almost total disappearance of their livelihoods, as COVID-19 has paralyzed tourism worldwide. In the absence of alternatives, particularly in countries like the small islands of the Caribbean where tourism represents the main economic activity, women could face devastating economic situations. In the recovery period, affirmative action measures are required for women.

- **Most single-parent households are headed by women and the current situation may exacerbate their vulnerability.** In all the countries of the region during the last two decades, the number of female-headed families (households headed by women as single mothers) has increased.³⁹ The ILO indicates that women, who assume the economic and care responsibilities of children and older, sick or disabled adults, and who carry out the bulk of unpaid care work, head 78.4% of single-parent households. These households, in general, have less access to safe housing and associated resources (drinking water, sanitation) and higher levels of poverty.⁴⁰ In the face of COVID-19, these households face a particular vulnerability, since women have to continue managing productive work, if they still have it, and reproductive work (child and other dependent care, domestic work, and the education of children) in the extremely limiting circumstances of confinement or quarantine. The indicators “not working because of care work” and “single-parent household headed by women” must qualify to receive benefits and affirmative actions, in the form of cash transfers or other immediate relief measures, as well as opportunities in the medium and long term.
- **Domestic workers are more exposed to the loss of their jobs in conditions that condemn them to poverty.** In Latin America, 11.2% of women work as domestic workers, the sector with the lowest income in the economy and little or no protection. Domestic workers face the double risk of contagion for continuing to work, or poverty for stopping working in informal situations where they do not have access to paid leave.⁴¹ This sector requires specific affirmative actions to mitigate the impact on this group.
- **Migrant workers are experiencing serious economic and health consequences.** In particular, migrant women engaged in care and domestic work are experiencing serious economic and health consequences as a result of the crisis. Travel restrictions can prevent women from reaching their jobs or they may leave their jobs due to health risks,⁴² while the irregular situation of migrant workers can impact their access to health services and other resources. Fear and specific concerns about the crisis, together with xenophobia, may also have particular repercussions on the safety of migrants and their access to justice resources and general health services, and in particular, sexual and reproductive health, therefore, specific actions are required to mitigate the impact on this risk group.

- **Women's economically precarious situation must be central to fiscal and economic policies.** Fiscal policy has enormous redistributive power and is not neutral from a gender perspective. As a general guideline, the groups most affected by the economic crisis - households, workers and companies - must be treated as a priority and mechanisms and affirmative actions when necessary must be incorporated within all groups to avoid discriminating against women. These should apply to the most immediate measures aimed at alleviating poverty, supporting the informal sector, within the framework of credit policies, as well as in the design of other tax reliefs. These priorities should also be reflected in measures aimed at those who employ women, women employers, and those who generate linkages with women's companies.

- **Immediate economic relief measures must ensure the principle of non-discrimination and include affirmative actions to ensure that women are not left behind, particularly women from the highest risk groups.** Accelerating the development of instruments to ensure that social and economic policies do not discriminate against women is important now and will define the society that emerges from the crisis. Among the measures that governments can implement are to extend access to social protection in low-productivity sectors; secure alimony payments; facilitate access to baskets of basic foods and other basic necessities; grant cash transfers and provide alternative temporary jobs (for example, in the manufacture of personal protective equipment). Ensuring non-discrimination, particularly in groups that are in poverty and in the informal economy, implies paying attention to possible problems of under-registration in the civil identification necessary to be able to access government support, a problem that particularly affects women.

Likewise, in the search for solutions through social dialogue and in relations with trade unions, analysis and solutions must take into account the gender-differentiated impacts of the crisis.

Women's Health

- **Women are more exposed in health services.** In the region, half of medical personnel and more than 80% of nursing personnel are women, the highest percentage in the world.⁴³ They are however, a minority in decision-making positions and face a salary gap of 28%.⁴⁴ The global shortage of necessary protective equipment such as masks, gloves and goggles will have a particular impact on the risk of contagion for women.⁴⁵ Women may have different needs in this key sector facing the emergency, including transportation between their homes and places of work and services for the care of their dependents.
- **Policies must assess the overload of productive and reproductive work responsibilities and its impact on women's physical and mental health.** The additional burden of balancing reproductive work including the care of children and other dependent people, teaching, and more demanding hygiene routines, with paid work, can cause and exacerbate physical and mental health problems in women, in a context of little access to financial and health resources to mitigate them. It is important to assess the measures that are taken based on their gendered impacts, such as those referring to the division of the population by sex to structure outings during the confinement stage. These have shown weaknesses as the risk of contagion for women in the markets increases, since they are the ones who do the shopping en masse due to their gendered household roles. In the design of emergency measures, governments should consider this increased workload on households that women assume.
- **Increased need for health services. Especially access to sexual and reproductive health services,** including access to contraceptives, the need for which will increase as a result of the quarantine and other measures implemented to deal with COVID-19.⁴⁶
- **Lack of attention and critical resources for sexual and reproductive health services directly affects women, adolescents and girls.** The absence of these services could increase maternal mortality and morbidity, increase rates of teenage pregnancy, HIV, and other sexually transmitted infections.⁴⁷ In Latin America and the Caribbean, an estimated 18 million additional women will lose their access to modern contraceptives, given the current context of the COVID-19 pandemic. Governments may consider using mobile phones to deliver certain sexual and reproductive health services.
- **Pregnant women may face greater risks.** The region of the Americas comes to this crisis with a significant lag on the issue of maternal mortality, which was the only Millennium Development Goal that the region did not achieve. During the Ebola emergency, ma-

ternal mortality increased by 75% and the number of women giving birth in hospitals decreased by 30%.⁴⁸ There is still little evidence on the impact of COVID-19 on pregnancies, although it is already known that the immunological changes experienced by pregnant women increase their risk of infection from a multiplicity of diseases.⁴⁹ Pregnant women are in greater need of health care services, putting them at high risk of contagion, while facing a shortage of health care services and hospital overcrowding. As part of the general measures to limit contact, several countries have prohibited the entry of midwives, partners and other family members during childbirth/postpartum, which leaves women in a situation of isolation. Other women are opting for home births, but not necessarily with the appropriate conditions to face them, so special information and attention measures must be taken.

Groups at Higher Risk

- **Migrant women**, including women refugees and displaced by conflict and other emergencies, may also face particular challenges, especially lack of access to health services. In March 2020, more than 4.9 million people had left Venezuela, mainly for other countries in South America.⁵⁰ In addition to the shortage of essential supplies and health services, migrant care centers, shelters or immigration detention centers can present overcrowded conditions that create higher risks of infection.
- **Afro-descendant and indigenous women may face greater risks.** This due to socio-economic inequality and other associated factors such as lack of drinking water and malnutrition.⁵¹ In addition to facing a higher risk of contagion, they may face less access to health and health resources. Several indigenous communities in the region have made the decision to isolate themselves voluntarily, to try to avoid the risk of infection.⁵² In general, Afro-descendant populations do not have that option, since they live more in urban areas in overcrowded conditions and lack basic sanitary infrastructure.⁵³ It is key to ensure that all essential information on health, mobility (and mobility restrictions) and the economic situation and associated measures is available in indigenous languages and communicated through multiple channels accessible to poor households.
- **COVID-19 presents a particular risk of mortality and morbidity for older women.** The risk of contagion in older people,⁵⁴ a majority of whom are women, increases in situations of institutionalization or where older women do not have the possibility of isolating themselves, or through situations of cohabitation or their own care responsibilities.
- **Women deprived of liberty face an especially serious threat.** Extreme overcrowding, inadequate basic infrastructure, and poor access to health services increase both the risk of contagion and the severity of the impact of the virus.⁵⁵
- The absence of accessibility mechanisms for **women with disabilities** can increase their risk of infection.⁵⁶ It is key to ensure that all essential information on health, mobility (and mobility restrictions) and the economic situation and associated measures is available to people with disabilities who may have limited access to this information. Likewise, it is essential to ensure that access to the health services that persons with disabilities may need, or the support services that their carers may need, is not interrupted as a result of the diversion of attention and health resources to the response to COVID-19.

- **Existence of greater risks for women and girls living in fragile contexts and/or affected by conflict.** COVID-19 presents devastating risks for women and girls in fragile contexts, affected by conflict or other humanitarian emergencies. Disruptions to critical health, humanitarian and development programs can have life-and-death consequences where health systems may already be overwhelmed or largely non-existent.⁵⁷
- **People from the LGBTBI community may be more affected** when accessing services, due to the discrimination they may suffer from gender stereotypes.
- COVID-19 can present high risks for people in situations of insecure housing or homeless people, most of whom are women, since they do not have access to sanitation and hygiene resources and may be in contexts of institutionalization or overcrowding in shelters.

Other Relevant Considerations

Sex-disaggregated data

The absence of sex/gender-disaggregated data hampers sound decision-making. Past health emergencies, such as the 2014-16 Ebola epidemic⁵⁸ and the 2012 cholera outbreak in Sierra Leone⁵⁹, show that the absence of sex/gender-disaggregated data hampers sound decision-making, appropriate responses, and mitigation of impact. Although these health emergencies are different from COVID-19, the need for evidence-based solutions supported by quality data continues to prevail. Likewise, it is important to disaggregate the data by other factors such as socioeconomic status and ethnic-racial origin, in order to understand the impacts of COVID-19 on specific populations such as Afro-descendants and indigenous persons.

Unequal access to technology

Women have less access to technology. Globally, there are 200 million more men than women with Internet access, and women are 21% less likely to have a mobile phone, a key resource in developing countries where phones provide access to security, containment networks/organization, early warning systems, mobile health care and money transfers.⁶⁰ In the context of COVID-19, this digital gender gap has crucial implications for women's access to health information and services, and public news about isolation and quarantine measures. In addition to strengthening women's access to these information technologies, it would be important to ensure the use of traditional media such as radio, print and television to transmit essential information, including on violence against women.

Pay attention to territorial governments

It is necessary to reinforce measures to ensure that the policies established by national governments are implemented in all regions of the country. Territorial government linkages can be strengthened, communication channels with local governments can be improved, and women's organizations and groups operating in communities can be consulted.

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COVID-19 in Women's Lives:

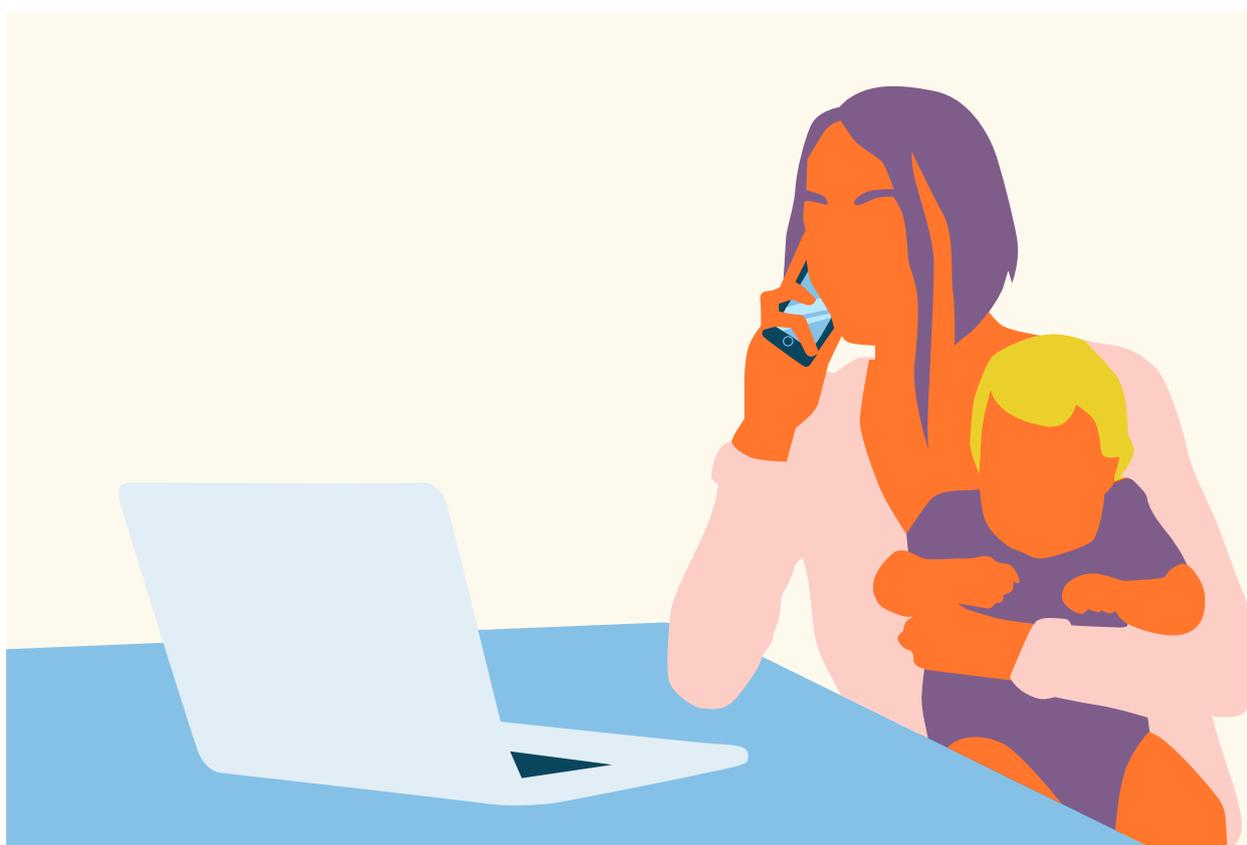
The Global Care Emergency



COVID-19 in Women's Lives:

The Global Care Emergency

The meaning, ubiquity and importance of caregiving



* The Inter-American Commission of Women (CIM) appreciates the cooperation of the European Union, through its EUROsocial + program, for the preparation of this document. This publication is an initiative of the CIM, coordinated by Alejandra Mora Mora, Executive Secretary of the CIM, with the contribution of Beatriz Piñeres and Javiera Sandoval. The CIM recognizes the research carried out by the consultant Juliana Martínez Franzoni, as well as the contributions of Maud Ritz for the identification of measures implemented in Europe.

On any given day in April 2020 or afterwards, in light of the pandemic, photos of day-to-day family life have been shared: a girl drawing next to a woman who is speaking with her colleagues on her computer; school-age children asking for her help to complete a task; a baby in a crib, crying out for a bottle; and an older woman requesting her medicine. Everyday situations that have become increasingly visible.

These women are able to look after their dependents, but others, like those who work long hours in a hospital, must leave their dependents in the care of other people, most of whom are women, and sometimes their eldest daughter who may be a minor.

The reality is that there is always someone who needs to be looked after and there is always someone, usually a woman, who provides the care, and the situation repeats itself infinitely. It is not enough to expose this reality and its many implications. Instead, responsibilities must be redistributed fairly, thereby transforming women's lives.

COVID-19 has forced the world to face a health, social and economic lockdown with an uncertain scope and duration. The confinement has brought together work, education, primary healthcare and leisure into a single space: the home. The risk of having people fall ill, particularly older persons, translates into additional care requirements.² As if this were not enough, any time we leave the house, such as a routine trip to the grocery store, we must undertake a complex operation that takes much longer than before due to lines to enter stores or the time spent on disinfecting each item.

Women are caregivers both inside and outside the home. They look after minors, older people and people with disabilities. The existing gap in the amount of time spent by women on care **has grown as a result of school closures, social isolation and the care needed by the sick. This will increase the time women spend on unpaid work and further exacerbate gender inequality.**³

Women face major challenges that go beyond individuals, in the sense that many organizations and companies, with certain exceptions, continue to operate with the same expectations on employees as before the pandemic. It is not easy to identify solutions that address the needs of everyone involved: employees, people who require care, businesses and organizations, and the government.

Far from being a temporary situation, the return to pre-pandemic life could take years, even in an optimistic scenario. In the meantime, countries will be enacting and lifting more or less restrictive lockdown and social distancing measures, which include teleworking during an unspecified period of time. Confinements could be cyclical. At the same time, any economic, labor, social or everyday-life measures will try to adapt to this "new normal."

In the absence of public policy interventions, inequalities will deepen due to how care is organized socially. There are several risks: 1) a significant reduction in women's labor force participation, both in terms of quantity as well as quality; 2) the resulting loss of talent for businesses, productive chains and the economy; 3) increased inequality and poverty affecting women and their dependents; and 4) a drop in the quality of care received by dependents. However, **if the critical situation is analyzed properly and there is a clear willingness to address it, it may be possible to create a window of opportunity during the current crisis and define new ways of organizing care socially.**

Specifically, the aforementioned risks could become opportunities if governments develop strategies around five "nodes":

- 1) The right of people to receive care;
- 2) Support for families through social protection systems;
- 3) Men's participation in caregiving;
- 4) The operation of value chains that bind the productive sector; and
- 5) Care as a cross-cutting concept.

The common thread of these five nodes is for caregiving solutions—currently assigned to women and families—to be shifted towards collective solutions, with social co-responsibility inside and outside the home, involving men, women, the government and companies. This requires making care one of the fundamental aspects of the measures aimed at mitigating the pandemic and the measures geared towards economic recovery.

The meaning of caregiving and its ubiquity

The term "caregiving" covers a wide array of activities, from intensive to extensive, from mechanical to empathic and reflexive, that address the needs of another living being.⁴ Caregiving entails understanding and looking after people who cannot take care of all or some of their physical, emotional and/or affective needs. The idea of understanding refers to a connection that must exist between the caregiver and the person receiving care.⁵

When someone needs something that others can provide, care is inserted into relationships and power structures⁶, and new hierarchies between caregivers and the people who receive care are established. At various moments in life, everyone needs to be cared for by others. The degree of care-dependence between people is higher at the beginning and end of life, during illness, and in the event of temporary or permanent disability. In these scenarios, people must turn to others to cover their basic needs for food, hygiene, clothing and affection.

For this reason, the "caregiver's calling" appeals to a relationship ethic of "you scratch my back, I'll scratch yours"⁷ that, in practice, has had a fundamental gender dimension in

the sense that the relationship is established between women, for men. While good care is based on the idea that the caregivers of today will have their needs equally met in the future, poor care is based on abuse and neglecting the need for care of a large portion of the population. In the American continent, now and in the past, care has frequently been resolved at the expense of caregivers, who are usually women, primarily from low-income families, Afro-descendants, indigenous or migrants.⁸ The key lies in overcoming asymmetries and building dynamics, institutions and care practices within the framework of relationships that are more horizontal. This entails dismissing the idea that an entire category of people, such as men, expects to receive care but does not provide it.⁹

Beyond diversity, care is a human right—the right to give and receive care—inherent to the human experience.¹⁰ Clearly, in a society that lacks care-giving, economic and political life would be impossible.

The pandemic has starkly revealed the ubiquity of care, which already formed part of people's lives, businesses, communities and economies in normal times. The ever-present need for care goes hand in hand with another ubiquity: the ability of families, specifically women, to stretch out their time and their arms in an attempt to simultaneously take on multiple tasks and obligations. In fact, during the pandemic, the gap between the need for care and the existing social organization to address it has been accentuated, and to the result is a critical shortage.

This ubiquity is tied to normalizing caregiving as a “female” responsibility that has been undervalued and is not even viewed as work, so it must be revalued and reclassified as work.

If work is understood to consist of activities that could be done by someone in exchange for payment, then by this definition, **caregiving should be classified as work.**¹¹ Although a portion of caregiving is paid, most is unpaid. The difference crosses through socio-economic inequality gaps that continue to define American societies and have deepened in recent decades—to a greater extent in the American continent than in other regions—and that will undoubtedly grow during the post-pandemic period.

Context: Economic situation of women before and during the pandemic

Figure 1

Latin America: Percentage of unpaid work hours done by women in households

Source: Inter-American Development Bank, 2020.

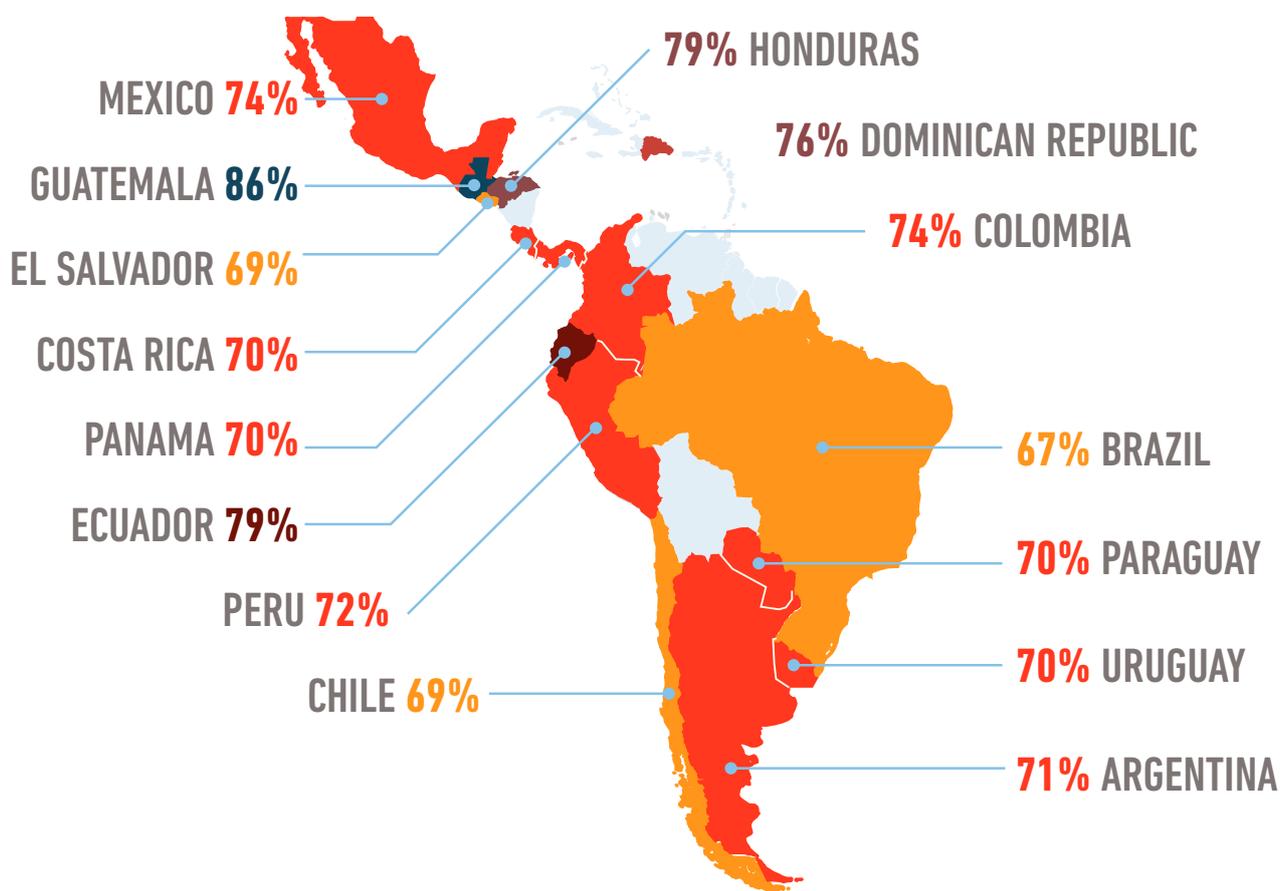
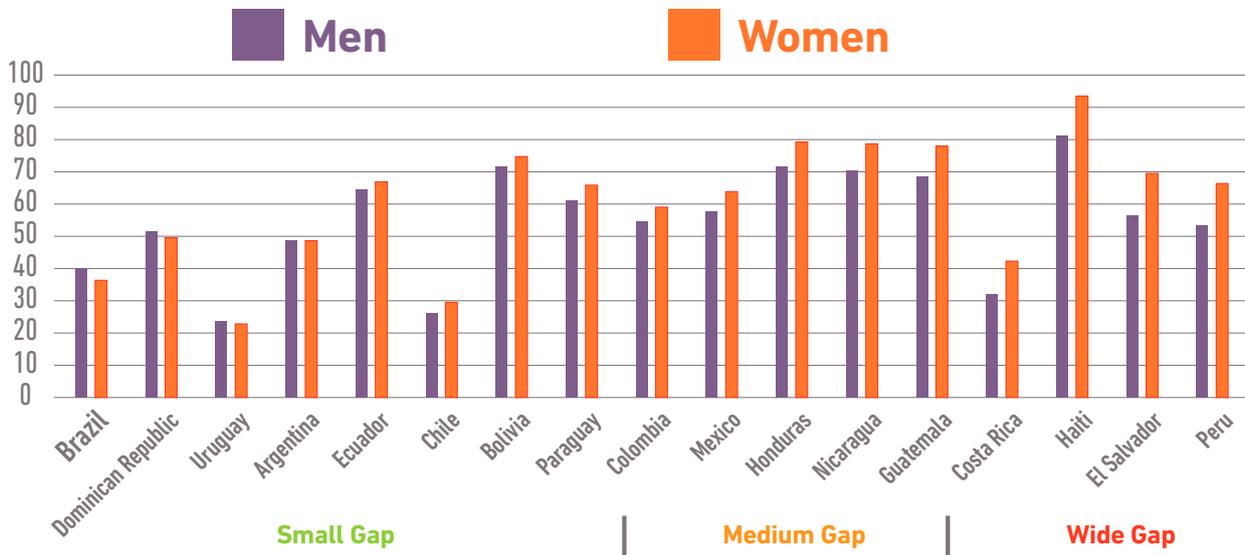


Figure 2

Source: International Labour Organization

ILOSTAT database [Employment]. It is available at <https://ilostat.OIT.org/data/>.



Where were they before the pandemic?

Paid and unpaid caregiving work in families is primarily done by women. Before the pandemic, this was the case for 7 out of 10 hours of housework and caregiving. Women spent between 22 and 42 hours on housework and caregiving each week.¹² Caregivers are affected by the gender “penalty”: they are essential yet invisible, and in the case of formal employment, they receive little pay and social protections.¹³

Before the pandemic, the regional labor force participation rate for women between the ages of 25 and 54 was 64.5%, compared with 94.1% of men.¹⁴ In the case of women who live alone, without partners or dependents, the labor force participation rate jumps to 84.4%, whereas this figure remains relatively constant for men who live alone (92.6%).

To understand the scope of the job situation in the region, the high proportion of informal employment prior to the pandemic must be taken into consideration. These conditions limit the applicability of labor and social instruments that could be used to deal with the emergency. As shown in Figure 2, there are significant variations between countries, ranging from a proportion of women in the informal labor force that is similar to that of men and comparatively low (Uruguay), to nearly 80% and much higher than that of men (Guatemala, Honduras and Nicaragua).

Figure 3
Composition of women's employment by area of activity

Source: International Labour Organization (2020)



Women in the informal labor market are excluded from social security, non-contributory mechanisms (universal and/or linked to social assistance) and, above all, the definition of work, which oftentimes does not consider them, further deepening poverty, inequality, and social protection gaps between men and women over the course of their lives and in later years.

The crisis has exacerbated this informality and revealed the occupational segregation that exists between genders, in which there is a higher concentration of women in less-specialized sectors with more precariousness and insecurity. Additionally, thousands of women are employed as domestic workers, and the situation for most is similar to that of women caregivers in the region: many are migrants, indigenous or Afro-descendants. Only a handful have access to social security, and they have fewer protections against sustained unemployment.

In general, people's inclusion in the social security system is based on their participation in the formal labor market, so due to women's position in the economy, they have less access to social security. In many cases, women rely on the benefits their partners receive for participating in the labor market, or on other segmented benefits that are generally insufficient.¹⁵

During the pandemic: The particularities of social distancing

The pandemic has caused a chain reaction: social distancing measures have led to fast and drastic transformations in families, labor markets and social services, as explained below.

Families

The top public health measures for containing the virus are social distancing between people and the creation of family “bubbles” that serve as epidemiological barriers. These efforts seek to slow down the transmission rate and prevent health systems from becoming overwhelmed. The immediate result of this measure is, on the one hand, home confinement, and on the other, partial or full closures of businesses, schools and public services, meaning that families manage everything in the private sphere.

There has been an increase in violence against family members, as noted by a rise in the number of requests for assistance, complaints filed with the judicial system and femicides. There are also reports of new patterns, such as digital violence, leading to a higher number of crimes related to sexual extortion and online child pornography.¹⁶

The lockdown, the job-related and caregiving burdens, and the economic impacts are creating a significant level of stress that is stretching family dynamics and people's mental health.

Labor markets

Healthcare measures have had a rapid effect on the supply and demand for goods and services. All the countries in the American continent have implemented an economic shutdown to a certain degree, and since March 2020, they have coexisted with special rules for movements as well as for social activities and business operations.

The main factors affecting incomes in America due to COVID-19 are job losses, reduced hours and fewer remittances. ECLAC expects unemployment in the region to increase from 8.1% to 11.5%¹⁷, which translates to 35 million people in poverty (11 million more than in 2019), and a serious threat to the middle class.

The perception of work during social distancing in Argentina

Of the 550 people surveyed, primarily women:

- More than half feel that during the lockdown, they provide 24-hour care and have no time to rest. Taking care of their family is a top concern, along with the nation's health system.
- The activities that require the most time are housecleaning followed by cooking and childcare.
- Most feel that they are full-time caregivers, work longer hours and are more tired during the lockdown than before. Half sleep between one and three hours less than the recommended eight hours for a good night's rest, and they feel mentally exhausted.

Source: National Scientific and Technical Research Council - Argentina (CONICET) and Universidad Nacional de Córdoba (UNC)

Within this framework, women are at a higher risk of unemployment because their jobs are more precarious and they tend to be overrepresented in the informal economy.¹⁸ The higher proportion of women in vulnerable and low-productivity sectors contributes to worsening their situation of poverty, dependence and financial instability. This reality is replicated in the case of migrant women in destination countries and affects their ability to send remittances.

As far as remittances, before the pandemic, the American region experienced an era of prosperity, with record numbers in 2019. Central America and the Caribbean are highly dependent on income obtained through remittances. For the year, remittances made up 14% of Nicaragua's GDP, 21% in El Salvador and 36% in Haiti.¹⁹ Rising unemployment in the United States, Spain and the United Kingdom has drastically affected migrant populations from Latin America and the Caribbean, resulting in a sharp drop in remittances. In April 2020, the World Bank estimated that over the course of 2020, the flow of remittances to Latin America and the Caribbean would fall by 19.3%.²⁰

New caregiving patterns

With the emergence of COVID-19, the distinctive features of the measures implemented for its containment, and their implications for caregiving, CIM has confirmed that the existing inequalities in the care of dependents have widened with the presence of new caregiving patterns, which are described below.

The inelasticity of women's time

Social distancing brought the various spheres of our social, professional, academic and recreational lives, among others, into the home. In addition to this change, caregiving needs increased exponentially and paid caregiver work became even more precarious. In this new scenario, tensions run high because the need for care grows very quickly, but the solution can only be found within families. Women's time, which has always had to be elastic, has reached a breakin point.

Now that everything is taking place under one roof, the amount of unpaid work has increased and perhaps even surpassed the number of hours spent on paid work. This is happening because learning is done at home since schools have closed, older people—including those who are not dependents—need help buying groceries and medicine, and there is a growing number of ill family members that require care. **In this context, the overall workload on families has increased and women are bearing the heaviest burden.** A study conducted in the United States found that the number of hours spent on household tasks rose from 30 to 59, with mothers spending 15 hours more on average than fathers, according to a report from the *Boston Consulting Group*²¹ that was published in the New York Times.²²

The trend in Latin America is similar: more people require physical assistance and emotional support daily. The situation worsens as the duration of social distancing measures is extended. A number of opinion surveys in several countries in the region have confirmed this: in the face of a growing need for care, there is little rest and it is extremely difficult to find a balance between providing care and doing paid work.

Opinion surveys conducted since the start of the pandemic show a heavier overall workload for families, a rising number of hours worked by women, **and a more unequal distribution of caregiving tasks between men and women in households.**²³ **Care demands pose the risk that women will have to face the difficult decision of leaving their jobs, especially those that cannot be performed remotely, with potentially long-lasting negative effects on women's labor force participation.**

The hurdles that stand in the way of keeping their jobs are evident, for example, in the balancing act that women perform to accommodate the added burden. Women employed in the formal sector who are able to work, in person or remotely, now struggle to balance their job, childcare, homeschooling, care for older persons and housework.²⁴

This situation does not affect everyone equally. It also does not impact all women or those who need care in the same manner.²⁵ Gender inequalities are intensified in low-income households, where the need for care is greater²⁶ because there are more dependents, a significantly smaller income, less space per person, less technology and, in general, fewer resources overall for overburdened families and working women.

Women are essential workers

Half of the region's doctors and over 80% of its nurses are women, the highest percentage in the world²⁷, and yet they hold few leadership positions and face a 28% wage gap.²⁸ This sector includes health professionals, the support staff needed to provide care, the individuals who keep facilities clean and the workers who prepare meals for hospital patients.

The pandemic has increased the demand for health professionals while placing them at constant risk of infection since this type of work involves close contact with patients and is virtually impossible to do remotely. Public panic also created situations of discrimination and violence against these individuals, such as refusing to care for their children or ousting them from their homes. These are two specific examples reported in the CIM/MESECVI report as new patterns of violence against women during the pandemic.²⁹

According to the Inter-American Commission on Human Rights (IACHR), many of these women are at a greater risk of infection and may need to be isolated if infected. They also face the mental burden of their professional work and of "...unpaid family care work, such as looking after children, older persons and people with disabilities."³⁰ In fact, the strain that most of these women experience is intensified in this instance because they cannot easily attend work because of childcare obligations caused by school closures and the elimination of other social services.³¹ This means that many medical professionals are not at the facilities where they are most needed during a health crisis, or that complex family strategies are being implemented to address both sets of duties and even to support their partner's professional responsibilities.

Bubbles are insufficient for care

Family bubbles have played a fundamental role as a containment measure in this pandemic, but as the lockdown measures are relaxed or lifted, family bubbles should also become more flexible. To that effect, all health protocols should assess the importance

Women and teleworking in Chile

- 42% of the women surveyed on teleworking said that difficulties arise and 47% explained that the main challenge is to balance working remotely with doing housework (primarily cleaning and cooking). The biggest difficulty faced by men who are teleworking is the level of Internet quality.
- 56% of women believe that they are working more than during normal times when they went to the office, and 31% feel overwhelmed with housework.

Source: Consejo Informe Estudio Teletrabajo Mutual de Seguridad and Cadem (2020).

of designing social bubbles in confinement scenarios. Building bubbles that go beyond families has been, and will continue to be, essential for care and the financial substitution of work, the economy and social contact.

Hiring caregiving services enables a substitution that provides income for those hired, as well as the continued employment of those who must work remotely or are essential workers, particularly when schools and childcare services are not available.

In many instances, when caregiving is not outsourced, at least partially, this task falls upon young women—who must oftentimes interrupt their own education—or on older women. In both situations, those individuals do not have the tools needed to provide care.

This is particularly important for healthcare professionals, other essential workers and/or people who, due to the nature of their job, are unable to telework. A good practice implemented in France is to arrange services specifically geared towards assisting healthcare professionals. There is a clear need for public, governmental or community programs, or similar, that provide these services for free in light of school closures and the elimination of care services.

The current situation offers a number of valuable starting points, such as childcare services for essential workers. A non-governmental example in **Costa Rica** is *Serena Care*, a platform that set out to donate 500 hours of childcare to healthcare workers treating COVID-19 patients. It includes all the necessary PPE, games, books, a first aid kit and a video camera that allows parents to see what their kids are doing in real time.³²

There are also specific initiatives to support older persons in social isolation, such as buying their groceries and medicine, or walking their dogs (IADB, 2020). In certain instances such as the “Un Viejo Favor” (An Old Favor) program in Medellín, **Colombia**, volunteers are selected after confirming they are healthy, and they receive training on health and safety procedures, including protections and handling items from a distance.³³

School closures and remote learning

One of the distinctive features of the pandemic lies in school closures. UNICEF has reported that over 154 million children, about 95% of those enrolled, are temporarily out of school due to COVID-19.³⁴ As a result of these closures, children are receiving 24/7 care at home. The possibility of going back to school remains uncertain and continues to change as the health crisis evolves in each country.

This situation not only increases the amount of time parents must spend supervising their children, but it also changes the nature of that time because it requires leading and supervising school tasks. Remote learning also has adverse consequences for girls, who bear a disproportionate burden of domestic work.³⁵

In this scenario, outsourced care is only possible for those who can afford private tutoring or childcare services that guarantee protection against the virus. This poses another challenge in the area of widening inequality gaps since low-income households are unable to pay for private care and tutoring for their dependents. In the face of COVID-19, these households face a particular vulnerability since women must continue managing productive work, if they still have a job and reproductive work (child and other dependent care, domestic work, and the education of children) in the extremely limiting circumstances of confinement or quarantine.³⁶

Another challenge arising from school closures and the burden of remote learning is that parents are not equipped to play the role of formal educators for their children (UNESCO 2020), a responsibility that primarily falls on women. Additionally, the growing reliance on tech devices and platforms highlights the digital divide in access to technology in our region. Worldwide, 200 million more men than women have access to the Internet, and women are 21% less likely to own a cell phone—a key resource in developing countries

where phones provide access to safety, organizing networks, early warning systems, mobile health care and cash transfers.³⁷ A CAF Development Bank of Latin America report reveals that on average, 68% of homes in Latin America have Internet access, with major differences between countries and accessibility gaps based on household income.³⁸ Many homes do not have enough electronic devices for all the family members who need to use them, forcing them to share what happens to be available.

The expansion of teleworking

Telecommuting has become one of the most common ways to work during the pandemic. During this time, women workers have viewed it as an advantage over those who must work outside the home, risking their health and that of their family. However, depending on the type of family responsibilities (children's ages, the presence of older individuals with a high level of dependence or of people with a disability), it is extremely difficult to manage both types of work.

Uruguay's Red Pro Cuidados noted that "...the combination of the lockdown and telecommuting revealed to many the heavy burdens of unpaid work associated with caregiving and housework".³⁹ Up until now, work responsibilities have been transferred to the home setting without a major analysis of or attempt to address the implications on family dynamics. It has been assumed that families are elastic and they will adapt to new circumstances in one way or another. However, this overburdens women as they try to balance teleworking, looking after their home and family, supervising school tasks, and caring for older and dependent persons.

The private sector also plays a role in addressing the care situation by supporting a series of measures aimed at making work schedules more flexible, for women as well as men, in light of school closures and the elimination of care services available on the market. Increasing teleworking, flexible hours, extended parental leave, prioritizing work based on tasks and/or results, and support through a care network are some of the private sector measures that help caregivers to participate fully in the event of extended and/or periodic lockdown scenarios.

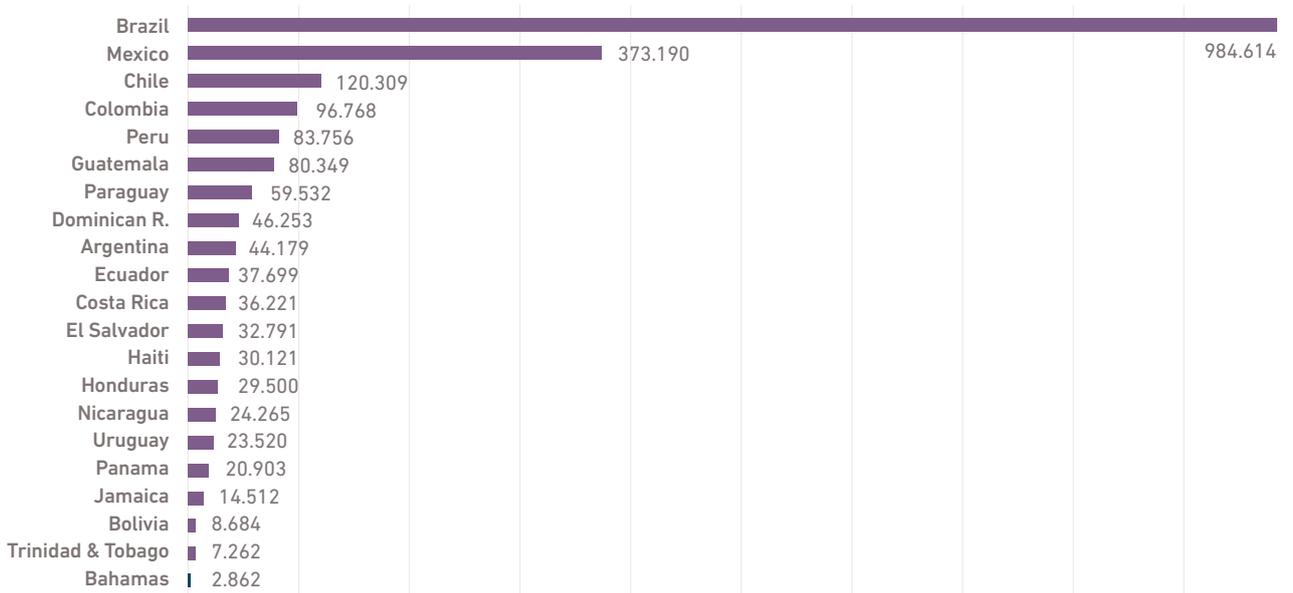
The collapse of paid domestic work

In Latin America and the Caribbean, more than 18 million people—primarily women and many of whom are Afro-descendants, indigenous and/or migrants—earn a living by doing paid domestic work. In 77.5% of cases, the employment relationship is informal.⁴⁰ Less than 2 million of them, or 11%, have social protections and a signed contract that establishes their rights.⁴¹ Most of these workers do not have access to healthcare services or sick/maternity leave. Those lost jobs lead to lost services⁴² that force families to replace unpaid work with paid work since they do not have time to do their own formal work.

Figure 4:

Latin America and the Caribbean: Estimate of losses in paid domestic work as a result of COVID-19 (prolonged recession scenario)

Source: Developed using data from IADB and the World Bank.



This type of employment has been heavily impacted by the pandemic. Figure 5 shows the scenario for domestic worker job losses based on the percentage forecasts for formal employment⁴³. It is important to note, however, that some formal jobs can be done remotely but domestic work cannot, so the projections in this case are even more alarming. Also, since families are in their homes, tasks are primarily distributed among the household's women and girls, eliminating certain hiring needs. With this in mind, the pandemic could wipe out 644,911 jobs (3.6%). If the crisis lasts longer, this figure could jump to 1,194,989 jobs (7%), and in the event of a prolonged recession, it would surpass 2 million (12%).⁴⁴

These serious economic and health consequences are caused by the emergency, and they are intensified among migrant women who are employed as paid domestic workers. "Travel restrictions can prevent women from reaching their jobs or they may leave their jobs due to health risks, while the irregular situation of migrant workers can impact their access to health services and other resources."⁴⁵ Additionally, these women live far from their place of work, usually in densely populated neighborhoods in which the two basic preventive measures, hand washing and social distancing, are difficult to observe.⁴⁶ The risk of contracting the virus and of lacking suitable healthcare services is very high.⁴⁷

As lockdown restrictions are eased, the precariousness of women domestic workers' situations is likely to increase, requiring them to choose between earning an income; caring for their families; and protecting themselves, their households and their employers.⁴⁸

New dependencies of older persons

Before the pandemic, families took charge of family members' healthcare, in terms of out-of-pocket expenses as well as providing care.⁴⁹ This involves, among other tasks, purchasing medicines, hiring services and providing direct care for the sick. To quantify this unpaid health care, in Mexico it was estimated that the monetary value of unpaid healthcare was equivalent to 85.5% of the value of hospital services, and that women contributed 72.2% of that monetary value through their work.⁵⁰ The situation is exacerbated when caring for older or chronically ill persons.

Given that "health systems are operating at maximum capacity" and many consultations are being done remotely, much of the healthcare burden is being shifted to households. Without co-responsibility policies, this will undoubtedly increase care-related time pressures, particularly for women.⁵¹

On the other hand, this group has new needs due to their greater risk of exposure to the virus. This keeps them from doing everyday activities they would take care of independently in the past, such as buying medicine, food and other basic products.

In general, women responsible for their families may delay seeking assistance for themselves or for family members, precisely because of the care needs they must manage. Therefore, "public policies and community action must be proactive in the search for women who feel unable to leave their homes to seek care and of older people who live alone, which can be even more difficult in contexts of high street violence."⁵²

Collective care with an individual focus but without co-responsibility

With an equal balance between productive and reproductive responsibilities, both women and men can continue in the labor market on equal terms, without women being affected to a greater extent by cuts or dismissals due to their unequal distribution of household work.⁵³ This social co-responsibility for caregiving, which adds value and recognizes care as part of the value chain, must include other actors, such as the private sector. This in order to expand government care systems for early childhood, establish new arrangements to coordinate school and work schedules, create companionship programs for older persons, and other initiatives that make it possible to reorganize everyday care tasks with families and beyond.

Public and private employers must implement co-responsibility measures, such as leave, that make it possible for men to participate in caregiving.

Chile's Ministry of Women and Gender Equity (SERNAMEG) launched an online program to provide women with information on co-responsibility, legal matters, childcare and more, during the lockdown. The Women and Gender Equity Minister stated that she was aware of the challenges faced by many Chilean women, and of their need to feel supported.⁵⁴

Women's mental health

Women have been worried about getting sick or having a loved one fall ill, losing their job, their children's online education at home, loneliness, desperation and a sense of not having any control over the situation. The physical exhaustion felt by many women on a daily basis during the pandemic also affects their mental health. These worries and concerns are legitimate feelings that have an unclear impact on women's mental health—such as stress, anxiety and depression—and will have long-term effects, such as severe or recurrent depression, post-traumatic stress disorder and other potentially debilitating conditions.

A study performed in the United States showed that 83% of women and 36% of men had experienced an increased level of depressed mood. Anxiety levels for working women have increased 53% since February, versus 29% for their male counterparts.⁵⁵ Additionally, a recent survey conducted by Malasmadres, a Spanish civil society organization, revealed that 86% of women feel apathetic, sad and unmotivated, and more tired than before the lockdown. The reasons mentioned include their workload, which includes teleworking, caregiving, housework, their children's education, and the stress caused by the uncertainty surrounding the return to school.⁵⁶

Reducing the time women must spend on caregiving—through redistribution and co-responsibility—is a way to protect women's health while giving them time for self-care and their mental health, as well as an essential precondition for gender equality.

A Global Caregiving Emergency

COVID-19 has unleashed a health and economic crisis with a set of new care patterns that have created a global care emergency. This requires an immediate and crosscutting response for the long term, and the social reorganization that caregiving inequalities demand.

This emergency impacts primarily women's lives and poses a serious risk that in the future, in the face of the inevitable economic crisis, sexual segmentation of work will continue, meaning that women are assigned to unpaid work in the home and men to paid public work, which would reinforce gender inequalities in the home and at work.⁵⁷ This would mark a decline in women's labor participation, a loss of talent for the economy, greater inequality and poverty for women and their households, and a reduction in the quality of care.

Although the pandemic has revealed the magnitude and ubiquity of care, it has not been given the corresponding importance nor the need recognized to place it at the core of society for a collective response.

CIM believes that the five **structural nodes identified** must be addressed from these perspectives of collective response and social co-responsibility⁵⁸:

- 1) Care as a right.
- 2) Care as a job in the value chain.
- 3) Care as an essential social service.
- 4) Care as collective, in which men have co-responsibility.
- 5) Care as a crosscutting concept.

Care as a right

Within the framework of international law, caregiving is covered by the ILO's Convention No. 156⁵⁹, which focuses on workers with family responsibilities. It states that countries must create or promote public or private community services, such as assistance for families and children; they must include the needs of these groups in the plans of local and regional communities; and they must increase awareness and improve the public view of the problems and corresponding solutions. Convention No. 156 seeks to establish caregiving within the social protections for women workers, and it also opens the door to various public and private combinations.

ILO Convention No. 189⁶⁰ on paid domestic work offers specific protections to domestic workers, who perform many caregiving tasks. It establishes the rights and basic principles,

and requires governments to implement a series of measures to ensure decent work is a reality for domestic workers.

Article 5 of the *Convention on the Elimination of All Forms of Discrimination against Women*⁶¹ establishes the obligation of Member States to implement the corresponding measures in order to: a) Modify the social and cultural patterns of conduct for men and women, with a view to eliminating prejudices and customary practices of all types which are based on the idea of the inferiority or superiority of either of the sexes, or on stereotyped roles for men and women; b) Ensure that family education includes a proper understanding of maternity as a social function and the recognition of the common responsibility of men and women in the upbringing and development of their children, it being understood that the interest of children is the main consideration in all cases.

This list of legal standards has been supplemented by a ground-breaking and growing number of regional policy commitments on the right to care that began in 2010 with the Brasilia Consensus at the 11th Regional Conference on Women in Latin America and the Caribbean.⁶² Through the *Declaration of San Jose on the Economic and Political Empowerment of Women of the Americas* (2012), the CIM Assembly of Delegates addressed the importance of promoting public policy on co-responsibility, improving the coverage and quality of the care infrastructure, recognizing the economic value of unpaid work and providing access to social protections for women who do unpaid housework.⁶³

The existence of accessible, quality caregiving services plays a key role in promoting women's economic empowerment to the extent that women who provide this care do so by leaving their own paid jobs.

Acknowledging care as a right places the State as the ultimate guarantor and provides recipients of the right with instruments to continue their demand. This also entails recognizing the reproductive work of women.

Uruguay has made progress with its Care Act and recognizes the right of all dependents to receive quality, equal care, while promising to evolve towards a cultural shift in such a way that men and women share caregiving duties. Act No. 19.353 passed by the República Oriental del Uruguay in its General Assembly established “the general interest in providing universal care to dependents.” Care is defined as “the actions that dependents should receive to guarantee their right to the basic necessities and activities of daily living when they lack the autonomy to perform them independently.” This law recognizes that dependents have the right to universal access to the services and benefits of the care system.⁶⁴

Argentina's Ministry of Women, Gender and Diversity has defined actions within the framework of an Inter-ministerial Panel on Care. Created in February 2020, just before the healthcare emergency was announced, it includes the leaders of the Ministries of Social Development, Education, Health, Social Security, Older Person Care and Disability Care, among others. The joint effort resulted in the creation of a document that specifies the measures implemented and serves as a useful guide for citizens. “We recognize the importance of care as a right, a need and a fundamental step towards gender equality.” “We are working on recommendations and a communication campaign to promote co-responsibility and a more equal distribution of household tasks for a #CuarentenaConDerechos (#QuarantineWithRights).”⁶⁵

In July 2020, the Chamber of Deputies of **Chile** unanimously approved a law that provides parents with an extension of up to 90 days of additional family leave benefits to care for their children during the pandemic and while the State of Constitutional Exception remains in effect. This measure applies to employees, freelancers and civil servants, mothers as well as fathers, as long as they are eligible for family leave, and it is payable through Chile's national healthcare system.⁶⁶

Care as work in the value chain

Paid caregiving work is an important source of employment, of supporting businesses and of income within social protection systems, private institutional services and private in-home services.⁶⁷ This type of care serves as a pillar for every sector that comprises the economy.

Formal paid economic activity is built around relationships between people and businesses on a local, national and global level. These relationships lead to the creation of “chains,” comprised by production, distribution and consumption links that connect people and families with local, national and global markets.⁶⁸ A value chain is a formal or informal network that binds activities within one or more productive chains.

The links that comprise a value chain are only possible thanks to the crosscutting presence of paid or unpaid care throughout the value chain. A pharmaceutical company executive and a university professor with a young daughter can only go to work once their child has been dropped off at nursery school or a nanny has arrived to look after her at their home. Another possibility is that the girl's grandmother provides this care on an unpaid basis. In any case, the paid work hours of adults cannot take place without childcare. **As a result, a company's productivity depends directly on the availability of childcare so employees may "pause" their family responsibilities and focus completely on the task at hand.**

There are chains exclusively for caregiving.⁶⁹ Latin American and Caribbean migrants participate in these global chains throughout Europe, the United States and other countries in the region.⁷⁰ The care economy recognizes that a portion of care is provided by the service sector, which is essentially formal and public. This includes childcare services, early childhood education, care for people with disabilities and care for the elderly. However, the care economy also includes other forms of paid and unpaid care, provided by family members or the community, due to a lack of access to quality caregiving services.⁷¹

In any case, the care economy is an essential part of the value chain and it sustains economic and productive life. Participation in economic activity can only occur when the care for dependents has been addressed, whether in the sphere of public social services or privately.

It is generally accepted that paid care is a social service, public or private, and that it falls within the service economy. What is less clear is that these links form part of all the value chains: without care, it is not possible to grow crops, extract oil, manage medical services, and more. In these instances, the people who participate, from production to distribution and even consumption, can do so because other individuals, or themselves at certain times, are caring for their dependents.

Feminist economics has raised awareness of the fact that care is essential for production and for economies to operate. However, due to the collapse of services caused by COVID-19, care has temporarily ceased to be hidden behind family strategies and women's time, because economic activity and production have been affected by the closure of care services.

Paid and unpaid care are links that clearly create social as well as economic value. These care links are usually invisible, viewed as strictly family matters or as economic activity that is unrelated to the productive chains they feed, so the qualitative leap is their sociological and legal classification as work.

Care as an essential social service

The emergency has brought with it unemployment, hunger, and pressing needs in terms of housing and access to basic services, all of which affects women more and impacts their dependents. **Basic social protection must reach everyone, regardless of whether they have paid work, and this protection should be maximized for unpaid caregivers who are unable to do paid work because they are delivering care.** To that effect, recognizing and redistributing care in confinement and economic reactivation scenarios should be top criteria for social services and cash transfers.

CIM is aware that the pandemic confronts the American region with an extremely complex fiscal situation: a sharp drop in revenue paired with a very high demand for investment.⁷² In the current scenario, government action must have clear and precise priorities. However, despite best efforts, the matter has not been addressed in a comprehensive manner that recognizes the importance and ubiquity of care.

The specific mechanisms that enable social co-responsibility for caregiving are cash transfers for care, services (such as childcare) and regulations (such as rules that ensure older persons are treated well). Certain social protection mechanisms require public investment, and others entail state capacity in order to properly interact with families and businesses.

Men's participation in the collective solution for caregiving

From various intersectional realities, men convey their identity and male power through an array of cultural expressions based on gender stereotypes. However, advances towards gender equality in most societies and the changing roles of women in economic, political, social and cultural spheres are posing the challenge of transforming these identities.

Social norms around "being a man" tend to foster practices that are viewed as masculine and restrict others. Some of these practices, such as control and the use of force, have consequences that hurt society, as in the case of social and domestic violence. On the other hand, behaviors that are usually viewed as straying from "what is masculine" result in more rights and a better quality of life for men.

Montesinos believes that "the new paternity assumes that a couple's commitments, beyond biological reproduction, are shared equally. The new paternity, as an expression of emerging masculinity, represents the critical capacity over traditional gender models, which essentially concentrate power on the male figure. Therefore, it associates a new way of exercising power and representing social and family authority on the role of new masculinity/paternity."⁷³

In summary, **men have a lot to gain from the redefinition of dominant traditional masculinity in such a way that it is easily linked to caregiving and allows them to be autonomous,**

reliable adults. This requires men to lower their caregiving expectations and to care for others who need it.

Co-responsibility for care refers to a different view of masculinities that is guided by pater-nities, a process that is not undertaken alone, given the stereotyped barriers that exist. It is a move towards equality backed by government policies that support these transformations.

The altruism associated with caregiving is also a source of recognition and meaning of life. A society made up of caregivers, women and men, is a better society on an ethical, social and economic level. Specifically, caregiving is a strong source of empathy and personal growth by recognizing other people's needs. Men must be involved in domestic duties for the benefit and growth of the entire household. Studies have shown that fathers who take leave are more involved in childcare and housework,⁷⁴ and their women partners are more engaged in the labor market after childbirth.

The Presidential Council on Gender Equity of **Colombia** specifies that "...taking care of children, those who are sick, people with disabilities and older persons should be undertaken as a co-responsibility involving the entire household, not just women." "The government recommends that family members hold meetings in order to distribute housework tasks equally among everyone, men and women alike. This includes items such as cooking, cleaning, doing laundry and other aspects such as paying bills, shopping and taking care of pets."⁷⁵

The **Costa Rica** National Institute for Women (INAMU) urged people to reflect on the role of women, their working conditions and the housework they do. The Institute assured that "...within the emergency situation caused by COVID-19, the additional burden borne by women becomes more evident because they must handle twice as many duties. Care, which has become essential for the planet's survival, should be distributed equally among family members."⁷⁶

Care as a crosscutting concept

The care emergency is one of the critical components of economic recovery efforts and should guide the return to productive life. Without raising awareness and addressing care issues as a crosscutting concept across all public policy initiatives for managing the crisis and the subsequent recovery period, an important segment of the population is unable to actively participate in productive life. Caregivers cannot return to the public

sphere because they must look after dependents and do housework, and this has a major impact on the labor force for economic recovery.

The crosscutting nature of care becomes an imperative aspect to be included in a nation's agenda as long as women form part of national crisis cabinets and other bodies responsible for mitigation and recovery policies. Women bring these specific needs and realities to the national conversation. From the beginning, CIM has reiterated that equal participation of women in COVID-19 response and recovery efforts is important in itself for reasons of equality, justice and democracy⁷⁷, and also to ensure that a gender perspective is included across the board in the solutions implemented. Despite the global acknowledgement of the need “to strengthen actions that involve women's participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery,” the policy commitment stated at the WHO World Health Assembly in May 2020⁷⁸ has not been put into practice. For example, 10 of the 31 members and advisors on the World Health Organization's Emergency Committee on COVID-19 are women, as are only 20% of the 25 members on the WHO-China Joint Mission on COVID-19.⁷⁹

Some organizations suggest creating care systems (**Argentina** and **Chile**), or strengthening existing ones (Uruguay). In **Uruguay**, organizations such as Amnesty International, the Interdisciplinary Center for Development Studies, Intersocial Feminista and La Diaria held a virtual meeting to discuss the challenges faced by the care system in Uruguay during the pandemic. Red Pro Cuidados has stressed the need to protect funding for care policy, “which should not be dependent on the definition of the political system—highly masculine and disconnected from this issue—of every budget and reallocation request.” It has also reacted to the announcement that resources will be diverted from the National Integrated Care System “to purchase materials in the fight against the pandemic caused by the coronavirus.” In light of these regulations, Red Pro Cuidados has expressed their concern about the priority being given by the government to caring for dependents, and that the value of the work performed by caregivers is not being recognized within the political system.⁸⁰

Comunidad Mujer in **Chile** points out that caregiving is not a women's issue, but rather a social one that should be addressed through public policy. Chile's Coordinadora Feminista 8M believes that the government needs to implement public policies that support women in precarious situations, aimed at caring for people instead of the economy. Specifically, there is a need to establish a caregiving system and to protect key resources, such as water, that sustain life.⁸¹

In a number of countries, there are civil society proposals that account for the strategic nature of care and seek to change how caregiving is approached by governments.

Measures for dealing with the care crisis in Europe: Lessons learned

Observing the experiences of other countries is a way to shorten the learning curve for how to deal with the challenges of the American region. The two regions differ in terms of how work is divided by gender, how care is arranged, the presence/absence of universal social services, the existence of public caregiving services, the proportion of men who provide care, the corresponding fertility rates, and other relevant factors. Nevertheless, some of the solutions implemented in Europe to deal with the care emergency are explained in the text that follows for the purpose of analyzing and replicating promising practices.

In Europe, government intervention in the area of care during the pandemic has consisted primarily of finding a balance between caregiving and paid work. In addition, although to a lesser degree, they have been aimed at assisting families and dependents, regardless of the employment situation of their caregivers.

The majority of the measures for work-life balance seek to accommodate school and daycare closures.⁸² As far as families with minors of a certain age (14, 12, 10 years), some European countries have implemented primarily two types of instruments, although not simultaneously in any given country: through the labor market, adjusting how teleworking is coordinated with caregiving (hours and products, as in Spain); and through social protections, such as childcare services for essential workers (France).

In terms of families with older or disabled dependents, Spain has established family assistance services, particularly for single-parent households and low-income single-parent households, for individuals who had to work or leave their home for a justified reason.⁸³ Additionally, “local” services near the home were identified in order to guarantee care, support, food, etc., specifically for the elderly, the disabled and/or dependents.⁸⁴ The state also transferred services that are usually provided on an institutional level, such as rehabilitation, to people’s homes in an attempt to compensate for the temporary closure of these services and combining them with telehealth services.⁸⁵

In terms of financing instruments, governments have combined contributory social protection measures (such as extended leave for parents), non-contributory social protection measures (such as a basic income to provide care) and employment measures (such as cessation funds and unemployment insurance).⁸⁶

Of the contributory social protection measures, countries have turned to sick leave, going so far as to expand its duration and to pay full salaries for the care of minors (Austria and Norway) or of people with COVID-19 (Cook Islands). There are also examples of partial salary payments (Romania). The duration of leave has varied greatly, and except for certain instances, consisted of several days.

Non-contributory social protection measures or assistance have been geared towards people who formally lost all or some of their income. Although to a much lesser degree, there are examples of governments that have classified people according to their caregiver responsibilities. These cash transfers have targeted, for example, people who are caring for a child outside of school or without childcare (Italy, Spain and Poland). In certain instances, there has been a single cash transfer to parents with minors under the age of 12 (Italy), and in others, the transfer was done if the employer does not offer childcare (Spain). Some countries have extended the duration of existing childcare allowances (Poland added 14 days to the standard 60, although only for minors under the age of 8).⁸⁷

From a labor market perspective, certain governments have defined a revenue subsidy for companies when at least 30% of their employees are caregivers, or directly to employees who must work fewer hours in order to provide care. Another option has been for workers to use unemployment benefits to reduce their work hours if they need to provide care (Spain).

Civil society proposals have also emerged in several countries, such as “Malasmadres” in Spain.⁸⁸ This association has made three suggestions. The first is for teleworking to become a legal obligation in the post-confinement phase, combining it with in-person work (for example, teleworking three days a week and working in person two days a week, or vice versa), and to achieve gender parity by means of a registry and progressive targets. The second proposal is the option to adjust work hours without a salary reduction (for example, establishing a mandatory schedule, with flexible margins so each employee may set their own start and end times), and control measures to prevent longer work hours and to ensure employees are able to disconnect. The third suggestion is to offer subsidies to hire caregivers if all the adults in a household work outside the home.⁸⁹

In summary, in this era of social distancing and once the economy reopens, caregiving has been on the agenda of European nations, which have implemented assistance measures to ease the burden of families and to help everyone participate in reactivating the economy. Based on this global care emergency, and with the aim of providing practical responses and efficient solutions in these circumstances, CIM presents a series of recommendations for dealing with the multidimensional —health, economic, social and political— crisis taking place in the American continent.

Recommendations

Recommendations for care as a crosscutting concept

- Encourage States to declare a care emergency and increase their political willingness to evolve from words to actions by providing specific solutions.
- Acknowledge that care is an essential part of the current emergency, during confinement and in the new normal, and that essential to empowering women and girls while supporting the economic recovery and growth of countries.
- Create an inter-governmental and multi-sectoral panel in countries, with the goal of highlighting the ubiquity, manifestations and impact of care, and recommending public policies and laws in order to deal with the emergency caused by the pandemic.
- Guarantee women's leadership in crisis management efforts, as a commitment to parity and justice, and in the agenda of care as an essential part of mitigating the crisis.
- Work with a comprehensive vision of social cohesion that includes caregiving in how the pandemic is managed.
- Conduct a global reflection on care that includes all the sectors and organizations of civil society.
- Strengthen the commitment of civil society organizations to increase their impact.

Recommendations for care as a right

- Redefine care as a right for dependents as well as for caregivers.
- Recognize the ubiquity of care in its various formats.
- Acknowledge the right of everyone to receive care under the same conditions.
- Establish quality services with progressive universal coverage for population groups with a higher dependency.
- Highlight and recognizing actions that ensure caregivers receive care.
- Define policies to balance productive and reproductive work, with special teleworking

measures and maternity/paternity/parental leave for childbirth or adoption. Establish the possibility of extending those leave benefits to address emergencies resulting from the current pandemic.

- Promote actions that support the right to care that is free of gender stereotypes.
- Promote actions to ratify ILO Conventions No. 156 - "Workers with Family Responsibilities Convention" and No. 189 - "Domestic Workers Convention."

Recommendations for care as work and in productive chains and value chains

- Define care as work (paid or unpaid).
- View care work with instruments such as time usage surveys and satellite accounts that calculate its contribution to the national economy.
- View care as an element within all the links of the value chains that benefit from a labor force.
- Urge the productive sector to recognize care as a comprehensive and essential part of the value chain and its economic value (paid as well as unpaid care), and highlight that economic and productive activity is not possible unless the matter of care is resolved.
- Promote a "bubble" concept that recognizes the need for care and facilitates services delivered by third parties.

Recommendations for care in social protection systems/social services

- Establish the concept that social protection systems should include caregiving as an essential service, which must expand progressively in terms of coverage, quality and equity.
- Include care within the top criteria for cash transfers or basic incomes.
- Recognize women who have provided unpaid domestic work in social protection policies.
- Establish cash transfers for care, along with caregiving services that enable the continuous employment of those who must work remotely or are essential workers, particularly when schools and childcare services are not available.
- Assess the excess burden borne by women in terms of productive and reproductive work, along with the impact on their mental health.

Recommendations for including men as an essential part of the solution

- Encourage and expand on national reflections regarding the importance of men in the co-responsibility for care.
- Design campaigns that highlight the individual and collective importance of the transformation towards responsible paternity and co-responsibility for care.
- Promote work-life balance measures, in all sectors, that integrate men and seek to make work schedules more flexible by taking into consideration the caregiving needs of households. Increasing teleworking, flexible hours, extended parental leave, prioritizing work based on tasks and/or results, and support through a care network are some of the productive sector measures that help everyone to participate fully.

Notes

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Care as an Investment



COVID-19 in Women's Lives:

Care as Investment

From day one, the CIM has highlighted that the emergency brought on by COVID-19 has specific impacts on the lives of women, not only by deepening existing gender inequalities, but also because it may entail unacceptable setbacks in terms of the rights already won. In the publication, *The Global Care Emergency*,¹ we exposed the reality of women's lives following the collapse of different caregiving services, in particular in terms of their participation in the labour market and their economic empowerment.

The pandemic has highlighted the caregiving crisis and broadened public debate on this issue beyond the women's movement. There was, however, already a crisis in caregiving before COVID-19 and it was one of the main obstacles to women's equal participation in the economy, and to the achievement of gender equality within families and in society. Without specific and dedicated actions to position care as a collective, public issue, and one of prime importance for economic and social development, the pandemic will end up aggravating inequality between men and women within households and in the economy without resolving the historical question of the distribution of productive and reproductive work. There is already a broad base of evidence on how to promote social co-responsibility for caregiving and its derived benefits, and now is the time to expand the debate on this issue to a political level, among strategic actors, to encourage timely decision-making.

The specific benefits of these decisions undoubtedly translate into an investment, which, in addition to representing a substantial advance in gender equality, enhances the human capital of 50% of the population, and contributes to economies that are stronger and more resilient. Likewise, in a direct way, investment in caregiving and the promotion of co-responsibility generates economic activity, provides quality professional jobs and puts them on a formal footing, increases the participation of men in families beyond their traditional role as breadwinners and strengthens families by distributing caregiving in a more equitable way. It also enables the formulation and application of standards and regulations in caregiving to provide security, and promotes a collective vision and responsibility for economic development and social cohesion.

* The Inter-American Commission of Women (CIM) appreciates the cooperation of the European Union, through its EUROsociAL + program, for the preparation of this document. This publication is an initiative of the CIM, coordinated by Alejandra Mora Mora, Executive Secretary of the CIM, with the contribution of Beatriz Piñeres, Hilary Anderson and Javiera Sandoval. The CIM recognizes the research carried out by the consultant Juliana Martínez Franzoni, as well as the contributions of Maud Ritz for the identification of measures implemented in Europe.

1 <http://www.oas.org/en/cim/docs/CareCOVID19-EN.pdf>

The figures show that one in four women in high-level positions, more than two million of them, is now thinking about reducing their job responsibilities, taking leave or leaving the workforce altogether.² The main reason for this is their caregiving responsibilities, including the overload of unpaid housework. However, these “decisions,” which seem to be family-based, have an impact that goes beyond women’s empowerment and autonomy. They also have implications for the economic growth of countries and their recovery after the pandemic.

At a global level, the cost and benefits of women’s early return to the labour market have been estimated in contrast to their departure from the labour force. If **immediate measures are taken to promote gender equality in employment and the labour market, US\$13 trillion would be added to global GDP by 2030.**³ In an intermediate scenario, taking measures only after the crisis is over, that potential would be reduced by US\$5 trillion.⁴ If measures are not taken to counteract the negative effects of the pandemic on women’s participation in the economy, and specific actions are not taken to promote gender equality in the world of work and employment, it is estimated that global GDP growth could be US\$1 trillion lower in 2030.

IDB Invest also states that “gender equality in the workplace has the potential to generate sustainable and inclusive growth, and the region also has great potential to benefit from that growth”.⁵

The figures show us that, with the active and equal participation of women in economic life and in formal jobs, the economic growth of countries is greater. With the implementation of equality measures in the productive world, the region wins out with the generation of greater wealth.

“What is good for gender equality is good for the economy and society as well. The COVID-19 pandemic puts that truth into stark relief and raises critically important choices.”
- McKinsey

One of these critically important choices facing governments in the region is: whether to conceive of care as a secondary and lateral issue in the context of economic reactivation, to be resolved privately, by the family; or to consider it part of recovery policy and place it in the mainstream of short, medium and long-term solutions as an investment in the development of countries, thus obtaining the economic returns associated with these policy interventions.

2 McKinsey. COVID-19 and gender equality: Countering the regressive effects.

<https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>

3 McKinsey. COVID-19 and gender equality: Countering the regressive effects.

4 McKinsey. COVID-19 and gender equality: Countering the regressive effects.

5 <https://www.idbinvest.org/en/download/publication/532/attachment/10719>

In the document *The Global Care Emergency*, we located care along the value chain, and showed that the links that make up this value chain are only possible due to the crosscutting presence, along the entire chain, of caregiving, whether paid or unpaid. This is why paid or unpaid caregiving work is an essential part of the value chain and a precondition for carrying out productive activities and economic reactivation.

Approached from this perspective, **it is clear that all public or private social investment in caregiving is an investment in fiscal health, economic growth and the productivity of economies and companies, through the retention of human capital that includes the presence of women in the labour market.**

In this sense, it is important to point out that caregiving is also an investment in early childhood, for the next generation, since it is related to recognizing the right of access to care and quality education. PAHO/WHO, UNICEF and the OECD raise the importance of early childhood development efforts, indicating that for every dollar spent on improving child development, the average return can be 4 to 5 times greater than the investment.⁶ Likewise, investment in early childhood leads to better performance in school, and thus to helping the next generation of adults into more skilled jobs, with higher incomes, and with a lower degree of dependence on social security and welfare systems.⁷

The OECD is also promoting the idea of child care and well-being as an investment, and details how one of the challenges for OECD countries is to ensure sufficient public funds for early childhood, with a substantial investment by governments. The OECD highlights the issue of offering services for children under three years of age as part of the challenges to be addressed, including policies for paid and protected parental leave as measures that can help promote gender equality and reconcile family responsibilities with work.⁸

Positioning care as a social investment and as part of the crosscutting and structural response to the crisis is a commitment to present and future economic growth, as well as to a more egalitarian, more inclusive, and more prosperous society.

6 <https://www.unicef.org/lac/media/8501/file/Preface.pdf>

7 <https://www.unicef.org/lac/media/8501/file/Preface.pdf>

8 <http://www.oecd.org/education/school/1944197.pdf>

Practices and Recommendations to Address the Global Caregiving Emergency as an Investment

In recognizing the global caregiving emergency, we propose a series of non-exhaustive recommendations that promote comprehensive solutions, with social co-responsibility, and as a social and economic investment.

In this scenario:

- We recognize caregiving as a social and economic investment (and not as an expense), and for every euro/dollar dedicated to addressing the caregiving emergency, we count the monetary amount recouped as a return on that investment.
- We seek to address caregiving as a collective issue, which concerns the whole of society and provides global solutions for the challenges of reducing poverty, reducing inequality and resuming economic growth.
- We define care actions as social infrastructure, as a necessary condition for society's production, distribution and consumption.
- We simultaneously address caregiving measures from a strategic perspective relating to the productive sphere and the labour market.

1. Recognizing caregiving as a comprehensive and inherent part of any response or public policy



✓ Recognizing the caregiving emergency and placing care at the centre of short, medium and long-term responses with a comprehensive view. A view that includes social cohesion, which integrates care as a public and private matter that belongs to men and women, in the management of the pandemic.

✓ Make care visible in States' planning and responses.

Spain is an example of a country in which caregiving was integrated from the beginning in the responses to the crisis, through a set of measures based on the right to care and to be cared for (Royal Decree-Law 8/2020).⁹

⁹ Royal Decree-Law 8/2020, of 17 March, on extraordinary urgent measures to face the economic and social impact of COVID-19, Official State Gazette, in the update of 30 September 2020: <https://www.boe.es/buscar/act.php?id=BOE-A-2020-3824>

2. Inter-sectoral coordination

✓ As a strategy, inter-sectoral coordination that addresses the caregiving emergency in a comprehensive manner; looking for synergies, alliances and opportunities to link efforts between macroeconomic, productive, labour and social measures.

In the context of the pandemic, **Argentina** promoted greater coordination of the State response within the framework of the “Inter-governmental Round Table on Care.” This round table brings together 13 bodies from the national executive branch to debate and plan policies that contribute to a fairer social organization of care, with a view to achieving a better redistribution of family and social care.

3. Recognizing that unpaid work, is work

✓ Recognizing that both paid and unpaid work constitute work and that they are generators of wealth and distribute skills and opportunities.

✓ It is necessary that unpaid work ceases to be invisible, because that work, despite not being paid, has an economic value, and it maintains the paid workforce.

✓ Having adequate measurement instruments (such as time use surveys and satellite accounts), which are periodic and integrated into the mainstream of decision-making in public policy.

- All the countries in the region have conducted surveys or applied modules or questions to measure the use of time with respect to gross domestic product (GDP)¹⁰. This has made the contribution of women evident in the generation of value through unpaid work.

- Satellite accounts make the relationship between the care economy and the rest of the economy visible.

- As an example, **Colombia**, through its National Administrative Statistics Department, has measured the economic value of unpaid caregiving and domestic work, reporting in 2017 that this sector’s share was 20% of GDP.¹¹

10 Information taken from ECLAC: https://oig.cepal.org/sites/default/files/2019-10_repository_use_of_time_en.pdf

11 <https://www.dane.gov.co/index.php/statistics-by-subject/national-accounts/satellite-accounts/care-economy-satellite-account>; <https://www.cepal.org/sites/default/files/presentations/colombia-dane-colombia-csec-care-economy-satellite-account.pdf>

4. Caregiving as an integral part of value chains



- ✓ In the labour market, integrating caregiving into value chains with specific measures to extend the chain's responsibility for caregiving, such as transfers in response to caregiving demands, and offering services compatible with working hours.
- ✓ Addressing income gaps, through labour regulation, to obtain the same remuneration for work of equal value.

- In the framework of the pandemic, the region's governments approved actions aimed at guaranteeing that caregiving was sourced outside the family environment by keeping childcare services and residences for older persons open, so that workers with dependent persons could stay in the job market.
- **México** defined a monetary transfer to support the welfare of children of working people. Specifically, it consisted of a two-month deposit of transfers to mothers or fathers in single-parent families to facilitate employment by resolving the care of their children.
- In **Costa Rica**, the services of the National Care Network continued to operate in order to guarantee that user families could continue working.
- In **Chile**, Deloitte conducted a survey during the quarantine that sought information about the care needs of its own personnel, as well as using this information to implement measures that allow the reconciliation of family and work life. The application of similar efforts in companies throughout the region could lead to making caregiving visible as part of value chains.
- In the **United States** and **Canada**, a study conducted on "Women in the Workplace"¹² found that 46% of the companies surveyed for the study had initiated or expanded parenting and home-schooling support and that 37% had changed the way they review staff performance.
- The consulting firm McKinsey published a global report on best practices implemented by companies to facilitate reopening and highlighted joint efforts by companies and local governments that have offered subsidies or reimbursements to workers for virtual childcare services, in which professionals entertain children with activities while their parents work.
- **Italy** placed high emphasis on transfers to ensure care at home, both through a licence for people with caregiving needs and who could not telework, and through vouchers for contracting home care for people who did not take leave or who had essential jobs - later extended to summer camps.

5. Caregiving as a social and economic investment

✓ Understanding that economic and fiscal investment in caregiving services allows and contributes to productive, work and social life.

✓ Considering the economic return on investment in early childhood care, both through the possibility of labour participation by women and men, and the return for the next generation.

● In 2015, **Uruguay** approved the Care Act setting up the creation of the National Comprehensive Care System, recognizing the right of all dependent people to be cared for with quality and equality. This law decreed the universality of care for people in dependent situations, expanding coverage and social services to cover dependent people. Through this law, people in dependent situations are recognized as having universal access to the services and benefits of the care system.¹³

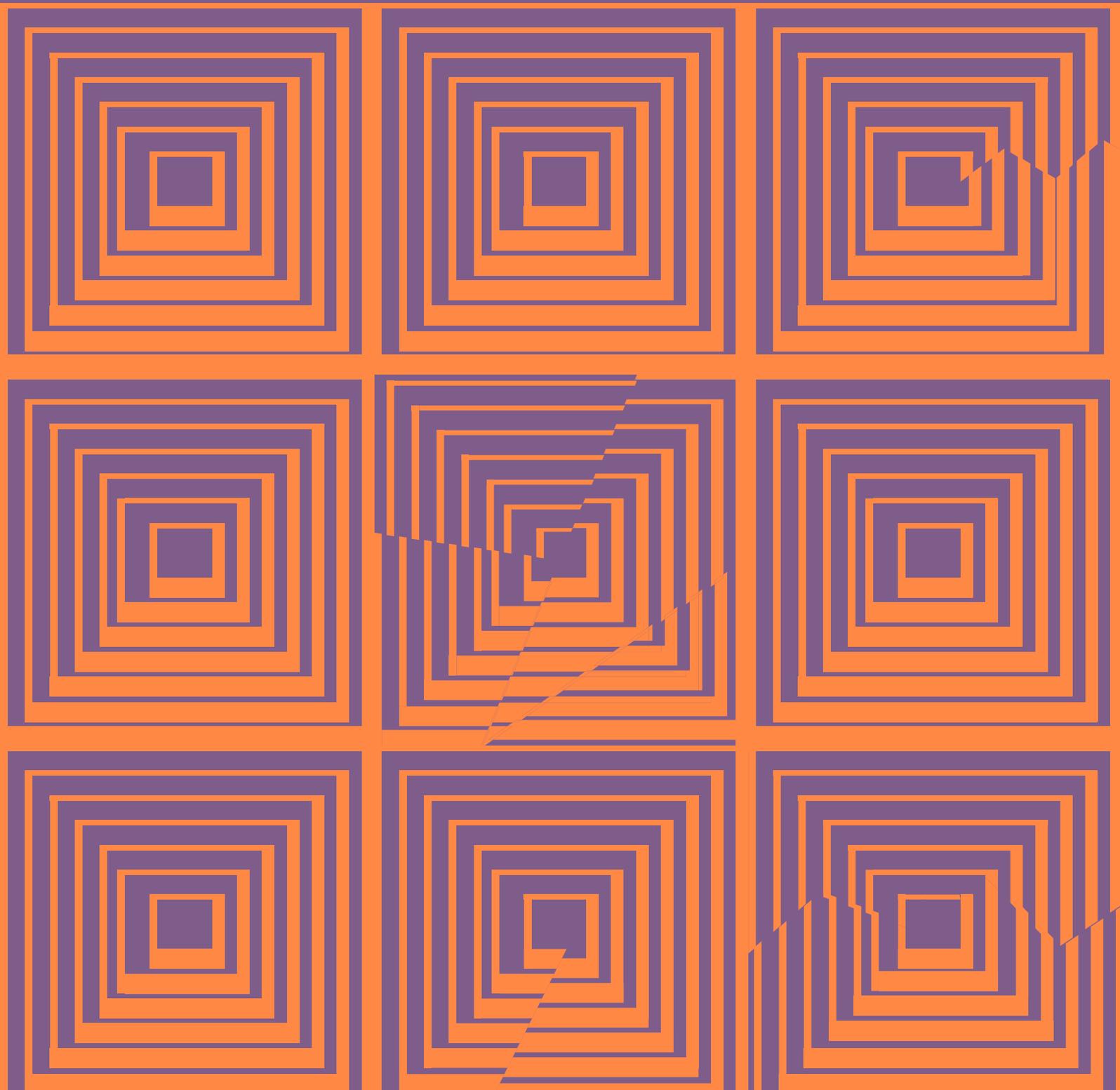
● In **Costa Rica**, a Law was approved in 2014 to create the National Child Care and Development Network, in order to establish a public access caregiving system, which is universal and enjoys solidarity-based funding that coordinates the different modes of public and private service provision in child care and development. Through this programme, the right of all children from 0 to 6 years of age to participate in caregiving programmes is guaranteed. This National Network also seeks to ensure that child care and development services enable fathers and mothers to join the labour market and to further their education.¹⁴

13 <https://www.impo.com.uy/bases/leyes/19353-2015>

14 <http://www.sipi.siteal.iipe.unesco.org/normativas/1331/ley-no-92202014-red-nacional-de-cuido-y-desarrolloinfantil;>
<https://redcuidoinfantil.go.cr/>

Violence Against Women

and the Measures to Contain the Spread of COVID-19



Violence Against Women

and the Measures to Contain the Spread of COVID-19

Introduction

On March 18, 2020, the Committee of Experts of the Follow-up Mechanism to the Belém do Pará Convention (MESECVI), pointed out to the Member States its concern regarding the measures being taken to mitigate the consequences of COVID-19, because of the impacts they could have on women.⁴ According to the reports that have been broadly circulating in the media, the information provided by civil society organizations that work on the issue, and the reports received by the Experts of the Committee⁵, the confinement and restrictions on movement, limitations to some essential services provided to women who are victims of violence, decisions to grant parole in many detention centers, among others, could have a disproportionate effect on women and girls and, in some cases, could be increasing violence against them.

In this respect, the Committee highlighted some necessary recommendations to prevent and address violence against women and girls during this period. In the document *“COVID-19 in Women’s Lives: Reasons to Recognize Differential Impacts”*, the CIM/OAS has emphasized how the measures to eliminate the risks of infection during the pandemic have aggravated structural discrimination, and have overexposed women and girls to an increased inequality gap in every sphere.⁶

Over two months after these recommendations were issued and after confinement has started, the media still shows multiple cases of violence against women and girls. This makes it necessary to: deepen the analysis; evaluate measures already in place; constantly update information on the effectiveness of these measures; and, strengthen the States’ ability to respond thereby averting another pandemic - the pandemic of violence against women and girls.

Enormous power inequalities manifested throughout the region, give rise to additional factors that accentuate the violence suffered by women and girls during the pandemic. Access to information, purchasing power, dependence on someone else’s financial support or care, limited access to personal and family health services, employment instability, belonging to a vulnerable group, and even the personal and collective way of facing the crisis are some of the elements that must be taken into consideration in order to strengthen preventive measures already in place.

During the period of the pandemic, violence against women has significantly increased both in the public and private spheres and will possibly keep increasing if no direct and specific actions are taken to prevent it.

Chapter I. Patterns of Violence Accentuated by COVID-19

In the Americas, where violence against women was already a concern before the pandemic, some countries and local governments have noticed that the number of calls to hotlines, that offer specific attention and counseling in case of violence, has increased up to 80%⁷. At the same time, calls from children or family members of women who are victims of violence have since increased during quarantine⁸.

Several countries have identified that high alcohol consumption is related to registered cases of domestic violence, so they have taken measures such as limitations on the sale of alcohol⁹. Other States have reported that, despite the general decrease of criminality, there was an increase in the number of cases of domestic violence, sexual abuse towards girls, feminicides and frustrated feminicides;¹⁰ including by aggressors released from prison as a measure for containing COVID-19, who murdered their former partners after the release.¹¹ In addition, new patterns of violence have emerged, including:

- Increased rates of femicide/feminicide committed by partners or former partners. In Argentina, civil society observatories pointed out that 25% of the cases in 2020 happened during mobility restrictions aimed at preventing the spread of the coronavirus. Most cases happened inside the victim's house or in the house they shared with the aggressor¹².
- In Chile and Uruguay, there was a decrease in the number of complaints from women who suffered from violence, while, at the same time, the number of femicides increased, which could indicate that there are limitations to file a complaint¹³.
- Increase in the number of cases of physical and psychological violence in the private sphere conducted by partners, former partners and family members¹⁴.
- In Bolivia, many perpetrators that were facing provisional incarceration due to gender violence crimes were released. This measure did not take into account the effect or the protection due to the victims of these crimes, who were left without protection¹⁵.
- Increase in sex violence against girls committed by close relatives in their homes.

- Violence against women and family members who work in the health system¹⁶, in public transportation and in their own homes¹⁷.
- Increase in violence against migrant women, which are more exposed to many offenses, such as sexual exploitation, disappearances and femicide¹⁸.
- Increased vulnerability of women and girls with disabilities, who have less available tools to press charges and to access information and services adapted to their needs¹⁹, as well as care services.
- Restricted access to sexual and reproductive health and care services²⁰.
- Violence within unequal power relations due to economic vulnerability²¹.
- Illegal restrictions to the freedom of domestic workers who sometimes are put in a position of quasi-servitude while being confined in their employers' homes²².
- Increase in the number of digital violence cases due to the need to dedicate more hours to telework²³ or to online education. There has been a higher number of crimes related to sexual extortion and online child pornography²⁴.
- Reports show that women in Argentina, Colombia, Paraguay and Peru have been subjected to sexual violence²⁵, threats and unjustified arrests²⁶ by police officers because of the quarantine.

On the other hand, restrictions on movement have disproportionately impacted:

- Women who cannot leave the house to press charges and lack access to telematic tools, because these tools were not facilitated or because they are not aware of their existence.²⁷
- Women and girls that require specialized care due to their age or disability.²⁸
- Elderly women who are abandoned, which exacerbates their situation of vulnerability; meanwhile, no measures to guarantee their access to essential care services are created.²⁹
- Women who are homeless while at the same time public spaces are less crowded.³⁰

- Migrant women and girls have experienced increased risk due to lack of mobility and migratory insecurity. In Mexico, applications for women's shelters increased 30%.³¹

As we can observe, some of these patterns show an increase in violence against women and girls in the private sphere, due to the situation of heightened vulnerability when living with their aggressors. However, other relevant elements such as the lack of collective spaces like the school, the workplace, or centers for elderly people, directly affecting the tools that women and girls had, as well as women with disabilities, for the identification of cases of violence, or the reception of information to address it and report it³². Furthermore, the cultural belief that situations involving couples or former couples should be perceived as a private matter could be amplifying the isolation and a generalized lack of mechanisms for support, follow-up and rescue for women that were at risk of suffering from violence.

Chapter II. Measures to Prevent, Address and Punish Violence Against Women and Girls

In this context, we present some proposed measures that could be implemented to immediately prevent and address cases of violence against women and girls, which have been accentuated by the pandemic. We will be addressing the following topics: a) public policies to prevent and address violence against women and girls; b) access to justice; c) institutional strengthening; and d) information and statistics.

a) Public Policies to Prevent and Address Violence Against Women and Girls

In order to prevent violence against women and girls during and after the pandemic, States should undertake specific actions that are focused on violence caused by the implementation of measures to mitigate the spread of COVID-19. Those specific actions can be exemplified as follows³³:

- Increasing the capacity of existing shelters for refugees and respecting health safety measures. Declare shelters as essential services. Evaluating the possibility of temporarily using dignified and adequate spaces that can work as shelters and establishing administrative and judicial measures to separate aggressors from their homes, while guaranteeing protection measures to women and girls.
- Guaranteeing enough resources to keep existing shelters working adequately and identify extraordinary funds to create new shelters that will operate during confinement, by leasing spaces with the necessary infrastructure, such as hotels. Establishing health protocols to prevent the spread. It is also important to combine these measures with a perspective of women's empowerment, beyond a welfare model.
- Establishing shelter homes for migrant women and girls who cannot take any actions and do not have safe housing options during quarantine.
- Generating immediate reaction teams to effectively address cases and reports of gender-based violence, with real possibilities for protection of women and girls who are victims of violence. For example, preventive actions must be taken towards the aggressor to stop him from committing further acts of violence, and to spare women

and their families from having to seek shelters.

- Generating a special mechanism within the police force and/or prosecution office in charge of cybercrimes to identify cases of online sexual exploitation and other types of online violence against women which have increased during quarantine.
- Protecting the privacy and integrity of girls and boys during online classes through safe platforms. These virtual classrooms should have reporting channels of online violence that can be immediately handled.
- Offering teachers practical and immediate knowledge to recognize if their students are subject to direct or indirect violence, as well as generating adequate spaces to learn about their students' situation through technological means.
- Creating gender alert mechanisms that identify contexts of violence and generate immediate and focused response measures.
- Improving the accessibility to smart hotlines and silent messaging to access information and generate protection mechanisms for women, that experience violence to ensure access to measures such as: panic buttons, microphone activation, geolocation, as well as any other measure that guarantees their protection.
- Instituting hotlines dedicated to violence and centers that focus on legal, psychological, and psychosocial responses as indispensable services; strengthen them, prioritizing online and telephone assistance.
- Guaranteeing the mobility of women who are victims of violence and their family members and waiving the need for special authorization and payment of fines in such cases.
- Conducting direct or indirect inspections of households that have a history of violence towards women and girls.
- Guaranteeing emergency care for cases of sexual violence and pregnancy prevention.
- Ensuring access to information on counseling and services related to health, sexual and reproductive rights, the provision of short and long-term modern contraceptives, including emergency contraception. Similarly, guarantee that all women have access to risk-free childbirth as well pre- and post-natal care during the pandemic.
- Generating campaigns to recognize the work of women in the health sector and

guaranteeing their safety, including options of private transportation or any other means to avoid their exposure to acts of violence.

- Strategically facilitating and disseminating various means for reporting gender-based violence, as through text messages, websites, strategies at pharmacies, supermarkets or any other establishment that is accessible during quarantine as well as any other means that does not put the woman at risk of being seen or heard by the aggressor and that is accessible to the whole population, considering the broad diversity of women and girls.
- Strategically informing about the measures that are being taken and how they are being implemented, including clear information in the official language, indigenous languages, sign language, braille as well as making them available in writing in formats such as Word or PDF. In addition, include written descriptions along with all graphic communications, so that women can understand the different ways in which they can get out of the situations of violence to which they are submitted.
- Promoting massive campaigns to prevent and identify cases of violence against women during confinement and urge society as a whole to be involved in the prevention of violence against women by stimulating, for instance, neighbors to intervene in cases of violence (see “Métete”, a campaign from the Ministry of Women of Paraguay). These campaigns should be widely disseminated through audiovisual means, general and community radios, social media such as WhatsApp, text messages, so that every woman and girl in every place is reached. Also, all campaigns must be written in easy and simple language, using the official language, indigenous languages, braille, videos with sign language and subtitles.
- Publishing statistics on violence against women periodically so that the whole society is aware of the situation and is able to compare this information with the measures taken to fight this violence and measure their efficacy.
- Strengthening the observatories for gender equality and equity that will provide appropriate information that can be used to prevent and address violence against women and girls.
- Giving transparency to actions resulting from mechanisms dedicated to women and all authorities involved in prevention, assistance and punishment of violence against women and girls, through the publication of reports that show the actions and results obtained, the executed budget, along with a public space for dialogue where women can share their views on the actions taken.

- Publishing guidelines with recommendations that are easy to implement for women who suffer from violence during quarantine and people who are part of their communities, in a way that the whole society can get involved in prevention of gender-based violence.

b) Public Policies on Access to Justice

According to the Inter-American Commission on Human Rights (IACHR), the containment measures to address and prevent the effects of the pandemic have resulted in the formal or *de facto* suspension and restriction of some specific rights while various declarations of “states of emergency”, “states of exception”, states of catastrophe due to public calamity”, or “health emergency”, through presidential decrees and regulations have had a similar effect.³⁴

In this context, it is fundamental for justice to be accessible to women and girls, both in terms of the formal and material access. Formal access concerns the courts’ operation and the scope of their areas of competence whose operations have been impacted due to the pandemic while material access concerns their proximity of these legal services to all affected women.

Regarding the formal sphere, although there is yet no information on cases where the rights to due process and to an effective remedy have been suspended, the truth is that different judicial powers have adopted measures to limit their operation under schemes that limit their operation to “essential functions” or that only allow for “urgent cases” to be processed.

This situation could jeopardize access to justice for women and girls. The following measures are proposed to mitigate the impact of the measures taken by the judicial powers of the region in the framework of the COVID-19 pandemic:

- Automatically extend the protection measures granted to women and girls who are victims of violence during quarantine without any previous procedure.
- Information and communication technologies must be used to generate, disseminate, and massively implement tools that allow remote access to prosecutorial and judicial bodies. If access to electronic or online systems require obtaining electronic or digital signatures or certificates, States must guarantee that their processing can be carried out remotely and without the need to physically go to a state office.
- Procedural requirements must be modified or interpreted in order to facilitate notifica-

tions and the conduct and relief of legal proceedings, through instant messaging applications, email and social networks, as well as through the use of videoconferences.

- The use of new technologies should be implemented to receive complaints, such as WhatsApp, Facebook and Instagram, and other online applications to guarantee protection measures, as well as the generation of virtual police stations.³⁵
- Implementing measures such as mailboxes or windows in the courts and at strategic points such as supermarkets or pharmacies for filing complaints without the need for physical contact with public servants, as well as a free telephone line to follow up on cases, for those who do not have access to technological tools for remote action.
- Facilitate virtual mechanisms for the evaluation of risk to women and girls experiencing violence, and through these tools, determine the degree of insecurity or risk that the survivor has of suffering more violence in the future.
- Provide information and give flexibility to the procedures for the use of non-traditional tests for cases of violence against women and girls, such as recordings on cell phones, photographs of the consequences of violence, calls to emotional or emergency containment lines, among others.
- Ensure the operation continuity of the ombudsperson and any instances of guidance, advice and legal representation for women and girls, particularly those who suffer cases of violence, including through remote action schemes.
- Review and, where appropriate, expand catalogs of cases that are subject to judicial proceedings that serve women and girls. In this regard, it is important not to exclude family matters from the catalog of urgent matters, since much of the direct or indirect violence that is increasing at the moment is regulated in civil codes or other norms related to the family. For example, the dictation, execution, and supervision of some protection measures or the obtaining of alimony or compensatory pensions and other guarantees of protection of rights such as access to health and social security.
- Note that, in terms of the criminal sphere, even though multiple cases classified as urgent are of this nature, indications are that the focus is on the processing of new cases. Previously opened files (including those on protection measures for women and girls) are in impunity for lack of follow-up due to the pandemic, which generates a message of permissibility and the risk of exposure of victims to their aggressors.
- Assess the possibility of implementing pre-liberalization benefits, substituting prison

measures and a restrictive use of preventive detention that allow women, especially those who are not being prosecuted or have not been convicted of serious crimes, as well as for those who are in a special situation of vulnerability or are together with their young children in prison.

- Prevent people imprisoned for gender-based violence from obtaining parole due to the pandemic.

c) Public Policies on Institutional Strengthening

In order to implement measures to effectively prevent, address, and punish violence against women and girls in the face of the pandemic, it is necessary that States strengthen their institutionality and capacity to respond quickly to the crisis. For this purpose, it is necessary to implement measures such as the following³⁶:

- Include women experts and authorities in charge of national policies on violence against women in the cabinets that manage the current crisis and the post-crisis related to the pandemic.
- Generate, from the cabinet or council formed to deal with the crisis, a State policy that results in a comprehensive contingency plan to prevent, address and punish violence against women with concrete measures such as those presented in this document, starting from the premise of making procedures more flexible to generate efficient and immediate care and prevention plans that are appropriate to what is being experienced in the framework of the COVID-19 pandemic.
- Involve specialized civil society organizations representing women and girls, in all their diversity, to participate in governmental and public policy decisions so that they have a gender and human rights perspective and an intersectoral perspective, to allow for visualizing and caring for women with disabilities, pregnant women, women in situations of exclusion or precariousness, deprived of liberty, migrants, LGBTI, victims of trafficking, domestic workers, among others. Also, finance the work of civil society organizations that provide care to women victims of violence.
- Maintain the strength of all administrative and judicial areas that deal with violence against women with all the necessary human, material and financial resources, allowing them to immediately adapt their procedures to the characteristics of the pandemic to ensure prevention, care, investigation and punishment of acts that violate the human rights of women and girls.

- Implement measures in an articulated way and under established protocols of all relevant authorities such as the judiciary, public defenders, ombudspersons, human rights prosecutors, ministries of labor, areas in charge of vulnerable groups, social, economic and financial programs, the force police, and other areas of administration of justice.
- Execute the agreed measures ensuring that implementation reaches all sectors of the population and areas of the country, through territorial links that ensure implementation in all locations of countries and not only at the national level. For example, identification of the differentiated realities that women are facing at all levels of the country; and links with civil society organizations that carry out grassroots work in affected communities.
- Promote agreements with relevant social actors like private companies, the media, foundations, social organizations, among others, to promote cooperation in the measures proposed to reduce violence against women in all areas in which they take place.
- Consider the needs of women and girls in the different regions of each country so that they have a real and substantive effect on their lives. This implies that all the measures that are incorporated in national efforts are not standardized but rather focused according to the specific needs that arise from the identified situations of violence.
- Generate a program that contemplates the necessary resources to carry out post-quarantine actions, ensuring comprehensive access and the full exercise of all the rights of girls and women, especially guaranteeing the right to a life free from violence.

d) Information and Statistics

In order to focus the actions of prevention, care and punishment of violence against women, it is essential to generate the necessary information and statistics that provide information disaggregated by sex, education, age, socioeconomic level, and characteristics of vulnerability, among other relevant values, to have clear empirical data to improve the implementation and execution of public policies that are generated to counter the crisis caused by the COVID-19 pandemic.

This information gathering must be generated quickly with the means already available (emergency calls, information gathering platforms, social networks, etc.) so that the measures can be efficient to tackle the current problem. At the same time, the confidentiality of

the personal data disclosed must be guaranteed, considering security systems, especially digital security. As an example, it is considered necessary to have information on:

- The situation of women and girls who are directly or indirectly experiencing violence (or the increase of it) as a result of the COVID-19 pandemic, giving special attention to girls, nurses, assistants, doctors, caregivers, domestic workers, women who work in the provision of essential services, single mothers, female heads of families, women in charge of caring for relatives or other people, women with disabilities, migrant women and girls, among others.
- The effects and concerns of women who work in the formal or informal sector, or have lost their jobs, their situation regarding the possible lack of access to livelihoods, the types of discrimination and violence encountered due to the pandemic, as well as whether the lack of employment has caused them to experience higher levels of domestic violence.
- Data on violence before and after home isolation. In addition, data on violence which occurs in public spaces as a consequence of less mobilization in the streets and on public transport, as well as the forms that violence takes during isolation.
- Good practices being implemented to counter the effects of violence on the lives of women and girls.

At the same time, it is necessary to generate process and result indicators that allow monitoring of the measures that are implemented to address the different problems that women and girls face as a direct effect of the COVID-19.

Endnotes

- 1 Meeting with representatives of civil society “COVID-19 and its impacts on the lives of women” (March 30, 2020)
- 2 Meetings with MESECVI Experts from Latin America and the Caribbean (March 31, 2020)
- 3 Ministerial Meeting of High-Level Gender Authorities in the Region: Challenges, Implications, and the Role of Mechanisms for the Advancement of Women (MAMS) in the face of the COVID-19 pandemic (April 2, 2020)
- 4 MESECVI, *Recomendaciones para la incorporación de la perspectiva de género para la mitigación del COVID-19 y acciones para la prevención y atención de la violencia de género*. (Recommendations for the incorporation of the gender perspective in the measures taken to mitigate COVID-19 and the strengthening of actions for the prevention and care of gender violence).
- 5 Information obtained from meetings with civil society organizations regarding the measures taken to mitigate the impact of Covid-19 in the region, March 30, 2020; with the Committee of Experts of the MESECVI (CEVI) regarding the measures adopted to decrease the impact of Covid-19 in the region, March 31, 2020; and with the high gender authorities in the region called “Desafíos, Implicaciones y el Rol de los Mecanismos para el Adelanto de las Mujeres (MAMS) ante la pandemia del COVID-19” (Challenges, Implications and the Role of the Mechanisms for the Advancement of Women (MAMS) in light of the COVID-19 pandemic), April 2, 2020
- 6 “COVID-19 in womens’ lives: Reasons to recognize differentiated impacts” (originally “COVID-19 en la vida de las mujeres: Razones para reconocer los impactos diferenciados”). Available at: <http://www.oas.org/es/cim/docs/ArgumentarioCOVID19-EN.pdf>.
- 7 According to the media, there was a 39% increase in the number of calls in Argentina, 70% in Chile, 76% in Colombia (Bogotá registered 9.000 calls until April 20) and 80% in México. On a local level, the number of calls in Chicago tripled during the month of March.
- 8 Information from El Confidencial.
- 9 Information from PAHO/WHO and published in Chile, Colombia, and Honduras.
- 10 Crime rates were reduced in Latin America, according to The New York Times. However, the same newspaper, as well as Reuters, UNICEF, ONU, among others, indicates the increase in numbers of domestic violence cases.
- 11 See, for example, a case occurred in Argentina.
- 12 See, Info Región: “Números que duelen: 96 femicidios en 100 días” (Numbers that hurt: 96 cases of femicide in 100 days).
- 13 This can be explained by “the increased tension inside the homes”, as pointed out by Inmujeres to the Uruguayan news media El Observador. The former Minister of Women, Carolina Cuevas, told La Tercera that “one must be careful when interpreting the numbers during quarantine, women won’t be able to press charges if they are at home with their aggressor, but it doesn’t mean that violence has decreased”.
- 14 According to the National Police of Bolivia, domestic violence is now the most reported offense in Bolivia. The reports of physical violence against women increased 19% in Chile, and frustrated femicide also increased.
- 15 Information from Diario La Razón, Bolivia.
- 16 The WHO explains that 70% of the health workforce are women but they only occupy 25% of high rank posts, and are exposed to prejudice, discrimination and sexual harassment.
- 17 In México nurses are asked not to use uniforms; in Argentina nurses had to move out of their homes and there are also reports of such events in Colombia.
- 18 Report from IOM’s Regional Office for Central America, North America and the Caribbean.
- 19 United Nations report on the prevention of discrimination against persons with disabilities in the face of the COVID-19 pandemic.
- 20 UNFPA, 2020: <https://www.unfpa.org/es/COVID19>
- 21 Landlords are being accused of sexually abusing their tenants by demanding sexual relations from economically vulnerable women in exchange for rent in many cities of the United States.
- 22 Working long journeys every day of the week. See, El Periódico: Empleadas del hogar en la era del coronavirus: esclavitud o despido (Domestic workers in coronavirus times: slavery or layoff). El País: El coronavirus pone

bajo fuego a las empleadas domésticas brasileñas (Coronavirus puts domestic workers in Brazil under risk).

23 There were cases where virtual meetings on Women's Rights were attacked, such as the ones organized by the legislator Martha Tagle, in Mexico, and by the Institute of Philosophy UDP, in Chile, among others.

24 Information from Human Rights Watch and Europol in this regard. BBC Mundo also reported that police authorities in the United States, Denmark, Sweden and Brazil have been alerted about this.

25 There are open investigations about these allegations in San Juan Nepomuceno (Paraguay), Jujuy (Argentina), and Cali (Colombia).

26 Information from Perú21.

27 While Colombia established mandatory preventive isolation, in Argentina the same measure was declared unconstitutional.

28 Report of a survey with people with disabilities to know the complications and obstacles of the confinement.

29 United Nations expert denounces the abandonment of older people.

30 Civil society organizations highlight the danger and insecurity to which women are submitted when walking on empty streets in Colombia. In Nueva York and Washington DC, shelters mention the impact of the pandemic on homeless women.

31 Information from the National Network of Shelters (Red Nacional de Refugios).

32 Inquiries about child abuse have tripled in Argentina. Peru already registered 27 cases during quarantine.

33 Some countries in the region have made the following efforts in this regard:

- The Ministries of Health of Argentina and Paraguay shared recommendations on pregnancy, childbirth and nursing through their webpage (<https://www.argentina.gob.ar/salud/coronavirus-COVID-19>) and their official twitter account (<https://twitter.com/msalnacion>).

- In Mexico, the Maternal Hotline (Línea Materna) provides information and support, including information on alarm signs during pregnancy.

- The official institutions in charge of gender policies in Ecuador and Peru made publications on their official Twitter accounts about the risks to which domestic workers are exposed during the COVID-19 crisis. The National Council for Gender Equality in Ecuador says that the pandemic is not a justification for terminating employment contracts and that labor rights violations can be reported through the number 171 or the email address denuncias@trabajo.gob.ec. In Mexico, the president of the National Institute of Women asked families to support domestic workers and to allow them to stay home in isolation while earning their salary.

- In Argentina, domestic workers have the right to take a paid leave if they are over 60 years old, if they are pregnant, if they are part of a risk group, if they have school-age children or if people in their workplace are under mandatory quarantine. The Ministry of Women, Gender and Diversity published orientations for domestic workers to cash their salaries without breaking social isolation in case they don't have a bank account (<https://bit.ly/2QPJJK>) and for those cases where the employer does not pay the employee's salary during the health emergency (<https://twitter.com/MinGenerosAR/status/1246060078064644096>).

- The government of Brazil announced that the free hotlines for victims will soon have specific characteristics to reach illiterate people and people with disabilities, such as chat options, videocall with Brazilian sign language and audio complaints, with the goal of guaranteeing that the service is broad and accessible.

- The government of Bolivia delivered to the Special Forces to Fight Violence (FELCV) biosafety materials and IT equipment for police officers and staff to keep fighting against violence during quarantine. The FELCV is developing its work in coordination with Radio Patrol 110 to effectively and timely address complaints about acts of violence against women.

- The National Service of Women and Gender Equity in Chile published on its official Twitter account a mass diffusion video with no sound, which gives key information on gender-based violence through a sequence of posters (<https://twitter.com/sernamegchile?lang=en>).

- In Brazil, information on violence against women and on the local support network was offered in pharmacies, health facilities and supermarkets, besides using electronic signs.

- In Argentina, the campaign #BarbijoRojo was released via Twitter in partnership the Argentinian Pharmacy Confederation. Victims of gender-based violence who are isolated with the aggressor can approach a phar-

macy or make a call and ask for a red facemask, which is a codified request for the local staff to communicate with the assistance hotline 144.

- The Ministry of Women, Gender and Diversity of Argentina has alternatives to accommodate people who are submitted to gender-based violence, with or without kids.
- The government of Chile announced the establishment of 65 new shelter homes to accommodate women who suffered from violence. In case a woman goes into one of these shelters during this period, they have to follow a special protocol to prevent new COVID-19 cases from happening inside the shelters.
- In Argentina, the trade unions offered hotels for situations of extreme gender-based violence.
- The official Facebook account of the National Institute for Women of Costa Rica streams open conversations through Facebook lives, where experts on violence against women offer information to prevent and address this issue.
- The Ecuadorian government used its social networks to inform women about the risks they face during the COVID-19 health emergency.
- The official webpage of the Ministry of Women, Gender and Diversity of Argentina listed the measures it took regarding gender and diversity during the public health emergency and published a guide with geolocated resources offered by Hotline 144.
- The government of Mexico also published a geolocated platform that offers services to women, girls, boys and teenagers suffering violence.
- The official Twitter account for the National Service of Women and Gender Equality in Chile gives specific information about the different women centers located in different areas of the country and publishes material with frequently asked questions that might come up amongst women.

34 Inter-American Commission of Human Rights. *Pandemic and Human Rights in the Americas. Resolution 1/2020*. April 10, 2020, page 4.

35 It should be noted that some countries have adopted other means of reporting, such as web pages, emails (like Argentina, Brazil, Colombia, Costa Rica and El Salvador), WhatsApp numbers (like Argentina, Bolivia, Costa Rica and El Salvador), social networks (like El Salvador), and telephone applications (like Argentina and Brazil). In the case of Brazil, the application and the website allow the victim to send photos and videos. In Chile, Women's centers and sexual violence centers offer remote care for users who are unable to attend and contact all women who have scheduled office hours and do not show up. Colombia, Paraguay, Ecuador and the Dominican Republic also offer remote psychological, social and legal attention through telephone lines.

36 About the points mentioned in this section, some countries in the region have made the following efforts to address these measures:

- In Argentina, the #ForosParticipativos (Participatory Forums) to design the National Plan against Gender-based Violence moved to a virtual platform to guarantee its operation in times of social distancing. (<http://argentina.gob.ar/generos/foroparticipativo>).
- In Mexico, the different secretariats are working to ensure that, in current plans, such as in the recovery plan, women are made visible and given special attention, especially indigenous, Afro-Mexican, and women who are heads of household.
- The Ministry of Women of the Dominican Republic has 57 offices that serve as information points for women, distributed throughout the country, which contributes to the awareness and early detection of situations of discrimination and gender-based violence, as well as facilitating the access to the necessary resources for women and their children.
- In Brazil, the Ministry of Women, Family and Human Rights is promoting the implementation of Committees to combat violence against women in the context of COVID-19 in the States, Federal District and Municipalities, and the dissemination of the services of the network of assistance for women in situations of violence (with updated services offered and special hours).

Rural women, Agriculture and Sustainable Development

in the Americas in the Context of COVID-19

Position Paper



Rural women, Agriculture and Sustainable Development in the Americas in the Context of COVID-19

1. The Situation

Decades after the adoption of framework agreements such as the Platform for Action of the Fourth World Conference on Women (Beijing Platform, 1995), the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Belem do Para Convention, 1994),¹ and the Inter-American Program on the Promotion of Women's Human Rights and Gender Equity and Equality (IAP, 2000),² the Americas has advanced in all areas. These achievements, however, have been heterogeneous within and between countries and have not benefited all women in the same way.

Rural - peasant, indigenous, and agricultural - women continue to face structural inequalities and socioeconomic policies that limit the recognition and full valuation of their reproductive, productive, and community work.³ As a result, and although their work supports them, rural women have little chance of participation and leadership in decision-making mechanisms, in the execution of agrarian or rural development programs, and in productive systems. Furthermore, they still face important limitations in their access to financial resources, credit, markets and others, as well as health, education, justice, housing and sanitation services, among others, that undermine the full exercise of their rights in all areas.⁴

During the global COVID-19 emergency, rural women face the same challenges as all women - exacerbation of the care crisis, economic precariousness and increasing po-

1 See: <http://www.oas.org/es/mesecvi/docs/BelemDoPara-ESPAÑOL.pdf>

2 See: [http://www.oas.org/es/CIM/docs/PIA\[SP\].pdf](http://www.oas.org/es/CIM/docs/PIA[SP].pdf)

3 ECLAC (2016). Equality and women's autonomy in the sustainable development agenda. <https://www.cepal.org/en/publications/40675-equality-and-womens-autonomy-sustainable-development-agenda>

4 ECLAC (2013). Santo Domingo Consensus. https://www.cepal.org/12conferenciamujer/noticias/paginas/5/49995/PLE_CRM.12-Santo_Domingo_Consensus.pdf

verty, lack of access to goods and essential services, limited mobility, and increased gender-based violence.⁵They also face them from rural areas that present a series of additional obstacles, including higher rates of malnutrition, the disappearance of public services along with an increase in the burden of care, the devastation of poor rural communities with the spread of COVID-19, and the disruption of the food production chain that particularly affects small-scale food producers.⁶

5 CIM (2020). COVID-19 in Women's Lives: Reasons to Recognize the Differential Impacts. <http://www.oas.org/en/CIM/COVID-19.asp>

6 IFAD (2020) "COVID-19" <https://www.ifad.org/en/covid19>

2. The Contribution of Rural Women

Beyond representing around 50% of the formal global food production workforce, rural women occupy a predominant role in small-scale food production, the preservation of biodiversity, the recovery of agro-ecological practices and, therefore, in guaranteeing the food sovereignty and security in the Americas.⁷In the context of COVID-19, this role has become more important since the closing of borders and the limited mobility of people and goods has sparked a new interest in the localization of production and self-sufficiency, as well as in food security and sovereignty.

Lack of access to land remains one of the most serious problems faced by rural women. According to ECLAC, and data from FAO, about 20% of the rural population corresponds to indigenous peoples (24 million people).⁸Of the women who live in the countryside, only 30% own agricultural land and only 5% have access to technical assistance.⁹Also, more than 52% of rural women over 15 are considered economically “inactive”, which in no way means that they do not work, while rural girls and adolescents face higher risks of dropping out of school, early or forced marriage or union and child or adolescent pregnancy.¹⁰

Not owning the land they work or real estate, in most countries, affects rural women’s lack of access to credit by not having the required traditional guarantees. Furthermore, they face limitations in their access to public resources to support local producers and in access to national and international markets for their products. This leads to a vicious circle that excludes them from many productive resources or loans to finance their businesses and could negatively affect them regarding their access to emergency measures and loans in the context of COVID-19.

As in other sectors, the increase in the participation of women in family agriculture as producers, salaried or not, has not gone hand in hand with an equitable redistribution of reproductive work and care, between women, men, the State and the market. Added to rural women’s productive work is the reproductive work resulting from the sexual division of labor: feeding and caring for their families and maintaining the home and the

7 FAO (2016). Los programas de protección social con enfoque de género tienen mayor impacto en la erradicación del hambre y la pobreza. <http://www.fao.org/republica-dominicana/noticias/detail-events/en/c/386401/> (only available in Spanish)

8 ECLAC (2016), op.cit.

9 OXFAM International. How rural women are adapting to climate change in Latin America and the Caribbean. <https://www.oxfam.org/en/how-rural-women-are-adapting-climate-change-latin-america-and-caribbean>

10 FAO (2016), op.cit.

home garden.

Rural women play a central role in community mobilization on issues such as land preservation, defense of natural resources and climate change, often at the cost of their own lives. This work of community organization joins productive and reproductive work as a triple burden, which increasingly exposes women to various forms of violence and repression exercised by private agricultural and extraction companies, and by the State.

3. COVID-19 as an Opportunity for Rural Women

In light of its historic role in promoting and adopting international standards for the protection and guarantee of women's rights, as well as its support for OAS member states to fulfill these international commitments, the CIM reiterates the importance of the actual and potential contribution of more than 58 million rural women.

The current moment of crisis may represent an opportunity for the future to change paradigms and to build fairer societies based on a new approach to consumption and new pacts from a gender perspective:

- Investments in rural agricultural programs can help countries become more self-sufficient, mitigate the impact of severe health, environmental, or other crises, increase rural prosperity, ensure more sustainable food production systems and chains, and create increased resilience in fragile areas.
- Economic development in agriculture is two to three times more effective in reducing poverty and food insecurity than growth in other sectors. Investments in small-scale agriculture, in particular, can help revive food production and create jobs after a crisis, and enable rural communities to recover and further contribute to the recovery of urban and peri-urban areas. Since most women in the agricultural sector are small-scale producers, these investments have clear gender dimensions.
- The access of small-scale agricultural producers to local, national and international markets must also be prioritized - through orientation and training of women in essential skills, publicity campaigns on local production, priority in access to loans and other financial services and connections between women producers at the local level and national and international companies that provide access to markets.
- Reclaim the rights of rural women; to address them in their diversity, and based on this, strengthen support programs that respond to their needs as producers, as heads of their homes and as leaders of their communities.
- Empower rural women through reforms aimed at granting them the equal right to economic resources; as well as access to property, control of land and other assets, financial services, inheritance, and natural resources.

- Recognize and value rural women's paid and unpaid work in national accounts as a contribution to the economy, the environment, the fight against poverty and sustainable development. Empowering rural women is vital to eradicating hunger and poverty.
- Special attention should also be paid to the formalization of agricultural work to favor access to social protection and broaden the vision of social protection by developing interventions not only to reduce income poverty, but also to strengthen livelihoods and reduce vulnerability.



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