



# The Political Agenda of the Feminist Municipal Movement

## **Care and the care economy** **At the heart of local management**



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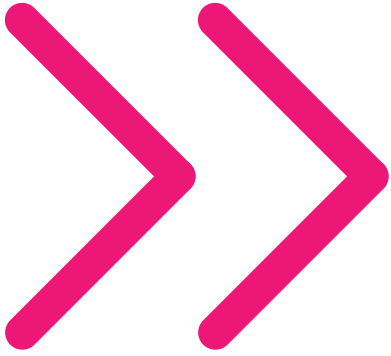
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# 01



## Who cares in cities and how do cities care?

TOWARDS THE COVENANT  
OF THE FUTURE: CARING  
AND SUSTAINABLE CITIES.

## (I) OLD AND NEW GLOBAL CHALLENGES: A FEMINIST READING

The return to the “new normal” promised after the prolonged global pandemic seems to be fading in an increasingly critical political, economic and social world, where advances in women’s and diversity rights and legislation are being challenged.

This is a context in which we are also experiencing an on-going cost-of-living crisis that has affected incomes and livelihoods around the world, exacerbated by the war in Ukraine, the Israel-Palestine conflict and the lingering effects of the COVID-19 pandemic. The gaps between wealth and poverty are widening, exacerbating polarisations in people’s material living conditions, with 1% of the population accumulating almost twice as much wealth as the rest of the world’s population (Oxfam, 2023). Here, women are who suffer the most. The publication “Gender Outlook 2023” (UN Women, 2023) warns that, if current trends continue,

more than 340 million women and girls (8% globally) will live in extreme poverty by 2030, and nearly one in four will experience moderate or severe food insecurity.

Hundreds of millions of people lack access to paid employment, and the most worrying situations affect women in the most disadvantaged sectors, women who are already known to represent the majority in poverty, with a growing percentage of female-headed households and more dependents than wealthy households. At the current rate of progress, in their next generation they will continue to spend on average 2.3 hours a day more than men on unpaid care and domestic work around the world. In an environment in which longer hours of care in the reproductive world (the one that keeps our societies alive) are not recognised economically, women, in order to reconcile both worlds, have to choose to either not work or work more precarious jobs, without any social protection, and with no rights, resulting in a very unequal distribution of income between men and women. The inequality does not end there, as women’s exercise of their political rights is also restricted, but also extends to everything that refers to the positions and conditions of women in the public sphere. In other words, we are witnessing a world in which the goals of the 2030 Agenda of “leaving no one behind” seem to be increasingly distant, especially for women.



Photography: FAMSÍ

## Global phenomena and women in numbers

Source: Gender Panorama 2023. UN Women and UN DESA

It is estimated that if current trends continue:

- . Approximately 340 million women and girls – **8% of the world's women** - could be living in **extreme poverty** by 2030, and nearly **25% will be hungry or food deficient**.
- . 158.3 million more **women and girls could fall into poverty** as a result of climate change.
- . In 28 of the 116 countries with data, less than **half of older women have a pension**. In 12 countries, less than 10% have access to one. For turn, they face the highest rates of poverty and violence.
- . Only 27 countries have **comprehensive systems in place to track and make budget allocations** for gender equality and women's empowerment. No country is in a position to eradicate patriarchal violence.
- . As at 2022, the number of **women and girls in conflict-affected contexts has increased significantly**, to an estimated 614 million, 50% more than in 2017.
- . Globally, at the current rate of progress, it is estimated that **110 million girls and young women will be out of school by 2030**.
- . In terms of the global income gap, data show that for every dollar earned by men in labour income, **women earn only 51 cents**. In terms of the employment gap, only 61.4% of women of working age are in employment, compared to 90% of men in the same situation.

We learned that global dynamics have their particular expression in each territory; and a central concern - in the framework of what has been expressed - is how these complex global contexts are expressed on the local scale and in the daily lives of women, all of whom are diverse. Global phenomena have a direct impact on cities, in which, according to different authors (Sassen, 1996; Castells, 2014; Borja, 2013; Burgess, 2000; Harvey, 2008), the widening of social gaps and economic inequalities generate an evident fragmentation and territorial segregation. A phenomenon of territories that are homogeneous on their own and in each social group and heterogeneous and unequal among themselves, in which violence configures new urban geographies, topographies of fear.

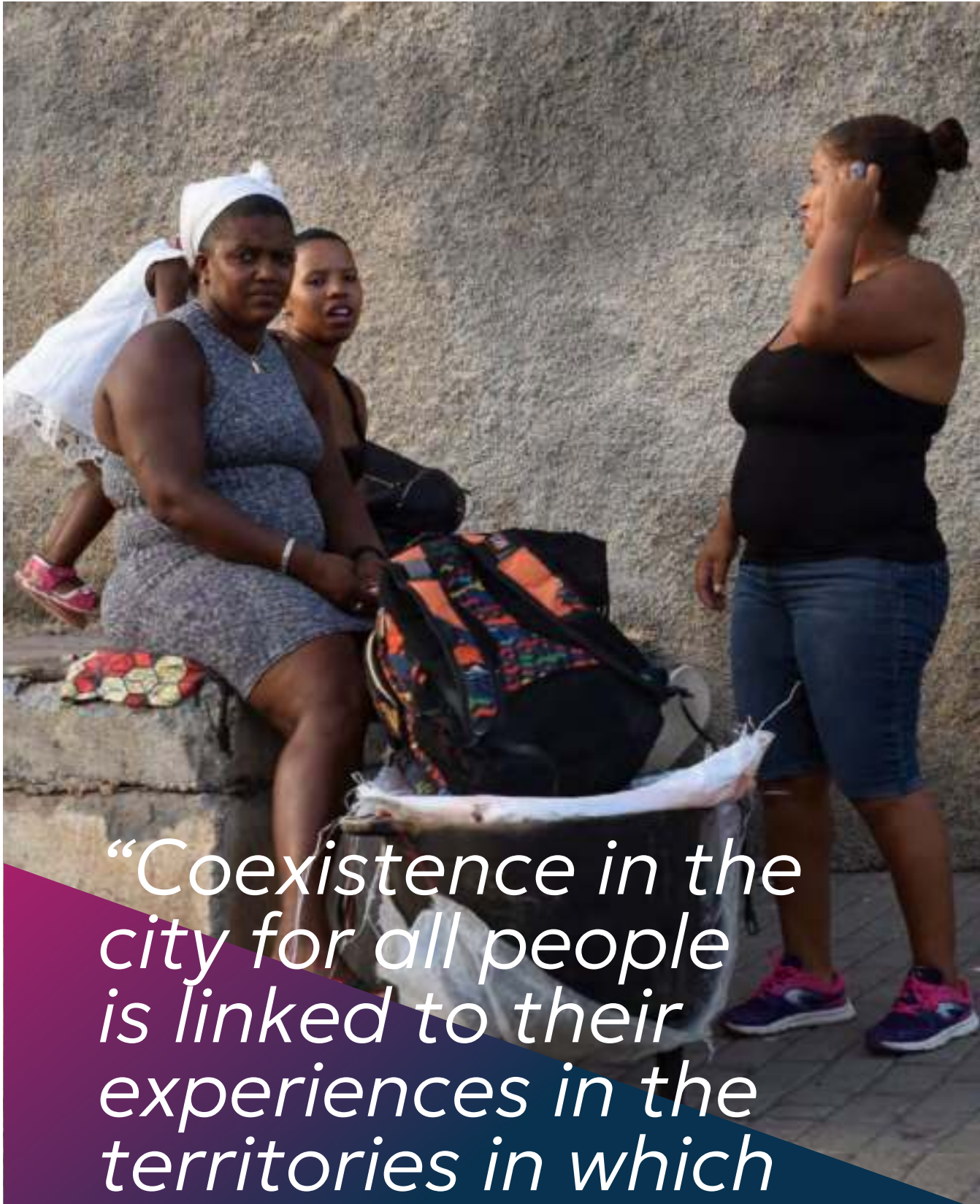
## (II) THINKING IN TERMS OF CARING CITIES

Local and regional governments need to think about how to mitigate the impacts of these complex global contexts on the lives of their citizens, particularly the women who live in, use and should enjoy cities. To answer this question, we will focus on a key approach, which is the realization of Caring Cities. That is, re-thinking the cities we inhabit in terms of the particular needs of women, in order to think about investments, planning and land use to produce spaces, infrastructures and local public services that recognise the reproductive and caring tasks that mostly women assume.

Women's voices are also necessary, as they have raised the issue of care, the need for a more equitable redistribution of care and its social and economic valuation (both paid and unpaid). Care is key to maintaining and

reproducing life. We must understand that a productive system, or the very existence of a society, is not possible without incorporating the reproduction and daily maintenance of life. This includes the lives of people in general and dependents in particular, those who fall ill, grow old, are born and demand daily care and attention in terms of food, shelter, hygiene, recreation, assistance in the event of illness, among others.

It is within this framework - that of Caring Cities - that women's organisations and networks, feminism, as well as international organisations that work with local and regional governments such as UCLG and FAMSÍ, and various other organisations, have been working to incorporate the Women's Right to the City from an approach that demands the construction of arguments and evidence. All this is with the aim to influence policies and, consequently, the transformation towards greater equality and democracy. A point of consensus and starting point is that cities are not the same for men and women, and that women are not the same among themselves either. They are traversed by diverse identi-



*“Coexistence in the city for all people is linked to their experiences in the territories in which they live and act”*

(Falú, 2003)

ties and situations: ethnicity, class, age, gender identity, sexual orientation, disability, human mobility, origin, among others.

In other words, someone who is homosexual, a young woman, a teenager, a migrant, an older woman who lives alone and has to use a walker in public spaces, and a young mother with her baby in a pram and carrying the groceries home will all live, experience and move around in the city differently. These people will experience spaces differently and their daily experiences in the territories they inhabit will be dissimilar, both according to the situational conditions of these territories, as well as in relation to their differentiated needs.

Thus, "coexistence in the city for all people is linked to their experiences in the territories in which they live and act" (Falú, 2003). These are expressed on different scales of disputed territories, which must be recognised and intervened from a gender perspective in order to account for territorial injustices (Seminar Women and Cities. In *Justicias Territoriales*, CISCESA: 2017, 2018, 2019). In this sense, local governments are central due to their proximity relations. They are key spaces in consolidating women's citizenship, as they are the spaces for the construction of subjectivities for women in their diversities.

It is necessary to emphasise that addressing inequality is not enough; it is also necessary to take into account the diversity of the population, particularly women in their different social, economic, age, ethnic, sexual identity, migrant, regional or territorial conditions in which they live, or type or condition of disability. Mu-

nicipal policies must prioritise the diversity of women, LGBTIQ+ dissident identities and their rights to inhabit, transit and enjoy their cities.

In short, city planners and policy makers cannot continue to act under concepts such as family and population, with an apparent "neutral" perspective, in the anchorage of old stereotypes, of families thought only as nuclear households, ignoring the diversity of types of unions and socio-affective relationships and identity expressions that are registered, or the invisibility of women and LGTBIQ+ in their specific demands, roles and functions.

Gender and class inequalities are evident in the materiality of the constructed city, in how they are understood and in women's experiences in the territories. Thus, it is also key to bear in mind the necessary dimension of the territory in terms of gender, the objective being to influence local political agendas, municipalities and cities. In addition to the diversity of the population in terms of their sexual identities and assigned roles, the territory itself, where these women live, is of interest. To understand and account for urban fragments, their vulnerabilities, their situated conditions, which can be measured in economic, socio-demographic and spatial terms through the construction of indicators that make it possible to weigh them.

The focus is on those territories where women live, most of them in poverty, with precarious jobs, expelled to the peripheries of cities partly due to urban extractivism or gentrification processes. It is in these "needy" territories that public works, infrastructures and public

## Women's Right to the City

Women's Right to the City (Falú, 2018), understood as an approach still under construction, starts from the belief that our cities and neighbourhoods have been configured on the basis of the values of a patriarchal, androcentric society, and of strong inequalities in which the materialisation of the urban form contributes to reproducing the values of gender discrimination. These values are based and developed from an androcentric design, which considers a society in a masculine key to be universal, that is to say, to think and imagine urban and rural agglomerates, cities and their towns, from a viewpoint that universalises the social and human subject in white, young, productive, heterosexual men, leaving many men and almost all women out of the picture.

Thus, the elaborations around Women's Right to the City suggest that this patriarchal and androcentric vision is built on pillars of omission. The invisibilisation of social subjects leads to their omission in public policies, and this universalisation needs to be questioned, as it denies the different and diverse and values the equal, devaluing women in their diversity.

In order to address the complexity inherent to gender inclusion, particularly in local policies, it seems necessary to clarify some concepts rooted at a global level, in this social and cultural construction that reproduce ideological content in relation to gender, which expresses a lack of knowledge of the subject or lack of interest. Therefore, for the sake of clarity, feminism **is not against men**, rather it **questions patriarchy**, the basis of discrimination, which together with neoliberalism and discrimination is presented as the most challenging equation for advancing towards democracy in general and local democracy in particular in today's world.



spaces are instruments of social redistribution.

Accounting for disputed territories and bodies, housing and services exposes conflicts of power, domination and subordination, of omissions that account for patriarchal and colonial constructions exacerbated in the neoliberal society of ownership of goods and people. Patriarchy is functional to capital; they mutually strengthen and promote each other. Patriarchy is the foundational form of inequalities, says Rita Segato (2016).

## Patriarchy, Intersections and Territory Three Starting Concepts

**1. Patriarchy:** Patriarchy is a political system of domination, which is explained in cultural values, in biological reasons, or in social customs and practices. It is a system of domination. Rita Segato<sup>1</sup> (2021) states that it is the first established order of power, which preceded and defined racism and capitalism. It defines masculine value, the prestige of men, and contains a hierarchical system. Patriarchy is also a manifestation of power over women's bodies and feminised bodies. It is an exercise of asymmetrical power, exercised over women simply because they are women. It places restrictions on women's lives and bodies, in the omissions of women they are diluted in the concept of family.

**2. Intersections:** Intersectionality is an analytical tool, which seeks to account for the multiple discriminations that a single person may suffer (Williams Crenshaw, 1989). The author defines intersectionality as "the phenomenon whereby each individual suffers oppression or privilege on the basis of belonging to multiple social categories". Women are traversed by differences in age, social, economic, educational, sexual identity, ethnicity, race, disability, and so much more. These differences, when added together, generally exacerbate conditions of vulnerability in some women and men.

**3. Territory:** The territory and its conditions are another factor that requires intersectional analysis, which conditions and strengthens situations of vulnerability if we consider at least the lack of services and infrastructure, insecurities and distances or remoteness from urban or rural centres. Remote neighbourhoods, where women live, particularly the poorest. These women are responsible for more than a third of their dependents and households, have more children than wealthier women, earn their income in the informal market, without social security, without stability, with meagre salaries. In this way, the territory can be measured on the basis of a system of indicators that allows us to account for its conditions and how much these affect women and diversity in particular.



Photography: Gayatri Malhotra (Unsplash)

1. Segato, Rita (2021) The anthropology of Rita Segato in the FIL to understand gender violence in Latin America and Mexico, published in Calas, Guadalajara.

# 02

## The political agenda of the feminist municipal movement

CARE AT THE CENTRE



## (I) ADVANCING EQUAL RIGHTS AND OPPORTUNITIES ON LOCAL AGENDAS.

In *The Transformative Commitment of Cities and Territories to Generation Equality* (2022) and *Towards a Global Feminist Municipal Movement: Key Contributions of the Local and Regional Governments Constituency to the Generation Equality Forum* (2022) UCLG characterises the emergence of a global feminist municipal movement, which is based on the one hand, on the multiple advances in the agenda of women's rights and diversities; on the other hand, on women leaders who progressively occupy more and more decision-making spaces, contributing to a transformation from their practices and subjectivities in the ways of doing and building democracy.

It is a process that demands multiple strategies and that implies innovative constructions around public power, the ways of it is exercised, and its administration, which are inherent to processes from below, in the strength of the demands and inclusion of women in the public sphere, and from which substantive changes are being defined in party, social and thematic political agendas.

Women's networks and articulations have been central, the worldwide public expression of demands for changes in what has been instituted. Thus, women

in positions of power are contributing to modifying consolidated stereotypes, and here the contribution of conceptualisations developed in the 20th century has been central, such as "the personal is political", or "the sexual division of labour", as well as accounting for the "use of time" in men and women and, lately, "the use of space" which appeals to territorial injustices in cities that show strong inequalities.

All critical contributions, in particular "the personal is political", highlighted and emphasised the patriarchal relations in everyday life, and how much of this is verified in political and public life. Thus, a new phenomenon is growing stronger: the leadership of women, in positions of managing cities and agglomerations, in multiple alliances, and consolidated in territorial links that recognise them in their activism. These leaderships embody a strong critique of the patriarchal culture that subordinates and omits women, and challenge institutions and their traditional and hegemonic modes of discrimination that persist, promoting new ways of conceiving the State, of relations and the exercise of power, of the management of administration and public policy.

Women's positions are key in local and regional governments when it comes to promoting new agendas that place the centrality of life and care at the forefront, while denouncing the inequalities and oppressions experienced in the different territories they inhabit.

The document *Local Economic Development with a Gender Perspective: Dialogues for a Sustainable and Inclusive Recovery* (2022, p. 14) prepared by the Committee on Local Economic and Social Development of UCLG and FAMSÍ, discusses what this new agenda is about, the essential issues to be included in the feminist municipal movement agenda, understanding that "the integration of the gender equality approach in local development also implies its own political agenda, with issues that have traditionally been absent in public policies, made invisible by the androcentrism that permeates our socio-political, economic and cultural structures and dynamics, but which for the feminist municipal movement are strategic and must be addressed urgently".

The political agendas that the Feminist Municipal Movement addresses are diverse and decisive: persisting violence, both public and private; climate change and the agenda of the sustainability of the planet, which is also that of the neighbourhood and urban and rural environments; that of autonomies, of their bodies, of political decisions and the economy; those of work and ensuring equal opportunities and rights; alternative

## The Institutional Framework of the Feminist Municipal Movement

Feminist Municipal Movement refers to an institutional framework made up of international instruments that support local and regional action, encouraging and enabling new narratives. Among others, it refers here to the SDGs, the New Urban Agenda and binding instruments such as CEDAW, GPA Beijing, etc.

These international instruments mainly are as follows:

- They start from the recognition of women as subjects of rights and policies.
- They assume that women are producers of wealth, services, time delivery and jobs, that they have talents and capacities that must not be underdeveloped.

In this framework, the statement “leaving no one behind” is strongly linked to the Women's Right to the City as a powerful but also new and complex concept that incorporates all the civil, political, economic, social, cultural and environmental rights that women have yet to fully conquer. It will be these local governments that can materialise more women's leadership, install a strong critique of the patriarchal model and the omission of social subjects, particularly women in their diversity, and question the discrimination that persists and marks the daily lives of the majority. In short, to promote new ways of conceiving local governments, forms of governance, how the State is conceived, and how much multi-stakeholder relations are strengthened, from social organisations, women's and feminist organisations, small and large local businesses, political parties, universities, etc., for new ways of exercising power and relations, the management of administration and public policy.



Photography: Matthias Zomer (Pexels)

economies, or circular economy, to point out the most obvious ones.

However, an emerging issue of global concern, a policy approach that the COVID-19 pandemic undoubtedly highlighted, is the Care agenda. As FAMSÍ and the UCLG Committee on Local Economic and Social Development (2022) jointly point out: “If there is one issue on which the global feminist municipal movement is most in agreement, it is undoubtedly this: the need to put care at the heart of local development”. And in this sense, it is a priority and necessary for municipal or local governments to link their political agendas to care at least at three intersections: territory, economy and sustainability.

## Sustainable Development Goal # 5

“Achieving gender equality and empowering all women and girls”. The following goals are highlighted:

**Eliminate all forms of violence** against all women and girls in the public and private spheres, including trafficking and sexual and other forms of exploitation

**Recognise and value unpaid care and domestic work** through the provision of public services, infrastructure and social protection policies, and the promotion of shared responsibility within the household and family, as nationally appropriate

**Ensure women's full and effective participation** and equal opportunities for leadership at all levels of decision-making in political, economic and public life

**Undertake reforms that give women equal rights to economic resources**, as well as access to ownership and control over land and other property, financial services, inheritance and natural resources, in accordance with national laws

**Enhance the use of enabling technology**, in particular information and communications technology, to promote women's empowerment. *ra promover el empoderamiento de las mujeres.*

## (II) A PARTICULARLY CRITICAL ISSUE FOR “LEAVING NO ONE BEHIND”: THE CARE CRISIS

The COVID-19 pandemic in 2020-2021 highlighted the care crisis and how it affects women's and girls' development opportunities in unequal ways. The health crisis exacerbated the structural knots of gender inequality, and caused severe reversals in the gains made over the past decades. In particular, it highlighted the centrality of care in the functioning of economies and society in general, and revealed the unsustainability and unfairness of the current organisation of care (ECLAC and UN Women, 2021). For example, with the suspension of school attendance, the tasks of accompanying children and adolescents fell especially on women: in 9 out of 10 cases it was women who fulfilled the role of educational accompaniment (MoE and UNICEF, 2020). In addition, 1 in 5 women who had paid employment lost or had to leave such employment to carry out care work during the pandemic (EPH INDEC, 2020). Under the new current contexts, highlighting the interdependence of human beings, the need for care, and the urgency of characterising this critical node and its interrelationship in the generation of equality in our societies is essential.

Care work is an essential element to the achievement of several of the Sustainable Development Goals (SDGs) included in the 2030 Agenda. Specifically, it is contained in target 5.4 of SDG 5 on recognising and valuing unpaid care and domestic work.

The fulfilment of this target, in turn, contributes transversally to the 17 Sustainable Development Goals, the great

consensus of the 2030 Agenda.

There is an international consensus on the so-called “crisis of care”, and different aspects of analysis converge in its recognition: the significant increase of women in the labour market and the consequent transformation of the role attributed to women in this field; the longer life expectancy, which means a considerable increase in the population of older adults, many in conditions of dependency; and a growing socio-economic inequality that is also expressed in the territories where the majority of the world's population lives, with a lack of services, infrastructure, transport and even security. What happens then in situations of dependency linked to old age, childhood, disabilities, and, equally important, what happens to the women who are subjected to these situations of dependency?

There is not a single solution for everyone. The answer depends on the configuration of the cities they live in, the services and infrastructures they have, and the socio-economic situation in which they find themselves. In the central countries, the trend has been towards the outsourcing of care and its insertion into the circuits of globalisation and the widespread hiring of foreign carers. In turn, in the Global South, and especially for women who belong to the most disadvantaged sectors of society, there is a double crisis of care, since, faced with situations of dependency and the scarcity or absence of public services, they resolve care by taking it on in addition to their work, or by entrusting it to children or older women - grandmothers who are carers. This implies significant obstacles to their insertion in the labour market, such as incompatibility of work, the probability of losing their jobs, effects on their own health and effects on their emotional and relational life. Many of them are forced to migrate and leave their children in the care of other family members in order to take care of others and to be able to send remittances to ensure the upbringing and care of their own children. These women are also the ones who take care of their communities and neighbourhoods.



Source: <https://fundacioniter.org/objetivos-desarrollo-sostenible-ods/>

## (III) WHAT DO WE MEAN BY CARE TASKS?

Care work is at the centre of global concern. All human beings depend on care, either as recipients or providers. Care is necessary for the existence and reproduction of societies and the workforce, and for the overall well-being of each individual. The very essence of having independent, self-reliant citizens and productive workers rests on the provision of care (ILO, 2019).

Approaches and studies on care began more than 40 years ago around debates on domestic work and social reproduction, as a result of the mobilisation of women and feminist movements to make visible what is known in theory as the social and sexual division of labour.

**Gender perspective** is an analytical tool that allows us to make visible the inequalities between genders and the naturalised meanings on which they are sustained. This approach reveals that care is associated with women, who are assigned this work and these responsibilities from a biologicist vision and a stereotyped social mandate. In contrast, paid care work outside the domestic sphere is classified as services and is not considered to involve affectivity. This type of work also generally employs women, which contributes to sustaining and perpetuating the feminisation of these tasks.

Care and reproductive tasks are devalued and invisibilised and lack recognition (Aguirre 2008, 2014, Batthyány 2007, 2009, 2015, Falú-Morey and Rainero 2002, Durán 2006, 2012, 2017, Falú 2017, among others). Women are the main caregivers, and these jobs and roles assigned to them can be observed at different levels: in their bodies, the first territory they control, the

home, the neighbourhood and the cities. At each scale on which they must decide and which they inhabit, they experience multiple injustices - gendered and territorial. Each of these scales has its own complexities, in a relationship of interdependence and crossed by a multiplicity of intersections defined by their diversities, sexuality, race, age, class, disability, among others.

According to the latest report of the International Labour Organisation (ILO, 2019), **the labour force participation rate for women was 48.5% compared to 75.0% for men**. This represents a gender gap of 26.5 percentage points. This means that there are about 2.1 billion people in the world who are not in the formal labour market. When non-participation in the labour market is categorised as "inactivity", statistics help to hide the enormous contribution to society through care and domestic work, which is invisible, unpaid and devalued.

**Oxfam International (2020)** also states **that women and girls perform more than three quarters of unpaid care work worldwide**, and that 90% have no access to social security benefits and work "working hours" that have no schedules or time limits.

According to ECLAC (2022), worldwide, 16.4 billion hours of unpaid care work are spent every day, which is equivalent to 2 billion people working 8 hours a day without pay. Of total unpaid care work time, 76.2% is performed by women.

The gap in hours spent on unpaid care is significant in each region. Women spend more time on unpaid care work than men:

**1.7 times more in the Americas,  
2.1 in Europe and Central Asia,  
3.4 in Africa,  
4.1 in Asia and the Pacific and  
Up to 4.7 in the Arab States**

It should be noted that because of unpaid work, women are less engaged in paid work in all regions of the world.

### Social and Sexual Division of Labour

In order to understand **the care** perspective, it is essential to rely on the conceptualisation of the sexual division of labour, that asymmetrical distribution of the use of time and space between men and women that naturalises and assigns women roles linked to their biological sex as those responsible for reproductive work (tasks that ensure the care, well-being and survival of the people who make up the household and that are unpaid) while men are associated with productive work (that is, work linked to the market and that is paid (Rico & Segovia, 2017, Falú, 2017, Batthyány & Sánchez, 2020). This division poses a stereotypical construction of tasks and activities as feminine or masculine, subordinating women in their roles and making them responsible for care and domestic tasks, which are devalued and not recognised monetarily.

When talking about women's total working hours, both those dedicated to the labour market (formal or informal) and those dedicated to care work and domestic chores must be counted. This way of counting (which incorporates unpaid and invisible care work) makes it possible to visualise how women's total hours of work are greater than those of men (ILO, 2019).

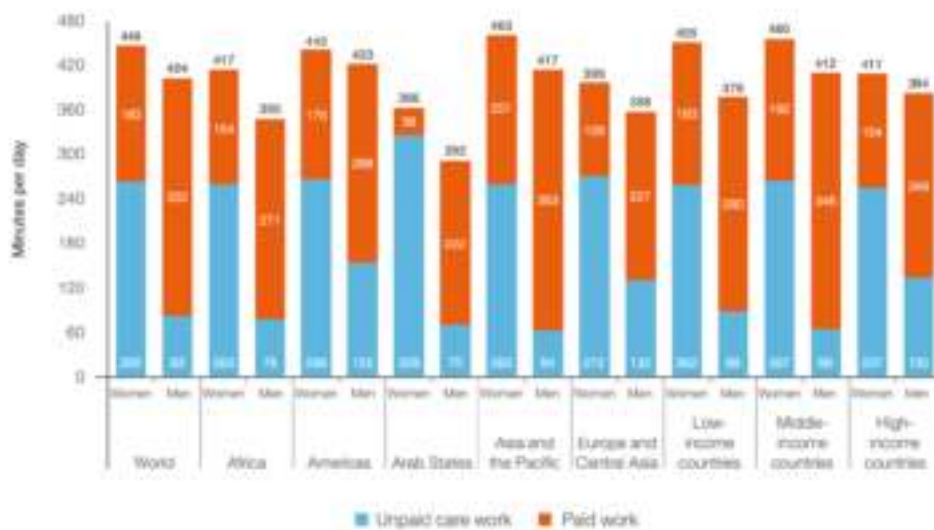
The sexual division of labour and **the different use of women's and men's time due to care** tasks persists as a particularly critical issue. Care tasks are those linked to the reproductive role and tasks assigned to women: childcare, care of the elderly, care of people with disabilities, as well as domestic tasks that encompass a set of responsibilities: supplying, cleaning, hygiene of dependent people, moving children, elderly people with some degree of dependency, household and community management, among others.

The solution to the burden of care must be thought of in a collective rather than an individual or family context, questioning the feminisation of care; and it is necessary to think of care in a public rather than a private or commercialised context. They are a social and collective responsibility, which must be incorporated into planning, land-use planning and policies need to recognise the importance and redistributive capacity that the distribution of care services and infrastructures can have in spatially unjust territories.

It is about the significance and consideration of the everyday in planning, the liveable and shared city (Durán, 2008), conceiving it from concepts of proximity, a mixture of uses, integrating everyday life with productive life.

Thinking about the city this way places its citizens at the centre of decisions, representing the diverse voices and experience of life in the territories, particularly those of women, who are omitted in the planning that neutralises subjects and families (Falú, Ana 2021). The diversity of experiences is of interest, breaking with the standardisation of subjects, bodies, experiences and desires. This urban paradigm is embodied in the model of the caring city; that is, thinking about cities that take care of us, that take care of our environment, let us take care of ourselves and allow us to take care of other people (Gutierrez Valdivia, 2017). As Rico and Segovia (2017) state, it is a matter of advancing in a new paradigm, which, centred on equality, conceives the city as a territory in which human rights can be guaranteed and exercised in a comprehensive manner, responding to the complexity of current urban life and addressing with public policy measures the various dynamics of discrimination and exclusion, so that equality becomes a reality in the daily lives of its inhabitants.

Figure 2. Time spent daily in unpaid care work, paid work and total work, by sex, region and income group, latest year



Source: Care work and care workers for a future with decent work, Geneva, International Labor Office (ILO) 2019. Retrieved from: [https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/-/publ/documents/publication/wcms\\_737394.pdf](https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/-/publ/documents/publication/wcms_737394.pdf) page 31

# 03

## The economic dimension of care





## (I) GENDER GAPS IN INCOME: WHO ARE THE PAID WORKERS AND WHO ARE THE CARERS?

While it is worth noting that, globally, **gender gaps** in labour force participation rates have narrowed over the last 10 years, a number of critical issues remain. Paid employment is still 27% higher for men. This is not homogeneous at the global level, as we know that in South Asia and East Asia, disparities have increased (ILO, 2020). This affects women's economic autonomy and translates into lower rates of paid labour participation and fewer employment opportunities. It is worth noting that the majority of women are in the so-called informal labour market, with the result that **almost 40% of the world's women in paid work do not contribute to social protection (CTIO, 2019).**<sup>3</sup>

Other critical issues relate to the vertical and **horizontal segregation that persists**, with women over-represented in a limited number of sectors and occupations and in the occupational base. Globally, women account for less than 40% of total employment and 57% of part-time workers.

Globally, **one out of every 12 women wage workers is employed in the domestic work sector**, and in the Americas, Europe and Central Asia, women make up more than 80% of the workforce in this sector (ILO, 2023). It is worth highlighting here the vulnerability of their rights (despite the volume of responsibilities they assume), **with a degree of labour informality that reaches eight out of every ten workers, and which translates into inaccessibility to rights** such as social security, health, holidays, among others. In other words, the rate of informal employment among domestic workers, the majority of migrant women worldwide, is twice as high as that of other workers, even in regions with high levels of informality, such as Africa or Asia and the Pacific.

There is every indication **that domestic and care work will continue** to be in high demand around the world,

especially in light of demographic changes and an ageing population. This work must be observed through a feminist and human rights lens, taking into account the way it perpetuates economic and gender inequalities, feeding a sexist economic system that accumulates enormous amounts of wealth and power in the hands of a wealthy elite, whose profits are due in part to the exploitation of women's and girls' labour.



Photography: Ashes Sitoula (Unsplash)

3. Working Document prepared by the Commission for Work with Equal Opportunities (CTIO) Gender, 2019. Ministry of Labor, Employment and Social Security, Argentina.

## (II) FEMINIST ECONOMICS AND CARE

Despite the progress made, men and women in our societies continue to be marked by inequalities based on the sexual division of labour and the division between public and private life (Falú, 2018). Thus, women are generally responsible for the education of their children, the health of family members, social well-being, and even more so for their emotional, affective and psychological balance. Men, on the other hand, are responsible for public life, the economy, industry, energy, international relations, politics and government. It is a fact, then, that in our societies the activities of the public sphere have historically been structured around male corporealities and subjectivities, while the private and domestic sphere has been embodied in women. These are ultimately the subjective bases of the sexual division of labour that are translated into objectifiable elements in the framework of gender systems (Batthyány, 2015).



Photography: Shivam Patel (Pexels)

### Care economy

Through the concept of the care economy, feminist economics pursues at least two objectives:

- Bring visibility to the systemic role of care work in the dynamics of economies in capitalist societies, and
- Give an account for the implications of the organisation of care for women's economic lives.

Feminist economics makes a specific contribution by developing the concept of "care economy" from which it is possible to understand the economic roots of gender inequality, revealing how societies solve the daily reproduction of life, the care of people and the contribution they make to the functioning of the economy (Rodriguez Enriquez, Corina 2015). The focus of the analysis is placed on the sustainability of the reproduction of life, quantifying and pricing the contribution of care to society and development, and consequently bringing it visibility. This perspective also places an emphasis on the distributive question, valuing and associating the idea of care with its contribution to economic value. It questions who, where and for whom care is provided, and analyses, identifies and constructs proposals to modify the gender inequalities rooted in our societies.

Along these lines, María Ángeles Durán has coined a new concept in 2019: the "Caregiverate" to refer to the collective, made up almost exclusively of women, who are responsible for providing care. "Unlike the proletariat, which was the fighting class that best defines industrial society, in advanced service societies a new social class is emerging: the care workers, who are those who care". The concept seeks to give meaning to a dispersed conglomerate (caregivers) and turn it into a social agent. However, she points out that there is no clear awareness of collective identity among caregivers, and states that only a low percentage of caregivers are paid (though undervalued), while the rest provide care under a mandate and cultural conditioning, moral and social pressure.

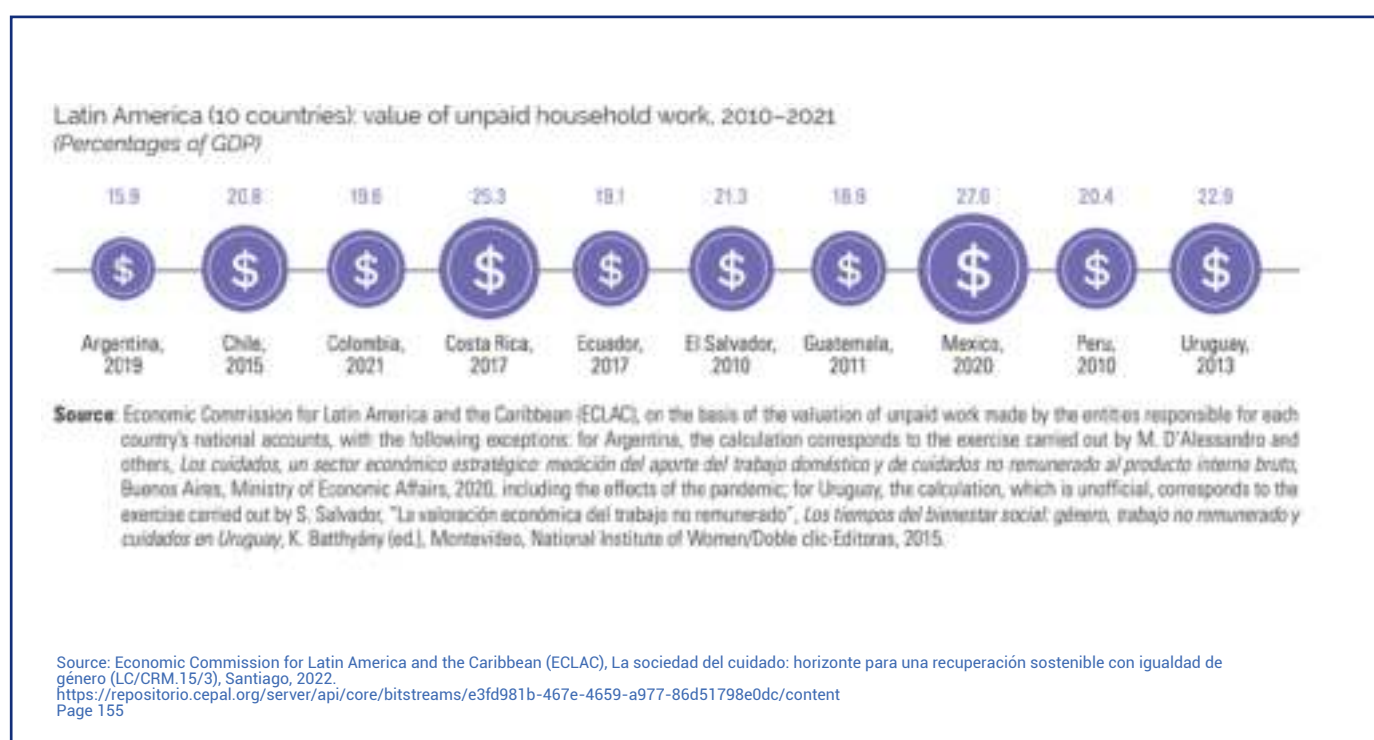
### (III) HOW CAN CARE WORK BE WEIGHED ECONOMICALLY?

It is therefore women who contribute to and sustain national and local economies with their domestic work and care tasks - most of the time devalued and unrecognised - and who also subsidise the limited social policies in this area (Bidegain Ponte, 2017). In this sense, it becomes a challenge to calculate the economic value of unpaid work.

The great contribution to revealing gender asymmetries in domestic and care work are the Time Use Surveys (TUS), which, as ECLAC (2017) states, are the ideal source of information for analysing the different forms of care work, given that they measure the amount of time, in hours per day or week, that people invest in carrying out various activities related to care or domestic work, whether unpaid, paid, for the community or voluntary.

One of the ways of measuring the “invisible wealth of care” refers to the satellite accounts methodology developed by Durán (2019) based on the TDCNR’s time Time Use Survey or “TUS”, which basically proposes the substitution of hours of unpaid care for the value assigned to the task in the market, thus calculating the contribution to national economies.

The studies carried out using this methodology show how care represents one-fifth of the GDP of Latin American and Caribbean countries (ECLAC, 2022). See figure V.5



In turn, the International Labour Organisation (ILO, 2022) calculates that the contribution of the NCRT is 9.0% of GDP at the global level. With regard to country-level data, and just to mention a few, the measurements carried out show the following percentages of contribution to national GDP. Spain: 10.3%; France: 14.8%; Germany: 15.0%; New Zealand: 20.0%; Australia: 26.8% in Australia; Argentina 16%.

At the ECLAC Conference, "The Care Society", held

in Buenos Aires in November 2020, María de los Angeles Durán concludes that the issue of care requires rigorous studies that contribute to a radical transformation of the dominant socio-economic structures: "If care needs are prioritised to guarantee the well-being of the population, new economic perspectives must be developed that are not based on women's unpaid work, and new services that are accessible to the majority of households." (Duran, 2018).

## Strengths and Issues to Be Further Developed in the TUS methodology:

### Strengths:

- Measuring time contributes to the analysis of the sexual division of labour, i.e., how the gendered distribution of domestic and unpaid care work is translated into gender identities.
- Understanding the relationship between income and time poverty of carers, specifically women carers, as a barrier to their economic autonomy.
- Bringing visibility to and quantifying the substantial and economic contribution of "care wealth" to Social Welfare and GDP, revealing the limitations of national accounts and the critical issue between production and reproduction.
- Measuring, categorising and recognising forms of work more broadly than the traditional forms defined by the labour market.
- Evaluating and monitoring, based on indicators that allow comparability across countries and regions, as well as in time ranges at different historical moments, the social and cultural changes that have taken place in the distribution of time between genders.
- Validating important information for the planning of public policies with a gender perspective aimed at breaking with the critical points based on the sexual division of labour, a source of inequality for women and diversity.

### Issues requiring further work:

- The breadth of activities that can be considered care, which are often not included in forms. For example: the

various neighbourhood community response strategies carried out by women in response to unmet daily needs.

- Non-recognition of activities: in some cases, these are tasks that are so naturalised in our societies that it is difficult to recognise them in terms of work.
- Underestimating the recording of hours: whether in the case of tasks that women perform simultaneously, or for almost intangible reasons, such as those that involve a psychological or mental burden, or emotional support.

Finally, these tools are very limited when it comes to highlighting other symbolic and political meanings, identities or the construction of carer identities, such as the case of carers of people with highly dependent disabilities, which has a differential impact on people's lives and their social relationships in everyday life. Also, how the experiences of urban<sup>7</sup> and rural<sup>8</sup> Community Care workers, or the "TransCare or Queer Care"<sup>9</sup> collectives, among others, are constituted.

Information on the use of time therefore allows us to address the multiple dimensions of inequalities in a comprehensive and systemic manner, providing empirical data on the unequal distribution of paid and unpaid work (Aguirre and Ferrari, 2014). The data available to us highlights the significant contribution of care work in the economies of the countries. In this regard, the following questions arise: How can the cost of this care work be covered in today's economies? How much investment is involved? How much would the monetary value be to remunerate full-time care? It is also worth asking: What are the life cycles of greatest demand? What happens to migrant populations who have no acquired citizenship rights? What are the characteristics of demand in urban areas as opposed to rural areas?

6. Measurement carried out by the INDEC National Institute of Statistics and Censuses. Argentina

7. About urban Community Care, see more at: <https://www.ciscsa.org.ar/cuidados> Córdoba, Argentina.

8. About Rural Community Care, see more in: Ángulo, Sofia (2022) State of the art on care in rural contexts in Latin America and the Caribbean / Sofia Angulo; Alfonsina Alberti; general coordination of Paola Mascheroni. - 1st ed. - Autonomous City of Buenos Aires: CLACSO; New York: UN Women, 2022

9. About Queer Care or TransCare see more in: Pedro Nicoli and Marcelo Ramos. "Queer care: thinking or care based on the life stories of LGBT+ people in Belo Horizonte, Brazil." Communication presented to the First International Colloquium of the project "Who cares?" "Rebuilding care in a post pandemic world." Paris: May 2023, 34 p.

Or on the web: <https://transcare-project.eu>, on the project "Transcare: Improving Access to Healthcare for Transgender Individuals" approved within the framework of the Rights, Equality and Citizenship Program of the European Union (2014-2020)



# 04

## Local territories, their policies and the incorporation of care in planning



# (I) CARE AS A MATTER OF PUBLIC POLICY

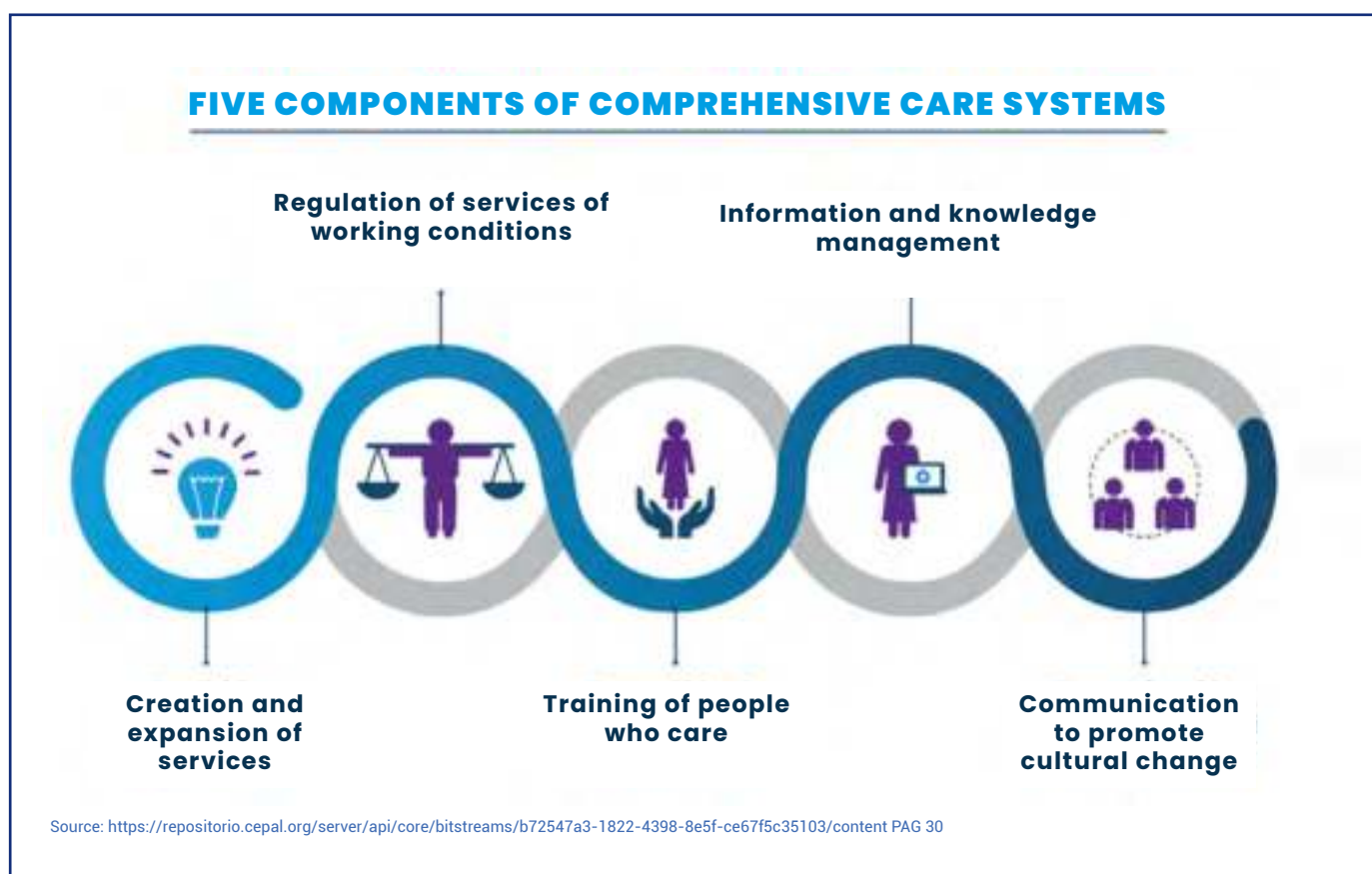
Care policies are inherent to the inclusion of the gender perspective insofar as they aim to break with the stereotypical roles assigned to women, and they seek paths towards gender and social co-responsibility. For example, with the extension of paternity and parental leave in the case of the project “Cuidar en Igualdad” in Argentina, or with education and care pedagogies for men and the community in general, in the case of the programme “A cuidar se aprende” (Caring is learned) implemented in the Manzanas de Cuidado in Colombia<sup>10</sup>.

It was not until the 1990s that women and feminists expanded the content of a key question, namely: How is well-being generated in our societies, incorporating social care as a public issue and involving State policy in its provision. The discussion on how well-being is organised, distributed and provided among the different actors is thus broadened, and the organisation of care is thought of beyond the family, finding answers in the collective and ethical responsibility of care (Rodríguez Enríquez, 2015).

UN Women (2022) sets out five components towards building integrated care systems:

**1. Creation and expansion of services**, a priority route to reduce the burden of care for households, i.e. for women. This can take the form of cash transfers (for early childhood as well as for all dependent persons); it does not necessarily transform the sexual distribution of work and can reinforce women’s role in domestic and care work within the household. In several EU countries, both alternatives are available. In countries such as Germany, Spain and Luxembourg there are vouchers for Long Term Care (LTC). Matus and Rodríguez (2016) point out that “the reduction in transfers from the central government to the autonomous communities has meant that the latter have preferred to offer economic benefits for care in the family environment rather than services”. This is because “this benefit has an average cost 41% lower than home help and 83% lower than residential care” according to the estimate made from cost data presented by De Prada and Borje (2014).

The different diagnoses on the supply of care services in Latin American and Caribbean countries, even with their heterogeneities, show a significant gap between the supply and financing of the proposed integrated care systems. The region is starting from an infrastructure deficit, which means that investment in care can have a major impact not only in terms of public works for this purpose, the quality of care and the creation of direct and indirect jobs, but also in terms of increased tax revenue (De Henau et al., 2016). Extended hours. Similar situations in Asia and Africa come to mind (UN Women, 2022).



10. González, M. Soledad- Master's Thesis in Care and Gender with a Latin American Perspective, 2023 (FLACSO Argentina)

**2. Regulation of services,** time policies and working conditions. Beyond the regulatory mechanisms (standards, supervision, sanctions and incentives) that are developed so that the State can guarantee that services reach adequate levels of quality, it is essential that countries invest in an appropriate infrastructure - as mentioned in the previous section - with multidisciplinary teams of workers trained according to the different types of services and populations served, with adequate salaries, in the exercise of labour rights and with the necessary equipment. Aspects to consider when budgeting. On maternity, paternity and parental leave, the ILO analyses that only 11 countries exceed the minimum 14 weeks (Convention No. 183).

**3. Training of carers.** Ensuring the qualification of paid caregivers is a key aspect in the construction of a universal care system. Generating training trajectories not only has direct consequences on the quality of the care provided, but also on the employment opportunities that can be developed by people, most of whom are women, engaged in paid care work. This element, together with actions around labour regulation, will give them the possibility to organise themselves as a collective, to formalise their work, to improve their working conditions and to access decent jobs by exercising their right to self-care (UN Women 2022).

**4. Information and knowledge management.** Information is key to efficient policy decision-making. To achieve this objective, it is essential to have robust information systems that are in dialogue with each other. This includes the collection of statistical data, the development of satellite accounts of national accounts that record the contribution of unpaid work in the gross domestic product, the systematic measurement of time use and other types of studies that also allow the measurement of impacts on the reduction and redistribution of unpaid care work, as well as the quality of the policies that are implemented (UN Women 2022). There are dimensions of care work, such as community care work (cloakrooms, canteens, breastfeeding, etc.) that require more complex measurement.

**5. Communication to promote cultural change.** The communication component must promote the cultural transformation of society in order to ensure that the responsibility of caring for people is shared collectively. From the perspective of gender equality, men must commit themselves to daily care and women must recover personal time and freedom in the pursuit of their life projects. The communication strategy must collaborate in the generation of the subjective conditions that allow the progressive conquest of this new common sense around care (UN Women 2022).



Photography: Thanh Nguyễn (Pexels)

Faur (2014) also proposes the following as a minimum for configuring State provision of care:

- a. **The social and political organisation of care**
- b. **Type of care**
- c. **The right to care and to be cared for**
- d. **Types of resources.**

From these dimensions, it is interesting to highlight how the social and political organisation of care as a public issue is configured, according to Faur (2014):

- In the workings of different institutions (State, families and market and community agencies and services) and responds to the symbolic values (including gender images and the sexual division of labour) of a community. It therefore reveals the dynamics and interdependence between structural factors, political and ideological trends and a certain “state of culture”.
- At the crossroads between the institutions that regu-



## Why invest in care systems and co-responsibility?



Source: UN Women 2021. <https://lac.unwomen.org/sites/default/files/2023-01/Invertir%20en%20Cuidados%20y%20Corresponsabilidad%20-%20Los%20cuidados%20y%20su%20rol%20en%20la%20sociedad.pdf>

late and provide care services and the ways in which households of different socio-economic levels and their members access, or do not access, them. This categorisation allows for a macro and comprehensive analysis of care, identifying a crossover point between the personal terrain and the social structures under the regulatory guidance of public policies.

It is necessary to understand that the role of the State in the provision of care is qualitatively different from that of other agents, since it is not only a provider, but also has the power to act as a social redistributor and is primarily responsible for assigning responsibilities to each of the agents involved. According to Carla Zibecchi (2014), the State intervenes in the organisation of care through roles such as:

- Provider and regulator of public education (State and privately managed),
- Provider of comprehensive care programmes for children in contexts of poverty
- Employment regulator (public and private)

In turn, the way in which care is socially and politically organised can operate as a mechanism of social exclusion and reproduction of inequalities of gender, class, migrant status, ethnicity, disability, among other dimensions.

## TYPES OF CARE:



Photography: FAMSI

### Types of Care in our Cities:

#### How Do the Actors Producing and Receiving Care Relate to Each Other?

A key question in this issue is: how do the actors who produce and receive care relate to each other? Here, various Latin American theorists (Rosario Aguirre, 2014; Karina Battyany, 2020; Corina Rodriguez Enriquez, 2015; Cristina Carrasco, 2011; Faur 2020; among others) contribute a key concept such as the social organisation of care, developing the following typology in relation to it:

#### TABLE: TYPES OF CARE ACCORDING TO THE SOCIAL ORGANISATION OF CARE

- **PUBLIC CARE:** care provided by the State through regulations, resources and services to care.
- **PRIVATE CARE:** care services accessed through the market. Households belonging to different economic strata have different degrees of freedom to decide on or delegate care.
- **FAMILY CARE:** needs met within households through two types of arrangements; unpaid care work carried out by household members (or relatives or kin who are not part of the household), and paid care work carried out by persons - non-family members - who are hired for this purpose.
- **COMMUNITY CARE:** characterised by a strong territorial inscription in which different actors participate, mainly women as providers of care and services, the State, community organisations, political and religious groups, social movements, among others, generally led by women. They are mostly provided on a voluntary basis or with remuneration that does not correlate to the hours worked. Community care plays a fundamental role in the social organisation of care, as it is sustained where there are few or no public policies.

## B. CARE AS A RIGHT

It is also necessary to use the human rights approach to public policy as a framework, developed at the international level, which refers to care as a right. This vision introduces the concept of co-responsibility, distribution of roles and functions, and collectivisation of care, which implies levels of family, community and State institutions' responsibility to guarantee not only care but also a fairer and more equitable distribution of care, from an ethical perspective that contributes to reducing the burden on women.

Considering **care as a right** changes the naturalised acceptance that women are exclusively responsible for this task and transforms it into a collective social responsibility or co-responsibility. According to Laura Pautassi (2007), while the social organisation of care is unjust and deepens various dimensions of inequality, it is also a space in which rights are violated. Care and the determination of who provides it (for oneself or for others) is an issue of the exercise of rights, which may be contemplated in normative bodies or need to be addressed by policies.

### Care Policies and a Human Rights Approach:

At the XV Regional Conference on Women in Latin America and the Caribbean (2022), the debates in Buenos Aires crown the agreements of the last decade on care policies, and reaffirm the principles for the creation of such policies from a rights-based perspective, namely:

**Universality.** Care as a universal right. This concept is a fundamental strategy for the necessary cultural transformation. It is not just a matter of promoting a greater supply - which is indispensable - but of universalising the responsibility, obligation, task and necessary resources (Laura Pautassi, 2007).

**The gender perspective.** Including a gender perspective in care policies implies recognising, redistributing and reducing the overburden of care work on women.

**Social co-responsibility.** Care as a collective social responsibility that is not exclusive to one human group, co-responsibility between men and women, and between the State, the market, communities and families.

**The right to care.** All people have the right to care, to be cared for and to self-care, generating a bond of reciprocity and need among the whole community.

**The comprehensiveness and intersectionality of policies.** The need for a broad and comprehensive approach to the problem and the inclusion of the multiple actors involved.

Source: UN Women and ECLAC (2021)



## C. THE CONTENT OF CARE POLICIES

### Care Policies:

Another aspect to consider is the content of care policies, according to types of resources:

- . **Time to care and care for oneself.** They ensure that people have time to spend on care without being affected in their jobs. This is the case for maternity, paternity and parental leave, leave to care for sick people, but also flexible working hours and part-time work policies.
- . **Care services.** They offer care to families, whether provided by the State, companies, trade unions or the community, with varying degrees of State participation. For Merike Blofield and Juliana Martínez Franzoni (2014), these policies transfer unpaid work outside the family and therefore remove this responsibility from the domestic sphere. State involvement can be through public services, subsidies to companies or community support, or by establishing mixed systems with combinations of various actors to provide care.
- . **Cash transfers for families to provide care or pay for care.** They transfer monetary resources from the State to households to spend time on care or to pay for care services when public provision is not sufficient or does not meet families' needs.

The way these three elements are structured offers alternatives that favour the consolidation of different models of care provision in the dynamics of gender relations within families (CEDAW, Beijing Platform for Action, among others, and national norms).



Photography: Theodore Goutas (Unsplash)

## D. TOWARDS BUILDING INTEGRATED CARE SYSTEMS

Therefore, the integrated care systems developed in recent years are based on the set of conceptualisations developed, such as the social and political organisation of care, the type of care, the right to care and to be cared for, the types of resources, among others.

Integrated care systems are a set of policies aimed at implementing a new social organisation oriented towards caring for, assisting and supporting people who require it. Their emphasis is on recognising, reducing and redistributing care work in order to achieve co-responsible care models not only between men and women, but also between the State, the market, the community and households. All of this from a human rights, gender, intersectional and intercultural perspective (UN Women, 2023).

Therefore, they establish a set of policies that promote a new social organisation of care that does as follows:

- Acknowledges care work and those who do it
- Redistributes between males and females
- Reduces women's unpaid working time

In order to start designing and implementing a system of local care policies, it is first necessary to identify all the actors involved, the roles they play, and the predominance of each of them. At the same time, a governance model that allows for inter-institutional articulation between those responsible for care actions (families, civil society, private sector, State) must be modelled based on a social and gender co-responsibility.

Proposals for the design of integrated care systems require coordination between sectors, bodies and territorial scales, where the following are prioritized:

- Adequate legal frameworks
- Guaranteed universal service provision
- Provision of training and accreditation of caregivers' knowledge
- Efforts for cultural transformation. One consensus is that in order to move towards equal rights, the logic of familialism and maternalism must be overcome.

This, in the framework of the feminist economic approach (see Section IV), which focuses on instru-

Investment in the care economy can be made through a variety of means and interventions around the expansion of care services, support in legislation or the development of flexible arrangements and co-responsibility policies in work environments for a greater balance between work and personal life.

**UN Women works under the 3R approach:**



Source: UN Women 2021. <https://lac.unwomen.org/sites/default/files/2023-01/Invertir%20en%20Cuidados%20y%20Corresponsabilidad%20-%20Los%20cuidados%20y%20su%20rol%20en%20la%20sociedad.pdf>



Photography: Berk Ozdemir (Pexels)

ments and methodologies for the economic weighing of care and domestic work, refers to ways of measuring the "invisible wealth of care" in order to be able to influence policies by taking into account the contribution of care work to local, regional and national economies.

The necessary territorial approach is not to be forgotten and is being developed by architects, planners and urban planners. In this approach territory is incorporated as a central dimension and an active and key component to account for the situated conditions of women's daily lives in the fragments of inequality in cities and conurbations worldwide and in particular in the Global South. In order to design and plan integrated care systems, it is necessary to incorporate and take into account the territory variable (Falú, 2023; IGUALA. Madrid City Council Aggregate Territorial Vulnerability Index, 2022).

This variable - that of territory - must be considered and incorporated as a relevant intersection of the negative impact that the conditions of the territory where one lives can have, adding to the set of discriminations a person can suffer. For this reason, the creation of agendas around care and the development of comprehensive systems begins to integrate the existence or not of infrastructures, facilities and services in terms of redistribution instruments in territories of spatial injustice (Falú, 2016).

**Integrated systems of care are a constitutive part of Caring Cities (Falú, Ana 2018). They require that at least the following dimensions be taken into account:**

- Put economic and territorial inequality at the centre of policies
- Include the voices of women and other omitted diversities (LGTBIQ+, migrants, ethnicity, age, etc.)
- Incorporate the dimension of everyday life and the sexual division of labour in territoriality planning
- Enhance the value of proximity (redistribution of services, facilities, infrastructures)
- Prioritise the collective and social over the individual
- Put the public above the private
- Value environmental sustainability and energy care
- Include safety and non-violence in urban spaces and services.



Photography: Gabriella Clare Marino (Unsplash)

# 05

## Methodologies and best practices





In order to advance in care policies and systems that allow progress in social and gender co-responsibility, generating and influencing policies, community practices and the necessary cultural change that makes it possible to reduce gender gaps, the equalisation instruments that have already been tested and put into practice in different experiences in different regions of the world must be recovered, valued and relied on. Similarly, methodologies must be recovered and proven practices must be strengthened, as an inspiration to generate new and better promising practices that can contribute in a multi-scale, multi-sectoral way, whether convergent or independent, towards consolidating equal rights and opportunities, particularly in the field of the care economy at local and regional level.

In addition to what has already been stated, the aim here is to **de-feminise**, **democratise** and **de-commoditise** care.

Of the equalisation methodologies and tools developed, reviewed and applied, we classify the following as ranking among the promising actions and recognised best practices:

1. Affirmative action
2. Articulation between actors
3. Gender training and capacity building
4. Awareness-raising campaigns
5. Statistical tools for measuring and accounting of care time
6. Gender and care budget allocation
7. Infrastructure and Services
8. Regulatory frameworks
9. Cartographies and territorial maps
10. Diagnoses of coverage gaps in care services
11. Employability - economic transfers
12. Recognition of community care

## The aim:

**DE-FEMINISE**, deconstruct gender roles by making care a choice, without connotation of gender identity, and include unpaid caregivers in social protection

**DEMOCRATISE**, promote co-responsibility, redistribute the supply of care between the State, the market, the community and families, and promote a balance between men and women in households

**DE-COMMERCIALISE** and promote access to quality public care services as a way to reduce social inequalities by guaranteeing the rights of those who need care and those who care for them. Challenge the concept of "those who can pay, have access"

### Specific paid parental leave for fathers



europapress.es

Number of weeks paid for the exclusive use of parents, including parental leave. Individual parental leave or parent coupon in parental leave permits.

SOURCE: OCDE

# 1.

**Affirmative actions** are temporary equalisation actions that aim to reduce the discrimination and inequality that women and diversities face with respect to their needs and rights. In relation to care, there are two types of these affirmative action measures:

**Proactive reconciliation measures:** these encourage the distribution of care tasks among the different caregivers without placing the focus exclusively on women. A clear example is parental leave. These policies were pioneered in the Nordic countries in the 1970s and then spread to other European countries in the early years of the 21st century. They propose a more even use of parental leave to eliminate the gender bias in care and reduce discrimination against women in the workplace.

**Measures to promote social co-responsibility for care:** from the perspective of co-responsibility, the creation of virtuous alliances between the different care-providing sectors is promoted, decentralising exclusively from the private family environment. Some alliances can be promoted by specific regulations, or through the construction of infrastructure that aims to provide care services for both the people who need care and those who care for them.

# 2.

**Articulation of actors.** The articulated work between different governmental actors, as well as with other organisations and institutions, enhances capacities and optimises resources in a concerted action. In this sense, the development of Integrated Care Systems is the result of this type of agreement between those who provide care services to different populations. This optimises the capacities installed at the State and social level, and contributes to the development of a management model that moves "from the logic of services to the logic of people" (UN Women, 2021)



Photography: Municipalidad de Santiago de Chile

and from family and individual logic to collective logic, thus contributing to public policies and the generation of common goods, as opposed to the commodification of care, a model that is growing worldwide and is only attainable by minorities. A good example of promising care practices can be found in the Latin American and Caribbean region, where Mexico and Uruguay have developed legislation to contribute to the creation, materiality and institutionalisation of these systems. And in Bogotá, Colombia, the issue has been incorporated into the Urban Development Plan (POT, 2021) and developed in infrastructures, facilities and services in a district system for those who need care and those who care in "care blocks". Santiago, Chile, has also joined this initiative through the Neighbourhood Care System, promoted by the local government and its Subdirectorate for Gender Equality, Sexual Diversity and Inclusion.

# 3.

**Gender training and capacity building.** The implementation and execution of policies requires agent training. Training is essential to sensitise decision-makers and technical staff in order to transform the political and administrative structure and dynamics of the different levels of State governance. An example of this is

11. For a precise development of the components and conceptualizations of a comprehensive care system, review point IV of this document.

12. For more information about the experience, consult <https://mexico.unwomen.org/es/digiteca/publicaciones/2019/10/bases-estrategia-cuidados>.

13. For more information about the experience, consult <https://blog.cideu.org/2021/05/06/sistema-distrital-de-cuidado-de-bogota-la-estrategia-urbana-al-servicio-de-los-people-rights/>

14. It was the result of the Program "Socioeconomic recovery from the crisis caused by Covid-19 from a gender perspective: Promoting the economic autonomy of women and the care of elderly and disabled people in Argentina", coordinated by UN Women Argentina.

15. Day Centers in Argentina are gerontological orientation devices at the neighborhood level, which offer alternatives to the institutionalization of older people, working to strengthen community/family networks, favoring their autonomy and active participation. They offer daily reflective, recreational, cultural, physical and cognitive activities.

the design and implementation of the Ibero-American Diploma on Care Policies with a Gender Perspective aimed at management and technical staff of the Day Care Centres and Long Stay Residences (RLE) for the elderly in Argentina dependent on the National Institute of Social Services for Retired and Pensioners (PAMI). The virtual training course lasts 16 weeks and consists of 15 modules aimed at incorporating the human rights paradigm in care policies and the model of comprehensive, person-centred care. The diploma course was designed and implemented in partnership with the Ibero-American Social Security Organisation (OISS) and the General Secretariat for Human Rights, Community Gerontology, Gender and Care Policies of PAMI. In addition to having an impact on the quality of care services provided to all PAMI affiliates, the agency granted a 10% budget increase to Day Care Centres and RLE whose teams have completed and passed this educational level, committing to maintain this budget incentive if the agreed institutions complement same with other quality service provision requirements.

## 4.

Communication and awareness-raising campaigns for cultural change are a key tool to put relevant issues on the public agenda, such as violence against women, guaranteeing the right to equal opportunities, the right to care and care work. They contribute to raising awareness of gender inequalities and stereotypes. One such example is the **"Contemos los cuidados"**<sup>16</sup> campaign, an inter-agency initiative led by UN Women, in coordination with the United Nations Resident Coordinator's Office in Argentina, with the participation of the ILO, UNDP and ECLAC. It was implemented in coordination with the MMGyD, PAMI and the National Disability Agency (ANDIS). The campaign created audio-visual pieces that showed, through a "care counter", different people advancing in ascending scale according to the care tasks they were responsible for, with the women participants making the most progress on the counter<sup>17</sup>.

In Uruguay, within the framework of the National Inte-

grated Care System, several awareness-raising campaigns were carried out on the importance of care as a human right and of social and gender co-responsibility. In particular, the campaign on gender co-responsibility was broadcast by the mass media using the space provided by Law No. 19.307: Media Law. regulation of the provision of radio, television and other audio-visual communication services, for public good campaigns including central radio and television<sup>18</sup> schedules. SOURCE: SNIC Uruguay, (2022).

## 5.

**Statistical tools for measuring and accounting for care.** In addition to the impact on women's lives, it is vitally important to make visible the contribution that these tasks make to the economy. In this sense, the value of statistical studies on the use of time and the accounting of unpaid work, **the Time Use Surveys (TUS)** and the incorporation of **the Unpaid Work Satellite Account** (María Ángeles Durán, 2006), which makes it possible to account for the total hours dedicated to unpaid domestic and care work (UN Women, 2018), and consequently know their contribution to the GDP of the countries, reveal the unequal distribution of time between women and men and the fundamental contribution that women make to the economy, is noteworthy. An example of this is the report **"Los cuidados, un sector económico estratégico. Medición del aporte del Trabajo doméstico y de cuidados no remunerado al Producto Interno Bruto"**<sup>19</sup> carried out by the Argentinean Ministry of Economy, from the National Directorate of Economy, Equality and Gender (DNElyG). The report estimates the contribution of domestic and unpaid care work to the productive system and its evolution in the context of the pandemic up to the present. The study found that care work represents 16% of GDP in Argentina and is performed free of charge by women. The agency has calculated that more than 96 million hours a day are spent on care by Argentinean women.

16. For more information consult:

<https://lac.unwomen.org/es/noticias-y-eventos/articulos/2021/11/contemos-los-cuidados-lanzan-campana-para-promover-organizacion-igualitaria-del-trabajo-de-cuidado>

17. The campaign videos are accessible at the following link: <https://www.youtube.com/watch?>

18. SOURCE: SNIC Uruguay, (2022).

19. The report is available at the following link: <https://bit.ly/3ZUddgV>

# 6.

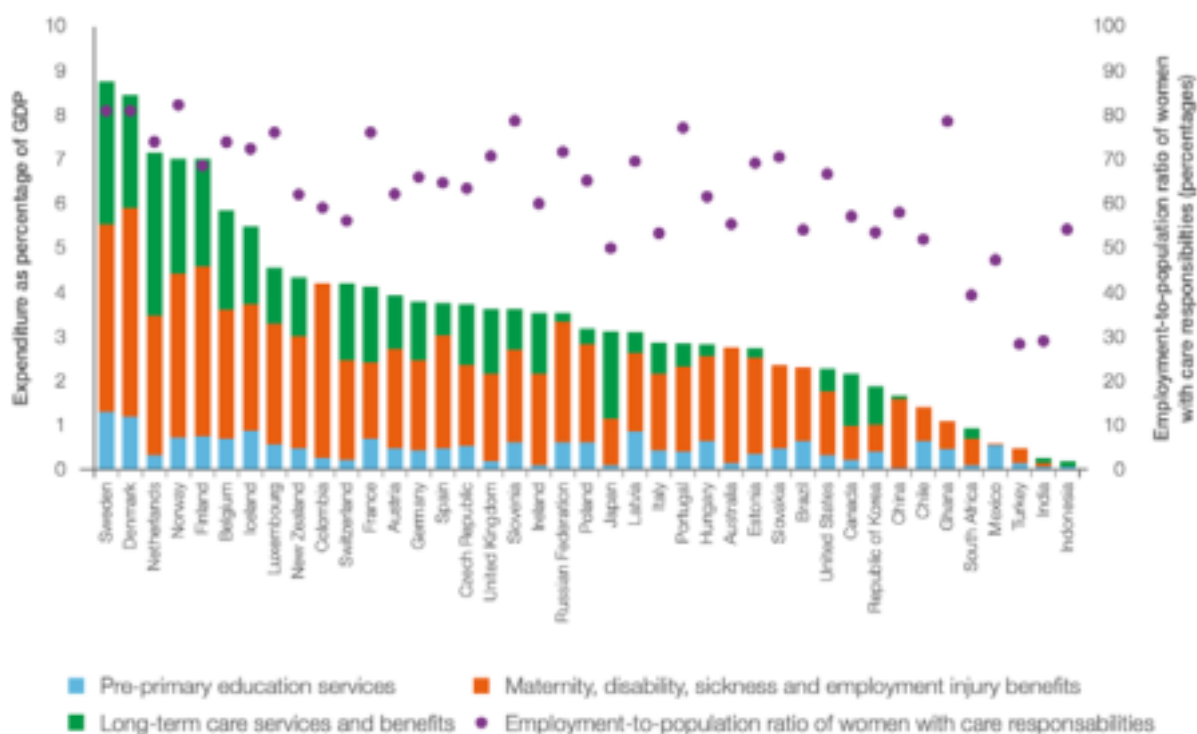
## Budget allocation with a gender and care perspective.

Investment through the allocation of specific budgets for care is an instrument for the allocation of resources at different levels of the State and at the sectoral level, through public policies. An ILO study shows that the average employment rates of women who are mothers tend to be higher when countries invest in care policies and when there is broad maternity protection, paid paternity leave, strong State support for families in terms of care services, and early childhood education. For example, the graph below shows how countries (Sweden, Denmark and Norway) that invest a high percentage of their GDP in pre-school education, maternity, disability or sickness benefits, and public services for people who need someone to care for them, manage to ensure that about 80% of women who do care work are also able to obtain formal employment.

ECLAC also argues that investment in care systems is particularly strategic, as it not only helps to break the vicious circle of poverty and exclusion, but can also be transformed into a virtuous circle that generates multiple positive effects in social and economic terms (ECLAC, 2021; UN-Women/ECLAC, 2022). Firstly, it would help to alleviate women's care overload and reduce the opportunity cost of women's participation in the labour market, thereby promoting processes of economic autonomy. Secondly, investment in the care sector has the capacity to generate jobs and to boost other interrelated sectors of the economy, such as public works, through investment in infrastructure for these purposes. In this way, investment in care systems contributes directly to people's well-being and social justice.

Best practices in budgeting include the instruments developed by Argentina's Ministry of Public Works (MOP), which work together to generate investment in care infrastructure at the federal level, impacting gen-

**Figure 3.6. Public expenditure on selected care policies as a percentage of GDP, and employment-to-population ratio of women with care responsibilities, latest year**



Source: Care work and care workers for a decent work future, Geneva, International Labour Office (ILO) 2019. Retrieved from: -[https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_737394.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_737394.pdf) page 125

## Why invest in care systems?



Own graph based on the document of the Economic Commission for Latin America and the Caribbean (ECLAC), *La sociedad del cuidado: horizonte para una recuperación sostenible con igualdad de género* (LC/CRM.15/3), Santiago, 2022.

der and child inequalities and development:

• **Care Infrastructure Fund (Res. 252/2021)**<sup>20</sup>, the Care Infrastructure section, which allows for a detailed description of the set of works and projects of the Care Infrastructure Programme, was incorporated into the investment map of the MOP (2020). These works are aimed at guaranteeing the rights and necessary conditions for those who receive and provide care in order to reduce inequality gaps (gender, disability, generational and territorial). The services covered by the works include the following and are classified as follows:

- Child Development Centres (spaces for care, support, promotion and protection of rights for children up to 4 years of age)
- Territorial Centres for Gender and Diversity Policies (spaces that seek to strengthen the comprehensive approach to situations of gender-based violence and support for diversities)
- Day centres for the elderly
- Youth Activity Centres.

**The MOP's Public Policy Monitoring and Evaluation Programme** (Res. 118/21)<sup>22</sup> is an organic body that identifies and assesses the performance of public po-

licies, as well as generates knowledge processes to ensure that these initiatives achieve their objectives by measuring their impact. The programme aims to introduce the gender perspective into the planning, implementation and evaluation processes of public works interventions at the federal level in order to amplify their achievements.

**Early Childhood Inequalities Index**<sup>23</sup>, this index highlights the areas of greatest vulnerability in terms of access to early childhood care services, considering the incidence of structural poverty in children aged 0 to 4 years and other aspects of vulnerability in the composition of households, such as a female-headed home. Bearing in mind that Public Works must also take into account the heterogeneity of the national territory in its urban-rural composition, two main criteria of analysis and their respective indicators were taken into account in the elaboration of the index:

> **Population size and demographics:** Population of children aged 0-4 years; percentage of children aged 0-4 years out of the general population; birth rate.

> **Social vulnerability and gender and child inequalities:** percentage of the population of children aged 0-4 with Unsatisfied Basic Needs (UBN); infant mortality rate; percentage of families living in poor nei-

20. <https://www.boletinoficial.gob.ar/detalleAviso/primera/247896/20210810>

21. Free access digital tool developed together with the Inter-American Development Bank (IDB), integrates and provides categorized and updated information so that citizens can know and control the public works carried out. 18. SOURCE: SNIC Uruguay, (2022).

22. <https://www.argentina.gob.ar/obras-publicas/secretaria-gestion/programa-de-monitoreo-y-evaluacion-de-politicas-publicas>

23. [https://www.argentina.gob.ar/sites/default/files/serie\\_de\\_documentos\\_de\\_trabajo\\_n\\_3\\_avances\\_en\\_infraestructura\\_del\\_cuidado\\_-\\_dnt\\_mop\\_1.pdf](https://www.argentina.gob.ar/sites/default/files/serie_de_documentos_de_trabajo_n_3_avances_en_infraestructura_del_cuidado_-_dnt_mop_1.pdf)

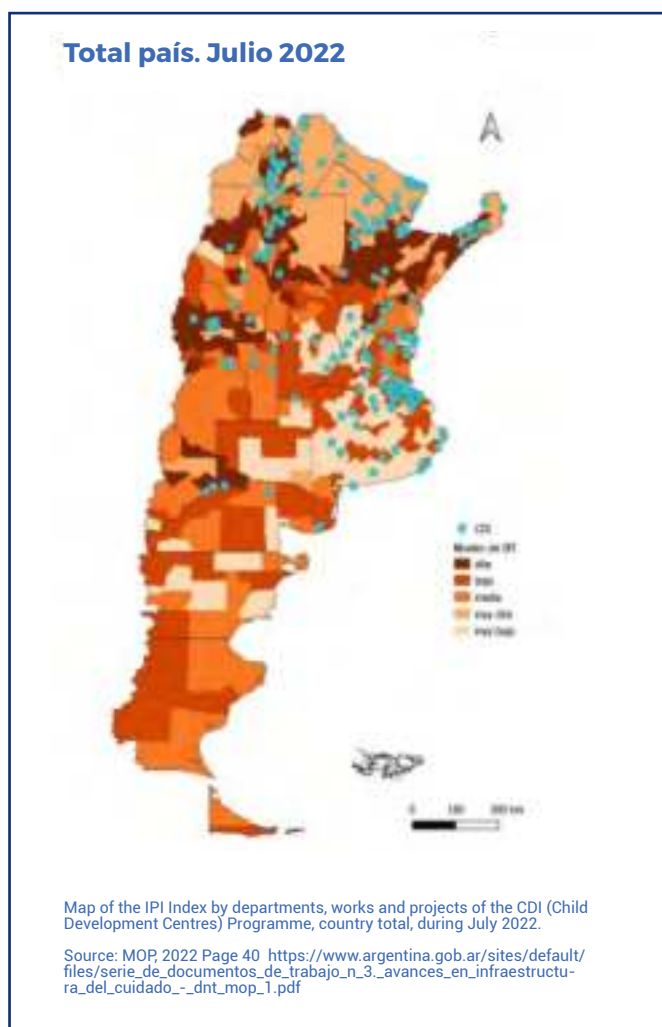
ghbourhoods out of total households; percentage of children aged 0-4 in single-parent households headed by women; unsatisfied demand in existing CDIs.

For the implementation of the index, a federal criterion and national coverage were respected through a two-scale scheme:

**1. Provincial scale:** identification of the provinces with the greatest need for investment according to the IPI results and where the greatest number of social problems converge

**2. Departmental scale:** focus on departments with the greatest needs in early childhood according to the IPI, moving forward with local governments for the detection of the neighbourhood scale.

Role of local governments in the implementation of the



Programme and the Works: The local government is responsible for the execution of the Works and the provision of the land on which they will be located, as well as for guaranteeing the management and sustainability with its own budget of the human resources necessary for the operation of the centre and its future building maintenance.

## 7.

**Infrastructure and Services.** Through the generation of public works, local governments can provide their environments with comprehensive care infrastructures and services in order to have an impact on the burden of care on women, and to defamiliarise it. An example of this is the **"Barcelona Cuida"**<sup>25</sup> centre, which aims to provide visibility of existing resources in the city in the field of care and make them available to the community, and seeks to become a reference point to provide citizens with information on the territory, and to promote the exchange and networking of services. The centre is one of the actions envisaged in the government's measure<sup>26</sup> for the democratisation of care (2017-2020) and in the city's strategy to support family carers. It also generates a service, the "Carer Card", which is aimed at all carers and is free of charge and allows access to personalised resources aimed exclusively at this population, in order to contribute to their well-being, recognise their work, support them and accompany them in their caregiving activity.

Service infrastructures based on renewable energies in rural environments. Through the generation of renewable energies, solutions for mobility, solar energy, health care and others are promoted that have an impact on the use of free time and the economic livelihood of communities, especially women, thus improving their quality of life. Such is the case of the Women Economic Riders Machitenda project in Masvingo Province, Zimbabwe, Africa<sup>28</sup>, or the Rural Renewable Energy Project in Sierra Leone, Africa (UNOPS, 2021).

## 8.

**Normative frameworks.** Through the ratification of agreements, States assume commitments to guarantee care as a right. Some countries have even ex-

24. For more information, consult: [https://www.argentina.gob.ar/sites/default/files/serie\\_de\\_documentos\\_de\\_trabajo\\_n\\_3\\_avances\\_en\\_infraestructura\\_del\\_cuidado\\_-\\_dnt\\_mop\\_1.pdf](https://www.argentina.gob.ar/sites/default/files/serie_de_documentos_de_trabajo_n_3_avances_en_infraestructura_del_cuidado_-_dnt_mop_1.pdf)

25. <https://www.barcelona.cat/ciutatcuidadora/es/espacio-barcelona-cuida/que-es>

26. [https://media-edg.barcelona.cat/wp-content/uploads/2017/06/05124906/MGDCures\\_web.pdf](https://media-edg.barcelona.cat/wp-content/uploads/2017/06/05124906/MGDCures_web.pdf)

27. <https://es.griipp.net/africaprojects/echoes-of-humanity>

28. <https://www.unops.org/es/news-and-stories/news/lighting-up-rural-sierra-leone#:~:text=El%20proyecto%20de%20energ%C3%ADas%20renovables,the%20rural%20communities%20of%20pa%C3%ADs.>

29. Art. 36, Political Constitution of the Republic of Ecuador, 1998.

30. For more information: <https://www.gub.uy/sistema-cuidados/comunicacion/publicaciones/conoce-sistema-nacional-integrado-cuidados>

pressly incorporated it into their constitutional texts, which generates a framework of greater guarantees and broadens its interpretation through jurisprudence, as in the case of Ecuador, which has been a pioneer in the Latin American and Caribbean region in incorporating the notion of “unpaid work” as productive work, giving it value<sup>29</sup>.

Uruguay has also set a precedent in the region in terms of regulations in 2015 with the passing of **Law No. 19.353**, which establishes that care is a right and a social function through the creation of the **National Integrated Care System** (SNIC)<sup>30</sup> that seeks, through a set of public and private measures, to provide care for people in situations of dependency. The law foresees the inclusion of a gender perspective by considering the different needs of women and different age groups, promotes the cultural overcoming of the sexual division of labour and the equitable distribution of care tasks among the different actors in society (State, market, family, community). It sets out the rights and obligations of both dependent persons and caregivers, and establishes the rights of children up to the age of twelve, persons with disabilities and persons over the age of sixty-five who lack autonomy and who provide care services. Furthermore, the law recognises care as a job, which requires training and a salary.

## 9.

**Cartographies and territorial maps of care infrastructures.** A tool for equalisation and social and gender redistribution is the graphic representation of the territory and its care infrastructures, which makes it possible to easily locate and classify the types of infrastructure according to whether they are public, private or community-based. These maps can also be used to define the main variables to be considered, such as the type of care, accessibility, proximity, the quality of the infrastructures, the informality of these and other services (water, sanitation, electricity, etc.). Thus, the cartographies constitute a graphic approximation of the conditions of the territory and allow an exploratory diagnosis to be made. They show the materiality of the care provided, both by public works and by community and private sector efforts, which commodify them, while at the same time showing

the fragments of inequality and the absence of these services in the space. In the case of public policy and community action, these records should be made in a participatory manner. The information gathered through individual accounts can be territorialised. It is an instrument for understanding intersections by providing a more comprehensive vision, with qualitative information that is often invisible or difficult for statistics to gather. It contributes to decision-making in planning and can be a tool for access to information that fosters autonomy and empowers communities.

One example is the **“Cartografías del Cuidado”**<sup>31</sup>, carried out for the city of Córdoba in Argentina. This project led by the social organisation CISCESA<sup>32</sup> incorporated neighbourhood institutions and a network of residents in a cartographic work to recognise the central aspects of care at the intersection with the territory in a sector of four low-income neighbourhood units in the city of Córdoba. This study has as a precedent **the exploratory study carried out for the city of Rosario, Argentina**<sup>33</sup> (Ana Falú, 2017), in which socio-demographic and economic information on female-headed households is crossed with the location of public spaces and the survey of where public and private care infrastructures are located. These cartographies result in static photographs of reality which, by incorporating information on income and the location of public or private care infrastructures (for children and the elderly), allow for a quick reading of the deficiencies and where public action is needed. In this sense, the study incorporates an analysis of local government programmes and actions.

## 10.

**Diagnosis of coverage gaps in care services.** The assessment of public investment needs in the care economy involves two fundamental steps: an assessment of the care coverage gap(s) in a given sub-sector(s) of care services, and an assessment of the costs necessary to fill such gap(s). Information must be disaggregated by sex, gender, age and other variables in order to elaborate more efficient proposals for the demands of care services that take into account intersectionality and favour the appropriation of infrastructures and services, thus contributing to their sustainability. Mapping local actors and recog-

31. <https://mapee.com.ar/ciscsa/mapadelcuidado/>

32. CISCESA is a non-profit NGO based in the city of Córdoba (Argentina) that has been working for almost four decades on issues of women's rights and gender in housing, habitat, violence and care within the framework of Human Rights. Women in the City and contributes to the strengthening of women's voices and organizations to influence public policies from a critical and feminist perspective. Source: <https://www.ciscsa.org.ar/quienes-somos>

33. <https://www.cepal.org/es/publicaciones/42424-quien-cuida-la-ciudad-aportes-politicas-urbanas-igualdad>

34. To learn more about this study you can consult: Falú, Ana (2017) Who cares in Rosario?, Argentina. In María Nieves Rico and Olga Segovia (eds.), Who cares in the city? Contributions for urban equality policies, ECLAC Books, No. 150 (LC/PUB.2017/23-P), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC), 2017. Consult at: [bit.ly/3HsomhT](http://bit.ly/3HsomhT)

nising pre-existing community and care networks is key in the elaboration of gender-situated diagnoses. Likewise, within local governments, the generation of population information systems of the community, integrated and interconnected between the different secretariats and local governmental actors that provide services to the population, is key to generating comprehensive diagnoses and effective responses to the needs of the local population.

The coverage gap in care services reflects the difference between the estimated potential demand and the current supply or, more explicitly, the number of potential care beneficiaries that should be covered by service provision for the country to achieve the policy objective minus the number of care beneficiaries who already have access to services. This calculates the number of additional care places that need to be created in order to meet the assessed need.

The second step is to estimate the costs of implementing an expansion and/or improvement of care services in order to fill the care gaps identified in the first step. Table 3 shows the various steps in determi-

ning the cost of these deficiencies. This requires, first of all, identifying the unit costs, namely the current average cost of social care provision per beneficiary per year, which can be calculated as follows:

# 11.

**Employability and cash transfer programmes** through the construction of local government support networks for post-pandemic employment generation. Informal and precarious work in the global economy based on services and finance has been on the rise, and numerous studies worldwide indicate that in this sector most jobs are occupied by women, as these types of jobs allow them to combine the tasks of the public world with care and reproduction tasks. Initiatives must be generated by local governments in order to educate and train women in the labour market, including their digital literacy. One example is **"Re-imagining the World of Women's Work Post Crisis"**, by the

► Table 2: How to Assess Care Coverage Gaps

Task	Data Needs	Comments
1. Determine policy targets	Target coverage rates; Target service beneficiary-to-provider ratios; Other target quality indicators (educational qualifications of service providers or centre related issues)	Look in: SDGs; High performing country indicators; Regional-best indicators Government targets; International indicators by inter-governmental or specialized agencies.
2. Identify current supply	Current coverage rates or number of service beneficiaries; Excess (unutilized) capacity in services (by age groups)	
3. Determine potential demand	Population (by age groups); Target coverage rates;	
4. Find the coverage gap	1, 2 and 3 above	Difference between Supply and Demand: Additional number of care service receivers to be covered to achieve quantity targets
5. Find the quality gap	Existing and target service beneficiary-to-provider ratios; Any other existing and target service quality measures.	Difference between target and existing quality measures: Additional number of care service providers to be hired to achieve quality targets; Necessary skills upgrading; Necessary other upgrading of services.

Source: [https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/documents/publication/wcms\\_782877.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_782877.pdf), page 14



► Table 3: Costing the Care Coverage Gaps

Task	Data Needs	Comments
1. Determine prevailing unit cost	Sectoral expenditures; Wage costs vs. non-wage costs; Existing no. of beneficiaries.	Look in: Public budgets; Umbrella organizations of service providers; IO data; Field surveys.
2. Adjust unit cost for service quality criteria	Existing and target service receiver-to-provider ratios; Any other existing and target service quality measures. (see Table 1)	
3. Adjust unit cost for employment quality criteria	Existing and target wage levels.	Wage adjustments can be done by comparing existing earnings in care occupations to other measures of earnings such as the median wage in all occupations or GDP per capita and setting target wages at multiple of various wage measures.
4. Find the total cost	No. of additional service receivers to be covered (see Table 1); 2 and 3 above.	

Source: [https://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/documents/publication/wcms\\_782877.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/publication/wcms_782877.pdf) Page 15

Training carers, empowering their dignity and giving value to what they do, particularly carers of people with disabilities, especially in severe cases that involve continuous care due to the high degree of dependency. At the same time, generating services in cities and conurbations, such as the one promoted in Andalusia, and applied in the Province of Jaén, Law 39/2006<sup>36</sup>, on the Promotion of Personal Autonomy and Care for Dependent Persons, more commonly known by the synthetic name of Dependency Law, has meant the opening of new opportunities for many people to hope to receive aid that allow them to combine their working and professional life with the care and attention of family members. This is the case of many elderly or disabled people. It is a home-help service, which fulfils the people's subjective rights, and collaborates in particular in the care of those with a high degree of dependency in order to free up time for family care, that is to say, the time and work of care that is mainly carried out by women.

In relation to cash transfer programmes, Valeria Esquivel and Andrea Kaufmann report on the long experience of Asia-Pacific countries in social protection programmes, many of which focus on poor and rural women. They refer to health care programmes for pregnant and lactating women (Jehan et al., 2012; India, Bangladesh and Pakistan); these policies focus on access to services that aim to stimulate demand for pre- and post-natal services. Another interesting

experience is that of Aama (Mothers' ESCAP, 2014, p. 36), which impacts unpaid care and domestic work, because it recognises women's needs and saves them time and money. Nepal has allowance schemes in place for single women, the elderly, widows, people with disabilities and indigenous groups, as well as child allowances, scholarships for members of disadvantaged groups and various employment programmes (Koehler, 2011; Nesbitt-Ahmed and Chopra, 2014). These social protection measures amounted to 2% of the budget in 2009 (Das 2011). This is relevant since, as the authors point out, developing countries according to the World Bank (2015d, p. 21) typically spend around 1.6% of GDP on social protection.

## 12.

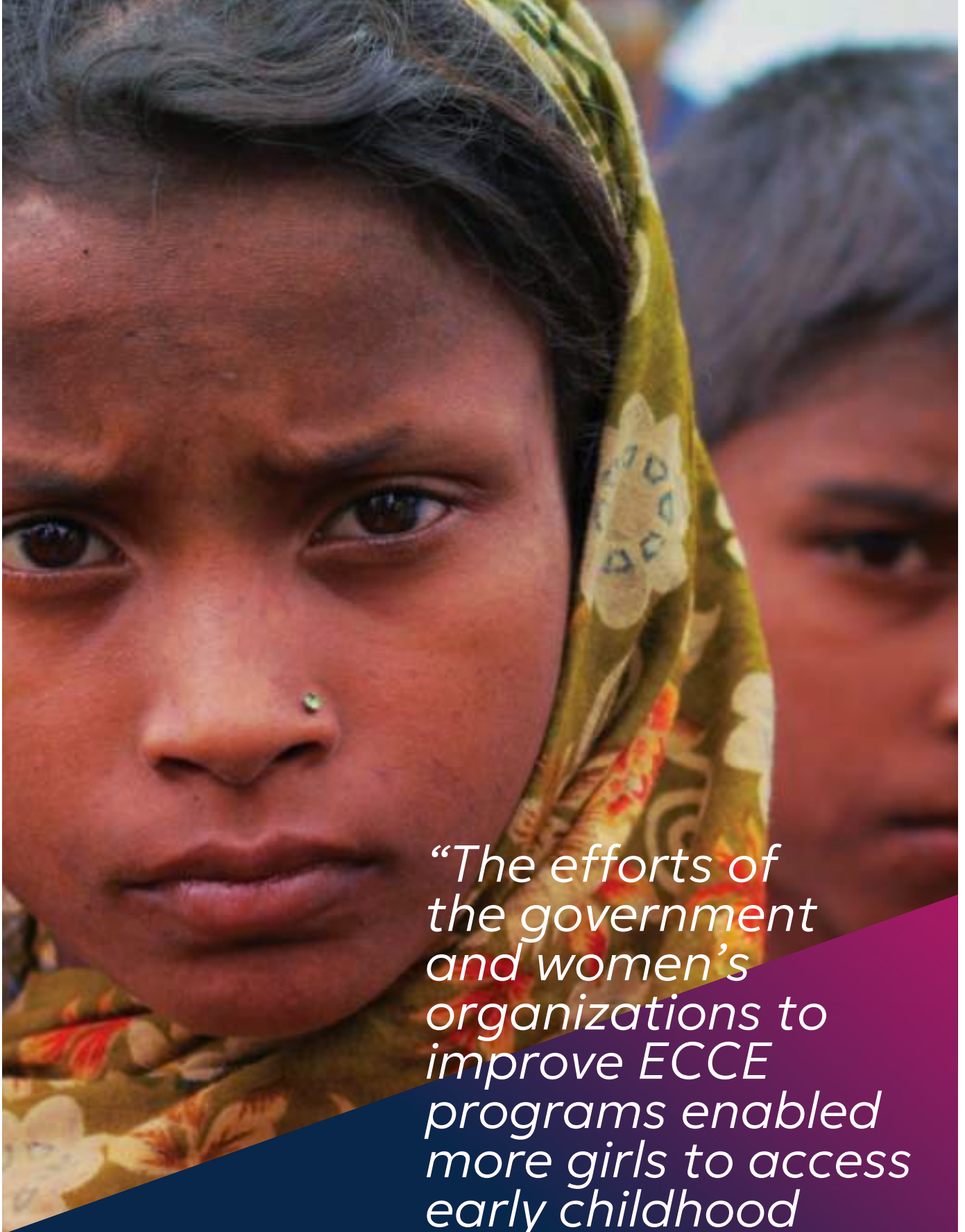
Recognition of community care. Recognition of community care work, which is mainly carried out by women in the most deprived conditions, is central to local policy. It is crucial not only to recognise this work, but also to strengthen the organisations and seek ways of rewarding the people who carry it out. Support can be developed by means of training and/or the hierarchisation of the task, economic recognition and a substantive improvement in the employment situation of



Photography: Municipalidad de Santiago de Chile

carers. **Kenya** has a long tradition of early childhood development policies. Early childhood care and education was declared a matter of community concern requiring collaboration. Communities acquired land and built schools, an initiative that is reflected in a significant increase in pre-schools and kindergartens. Women organised themselves into groups to advocate for and sustain early childhood education and care. These groups identified suitable people to become pre-school teachers. While some schools held classes in conventional educational facilities, others were organised in private homes, makeshift sheds and even in the open (Mbugua, 2004). The Kenyan Ministry of

Education established the National Policy Framework for Early Childhood Development in 2006, which in 2010 guaranteed access to ECCE for all 4-5 year olds (Yoshikawa and Kabay 2014, p. 21). The Beijing+20 national assessment reveals a steady increase in the pre-primary gross enrolment rate, from 57.7% in 2005 to 66.3% in 2012 (Republic of Kenya, 2015, p. xxvi). In 2006, 2007 and 2008, girls' enrolment in ECCE programmes surpassed that of boys, and according to the Kenyan ministry's assessment, the efforts of the government and women's organisations to improve ECCE programmes enabled more girls to access early childhood education.



*“The efforts of the government and women’s organizations to improve ECCE programs enabled more girls to access early childhood education”*

# 06

Reflections and  
guidelines for  
local and regional  
government  
policies in relation  
to care



Addressing care and its economic impact, both at the level of the individual lives of women and families, as well as at the community and neighbourhood levels, is to account for its contribution to the GDPs of local, regional and national economies. Thus, it is necessary to understand and respond to the evident unequal distribution of domestic and care work between men and women and the growing care deficit that countries are facing.

The so-called “care crisis”, as mentioned above, is due, on the one hand, to the increase in life expectancy worldwide, which has demographically increased the number of adults requiring care; and on the other hand, to the mass incorporation of women into the labour market since the 1990s (Carrasco, 1991), and is exacerbated by the growing inequality gaps worldwide, although with a strong impact on the Global South.

In turn, the society's care deficit is the result of cultural changes, women's resistance to occupying assigned roles, the greater incorporation of women into formal paid work, the significant increase in households where women are solely responsible for their dependents, the demographic transition, the increase in the ageing of the world's population and, decisively, the increased economic crises, as stated at the beginning of this document, by the conditions of the post COVID-19 pandemic, conservative neoliberal advances and wars.

This, together with the advance of women's voices for equal rights and opportunities, makes it essential to deepen care policies to achieve the agenda for gender equality and women's empowerment and economic autonomy. These organised women's voices, their resistance and their demands, which have been expressed throughout the world for equality at work and in the home, have been decisive. They have challenged the traditional sexual division of labour that places men in the productive world and women in the reproductive, domestic and caring world. This tension has been installed in the advancement of women's rights and their demands for greater equality, while at the same time being threatened by increasing calls for a return to traditional patterns and the subordination and restriction of women's rights in their diversity.

Women have gained space in the labour market. They are generally more educated than men. They have increased their political recognition. Around the world there are women politicians who reach local, regional and national leadership positions, however they are still a minority. According to ECLAC (year) in Latin America and the Caribbean only 16% of mayors are women, that is, 84% are men. The challenge is not simple; it requires local leaderships. This is evidenced in the statement made by UNDP (2023) when it says: Almost half of the world's population believes that men are better political leaders than women.

## THE PROPORTION OF WOMEN AS HEADS OF STATE OR GOVERNMENT HAS REMAINED CONSISTENTLY BELOW 12 PERCENT SINCE 1995

Consequently, women still face an uphill battle in the exercise of political power, despite the removal of many formal barriers to women holding public office. On average, the proportion of women as heads of State or government has remained consistently below 12% since 1995. This verifies that affirmative action measures on women's political participation in local, regional or national collegiate bodies (councils, parliaments, congresses) have not succeeded in driving transformations towards the executive. Women's participation has increased, including the recognition of dissidence and their incorporation into the labour market, but this has not meant that men have become more committed to domestic and caring tasks. There has been progress, but it is still not significant. As we have mentioned, time use surveys around the world bear witness to this. Although women are incorporated into the formal labour market, they maintain their role of being responsible for reproductive and care tasks, which means an overload that limits their autonomy and consumes their time.

38. PNUD (Programa de las Naciones Unidas para el Desarrollo). 2023. Índice de normas sociales de género (GSNI) 2023: Romper los sesgos de género: cambiar las normas sociales hacia la igualdad de género. Nueva York. <https://hdr.undp.org/content/2023-gender-social-norms-index-gsni#/indicios/GSNI>

39. Un buen ejemplo es la Ley Argentina del cupo laboral trans-travesti. Sancionada en 2021, la Ley 27.636 de Promoción del Acceso al Empleo Formal para personas Travestis, Transexuales y Transgénero “Diana Sacayán – Lohana Berkins”, establece un cupo mínimo de 1 por ciento de los cargos y puestos del Estado Nacional para dicho colectivo.



Photography: UNOPS

Given this diagnosis, it is essential for States to develop comprehensive care policies. As highlighted by UN Women in the document *Hacia la construcción de sistemas integrales de cuidados en América Latina y el Caribe*: “The design of care systems from a comprehensive and gender-sensitive perspective must promote the modification of the traditional sexual division of labour, enshrining the right to care and receive care in conditions of quality and equality, prioritising child development, the right to a dignified life for the elderly and the right to independent living for people with disabilities, and making it compatible with women’s right to autonomy and their full political, economic and social participation” (2021:13).

For this reason, investment in Integrated Care Systems not only generates wellbeing, but can also become a driver of socio-economic recovery as it generates a triple dividend by directly and indirectly creating jobs, and facilitating women’s participation in the labour market, which means a return of income for the State through taxes and contributions as well as higher incomes for individuals and households (Julio Bango, Jorge Campanella and Patricia Cossani, 2022).

### The Role of the State: Public Policies, Infrastructures, Facilities and Care Services

The State, but above all local governments, has a fundamental role to play due to their key position of proximity to the community for the development of the aforementioned integrated care systems. In Section IV, we mentioned the various methodologies, instruments and practices that they can develop in order to contribute to the generation of integrated care systems. In this sense, the following are fundamental for the development of a care agenda with a gender perspective in local governments: political will, the allocation of budgets for these initiatives, and the active participation of social and women’s organisations.

The intervention of local governments with an inclusive territorial perspective and from a gender perspective requires including the essential dimension of the promotion of policies that contribute to **the recognition, reduction and redistribution of care work**<sup>41</sup> (UN Women 2018, Nancy Fraser, 2008). This dimension addresses care, recognising the need for multidimensional support - material, economic, moral and emotional - for people in need of care according to their life cycle, but also for all people at risk

40. Bango, Julio, Campanella, Jorge y Cossani Patricia (2022) *Financiamiento de los Sistemas Integrales de Cuidados. Propuestas para América Latina y El Caribe*. ONU Mujeres.

41. <https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2018/11/Estudio%20cuidados/2a%20UNW%20Estudio%20Cuidados-compressed.pdf>

42. Fraser, Nancy; Honneth, Axel (2008) *¿Redistribución o Reconocimiento? Un debate político-filosófico*.



of loss of autonomy, as well as for caregivers. From a rights-based perspective, this dimension explores the specific public policies that are essential to generate conditions of equality in the exercise of the right to care and to care with rights. In addition, this dimension includes components that contribute to the generation of economic opportunities, access to work under fair conditions and social protection for women. As has already been pointed out, its development must be located and adjusted according to the needs of each territory.

In summary, in order to promote an integrated care system, local governments need to develop components from a territorial and gender perspective, for example the following:

**Promotion of Integrated Care Systems at the local level<sup>43</sup>**, through:

- An adequate institutional framework with regulatory frameworks and State agencies that guarantee the right to receive and provide care, with the incorporation of human rights, gender, intersectionality and territorial equity approaches in all spheres of life.
- The regulation of the working conditions of care

workers, facilitating their access to decent employment conditions and exercising their right to self-care. We are talking about having access to social protection and the complement of State programmes, such as cash transfers for the necessary economic recognition based on the use of tools and methodologies provided by feminist economics.

- The creation and expansion of services with an intersectional approach oriented to the different target populations, with a diverse offer in terms of both modalities and schedules, with progressive coverage and aiming for universality in terms of both access and quality. A key factor here is the territorial approach to policies, which makes it possible to act in an intersectional manner, bearing in mind that women are all diverse.
- Transfer processes and methodological tools to local governments that make it possible to strengthen their competencies in the provision of quality services.
- Implementation of training and education programmes from a human rights approach, with a gender and intersectional perspective for paid carers in order to guarantee a quality care offer, including digital training.

43 . Propuestas basadas en Bango, Julio y Cossani, Patricia (2021) Hacia la Construcción de Sistemas de Cuidados en América Latina y El Caribe Elementos Para Su Implementación. ONU Mujeres y CEPAL.

- Production of information that takes into account the territorial dimension of care, in order to make appropriate policy decisions.
- Public awareness raising and transformation of social norms related to care that promote symbolic and cultural changes to transform gender stereotyped social mandates and remove obstacles to the effective implementation of co-responsibility policies between women and men, and between the State, the market, families and the community.

Basically, it is a matter of designing and implementing policies in local territories with the capacity to create the necessary synergies between the spheres of public, private and community space. Following Falú and Segovia (2022), it is key to consider the following issues for each of these spheres:

- **At the public level:** Services and social infrastructure close to a territory that provide solutions to domestic tasks. For example: laundries, food provision or reinforcement; children's centres; places for the care of dependent elderly people; recreational and leisure spaces that promote access to sport for girls and young people from an early age; recreational and leisure spaces for caregivers, among others.
- **At the private level:** In order to move towards co-responsibility between the State, family, market and community, promote programmes and measures that contribute to the financing of care services in the home - particularly for families headed by women in vulnerable situations and those, including migrant women who may be in a situation of irregular migration - as well as shared leave that does not place the responsibility solely on women, leave for work-life balance, flexible working hours, etc.
- **At the community level:** Recognise community care work that affects the poorest groups and immigrant women in host cities and to strengthen the work of the organisations and the women who carry it out, through training and/or the prioritisation of the task, economic recognition and a substantive improvement in the employment situation of carers.

In this sense, in line with the document "Desarrollo Económico Local con perspectiva de género: diálogos para una recuperación sostenible e inclusiva" (2022, p. 14) elaborated by the Committee on Local Economic and Social Development of UCLG and FAMI, feminist municipal movement must go beyond



Photography: Quang Nguyen Vinh (Pexels)

the mere representation of women in local politics to demand structural changes in the very forms of representation and participation of democratic systems. These demands are, if possible, even more necessary and urgent in a socio-political context such as the one we are currently experiencing, with the rise of neo-fascist, authoritarian and fundamentalist movements, which threaten - now explicitly - to roll back the progress achieved so far in terms of equality between women, men and dissidents. In the face of this threat, the feminist municipal movement must make itself visible as a global actor with a clear agenda to stop any regression and aim to further expand the participation of citizens, especially those who have traditionally been excluded from local public space. This opens up another line for the feminist municipal movement, aimed at exploiting all those potentialities for strengthening the community that the social relations of proximity of the village, the city, the neighbourhood, the neighbourhood, offer when it comes to overcoming structural inequalities or mitigating their effects. Thinking of the territory as





a variable that contributes to the analysis of community care tasks (Falú, 2023) allows us to realise that community spaces act as enablers of the community understood from the perspective of collective action with common purposes.

Promoting remuneration/compensation, rotation services, socialisation of care, guarantees for the protection and social security of caregivers, domestic workers and homemakers should be emphasised. Completeness of policies for the advancement of women's rights in an agenda of equality and inclusion: gender-sensitive local planning, gender planning instruments, equality plans, gender land-use plans, development of transport and accessibility policies in a feminist key.

In short, we propose we think and imagine the reproduction of life and its sustainability, at the centre, from new paradigms that imply radical changes for a horizon of changes in humanity. This is a social debt, and therefore must be addressed by the States

in their public policies, and also place give value on community care initiatives, where without food or hygiene elements, women sustain the neighbourhood on a daily basis in conditions of deprivation (...) To question the dichotomous model of the productive and reproductive worlds, which modernity separated and must be understood as a continuum (Ana Falú, 2023 Ubuntu UCLG Gender).

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