

COVID-19 in Women's Lives:

# The Global Care Emergency



**OAS | CIM**

Inter-American Commission of Women



PROGRAMME FUNDED BY  
THE EUROPEAN UNION

*EUROsocial*



PROGRAMME FOR SOCIAL COHESION IN LATIN AMERICA

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## **COVID-19 in Women's Lives: The Global Care Emergency**

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# Preface

**Alejandra Mora Mora**

**Executive Secretary**

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**Organization of American States (OAS)**

*“A woman should not have to mortgage her life to look after a dependent family member. Instead, we must fight against the gender gap in caregiving.”*

– Kate Millett

The Inter-American Commission of Women (CIM) of the Organization of American States (OAS) has stated categorically since the onset: **The emergency stemming from COVID-19 has specific impacts on women, not only because it is deepening existing gender inequalities, but also because it could lead to unacceptable setbacks in terms of the rights achieved to date.** Lockdown measures seek to protect public health and prevent the collapse of healthcare services; however, their application is not gender neutral. Stay-at-home orders have increased the workload related to caregiving, which falls primarily on women.

The confinement measures for dealing with the health crisis have brought people back into their homes, adding work (teleworking) and education (online) to the long list of pre-existing care tasks and exacerbating gender inequality in three fundamental areas: family, work life and social policy. This situation is hardly new to women, who are all too familiar with the words #StayHome / #StayAtHome, which represent the historic and ideological strategy used to keep us subdued and in the private sphere.

When women are appointed as sole or primary caregivers, their options in the paid workforce are instantly limited or eliminated, further increasing inequality overall by affecting dependents such as young children, adolescents, people with disabilities and seniors. This situation is even more dire in the case of households headed by single mothers, which represent nearly half of all families in the low-income urban neighborhoods of large Latin American cities.

We begin with the importance of care, without which our society cannot produce, and the fact that women’s time has become so inelastic that they are unable to take on additional tasks for people who need quality care.

Today, CIM presents the document titled *COVID-19 in Women’s Lives: The Global Care*

*Emergency* in an effort to highlight the role of women as caregivers and to thoroughly analyze the impact on the lives of women. This document also invites us to ask: If we all have needed or will need care at some point, why are women primarily responsible for it? Where are the men? What is the government's role?

This document places special emphasis on women's labor force participation and on their economic rights as a fundamental element in sustainable economic development and as a key aspect of our work in strengthening the inter-American legal framework in order to shed light on and add value to women's unpaid work. Through its program on the Economic Rights of Women for Integral Development, CIM seeks to identify the actions and public policies needed to fight gender inequality and promote women's economic independence and labor force participation during the lockdown and crisis stages, as well as in the long term. As part of this process, we have found that redistributed caregiving is a fundamental accelerator that must be addressed in order to achieve gender equality and the full enjoyment of women's rights.

This new document is one of the evidence-based practical tools published by CIM in order to support OAS Member States' efforts to take into account the specific needs of women in crisis management efforts. The toolkit includes the documents: *COVID-19 in Women's Lives: Reasons to Recognize the Differential Impacts*, which contains information and arguments on impacts, challenges and actions to develop policies that respond to the different needs of the population, focusing on gendered impacts and the needs of women, particularly the most vulnerable groups; and *Violence against Women and the Measures to Contain the Spread of COVID-19*, which delves into the status of violence against women and highlights the measures being taken by Member States to mitigate it.

This new document is possible thanks to the partnership between CIM and EUROsociAL+,<sup>1</sup> with whom we agree on the importance of care, the need for it to be at the heart of the pandemic and post-pandemic, and to recognize its structural nature in the lives of women caregivers. This partnership also helps document European experiences and models of the policies implemented since this region was exposed to the virus before it reached the Americas.

Our invitation includes fostering actions and transformations against deepening gender inequalities in the so-called new reality by implementing measures that will quickly have a significant effect on the economy. The idea is to identify and manage the talent women have to offer, and to integrate it within the growth and development of nations. The only way to buffer the individual and collective consequences of the impoverishment of women is with clear initiative, and this requires political will, high-quality technical understanding to ensure proper implementation, and the inclusion of affirmative actions in care.

CIM, in partnership with EUROsociAL+, gives an account of the ubiquity, value and contributions of care to ensure that it ceases to be an invisible burden carried primarily by women, and that it is never again undervalued socially and economically.

# Preface

**Marie-Dominique de Suremain**  
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EUROsociAL+ is a European Union program that contributes to reducing inequality, improving social cohesion and strengthening institutions in 19 Latin American countries. For more than 15 years, this European Union program has provided support for the process of designing, reforming and implementing a wide array of public policies with an impact on social cohesion. The demand-oriented approach coordinated with governments, and the peer-to-peer exchanges between the two regions as well as between Latin American countries, are two of Eurosocial's guiding principles that make it possible to cater to the needs of each country and its institutions, networks and regional bodies.

In its third cycle, the program's actions fall into three key areas: gender equality policy, democratic governance and social policy. These are not isolated from each other because the policies are interconnected, so the aim is to promote complementarity and areas of overlap. A key example deals with caregiving policy, which is addressed through social policy (primarily geared towards developing public systems, providing care to dependents, service quality, decent employment, etc.) and gender equality policy, with a clear focus on the need to protect, promote and professionalize caregivers, establish co-responsibility between men and women in terms of housework, and recognize unpaid work with professional equality.

Within this operating framework that strives to fully address such a vast and complex matter, Eurosocial joins forces with CIM to identify measures and public policy recommendations with a comprehensive focus on gender issues and on sustaining the progress made for the economic independence of women in the region.

The Europe-Latin America partnership on the topic of caregiving occurs naturally. There are shared values and aspirations, and the two regions are dealing with phenomena that require a strong and coherent response in terms of investing in public caregiving policies. The difference lies in the intensity and magnitude of these phenomena, but the trends appear to be identical on both sides of the Atlantic. The two main ones are an ageing population and (insufficient) progress in the area of women's rights, in every aspect. Other key trends include recognizing the rights of children and dependents (a recent achievement), and the rising number of women in the labor force. These advances are far from accept-

able levels, but combined with the other phenomena mentioned earlier, they place the matter of caregiving at the heart of public policy agendas in both regions. They have also traced a path for dialogue on expanding a wide variety of services provided by public, private and community institutions and that adapt to caregiving and caregiver needs.

The variety refers not only to the range but also to the convergence of sectoral policies that are designed to work together to create solutions. It could be no other way because caregiving has interrelationships that should be handled as such. The most significant example is the dependence of growth on women's growing economic autonomy, on more decent employment for women, and on improved occupational and wage equality. All of these in turn are determined by more and better caregiving services, in a context where family responsibilities between men and women must be redistributed, along with workplace measures that promote men's co-responsibility.

We have a long way to go, even in areas where it seems that undisputed progress has been made. Cycle after cycle, time-use surveys in Europe show that men are slowly entering the world of unpaid caregiving, but new divisions appear. Men are expanding their unpaid work only slightly, choosing the most visible and valued tasks, such as accompanying children during leisure activities. They are more reluctant to take on cleaning tasks, assist with bodily care for the sick or elderly (who are primarily women), or handle repetitive duties that are viewed as boring.

Several months ago, we could state that developing professional paid services was an inescapable global challenge and that it was unthinkable for women to continue assuming all unpaid caregiving work. The progress made in women's rights, education, higher income, economic independence and policy was viewed as an unstoppable social evolution. We continue to believe this, despite the fact that the COVID-19 pandemic has greatly impacted this vision. Although women's mortality rate has been lower than that of men, the pandemic has revealed a stark socio-economic reality: Losing ground is possible, and it can be forceful, radical and fast. Most European women who spent the lockdown with their husbands and children found themselves taking on educational tasks, although couples with greater diversity and equality had a different experience. Single parents (the majority single mothers) left their jobs or experienced higher levels of stress, and mothers who teleworked had less personal space and privacy than men with the same working conditions. All types of pre-existing inequalities and violence increased. Even women scientists lost more ground than their men counterparts at institutional journals.

It is now August 2020, the new normal has brought a degree of uncertainty and we have yet to measure all the consequences. Several months have gone by between when measures are implemented at different locations, which makes it easier to establish compar-

ative frameworks and for countries to learn from each other. However, there is one lesson in common: COVID-19 has proven to be a fundamental test of resilience for societies, economies and governance throughout the world. To overcome the crisis, we must build societies that are more resilient, and this involves placing the gender equality agenda at the core of every recovery plan and not as simply another bullet point. Thanks to its EUROsociAL program, the European Union is on the right path. We are also backed by the belief that the challenge is on a global scale and therefore requires a global solution and international solidarity. We also have the support of strategic partners for this effort, which is why we are pleased to work alongside CIM. Now, more than ever, it is clear that the solution must include this multilateral approach. It requires coordinated effort, mutual support and international collective action. Our two regions can help each other and work together to build a better future that leaves no one behind.

# The meaning, ubiquity and importance of caregiving



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

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

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

## “Women are caregivers both inside and outside the home”

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

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

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

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

In the absence of public policy interventions, inequalities will deepen due to how care is organized socially. There are several risks: 1) a significant reduction in women’s labor force participation, both in terms of quantity as well as quality; 2) the resulting loss of talent for businesses, productive chains and the economy; 3) increased inequality and poverty affecting women and their dependents; and 4) a drop in the quality of care

received by dependents. However, **if the critical situation is analyzed properly and there is a clear willingness to address it, it may be possible to create a window of opportunity during the current crisis and define new ways of organizing care socially.**

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

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

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

### **The meaning of caregiving and its ubiquity**

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

When someone needs something that others can provide, care is inserted into relationships and power structures<sup>6</sup>, and new hierarchies between caregivers and the people who receive care are established. At various moments in life, everyone needs to be cared for by others. The degree of care-dependence between people is higher at the beginning and end of life, during illness, and in the event of temporary or permanent disability. In these scenarios, people must turn to others to cover their basic needs for food, hygiene, clothing and affection.

For this reason, the “caregiver’s calling” appeals to a relationship ethic of “you scratch my back, I’ll scratch yours”<sup>7</sup> that, in practice, has had a fundamental gender dimension in the sense that the relationship is established between women, for men. While good care is based on the idea that the caregivers of today will have their needs equally met in the future, poor care is based on abuse and neglecting the need for care of a large portion of the population. In the American continent, now and in the past, care has frequently been resolved at the expense of caregivers, who are usually women, primarily from

## “a society without care has no society or economy”

low-income families, Afro-descendants, indigenous or migrants.<sup>8</sup> The key lies in overcoming asymmetries and building dynamics, institutions and care practices within the framework of relationships that are more horizontal. This entails dismissing the idea that an entire category of people, such as men, expects to receive care but does not provide it.<sup>9</sup>

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

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

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

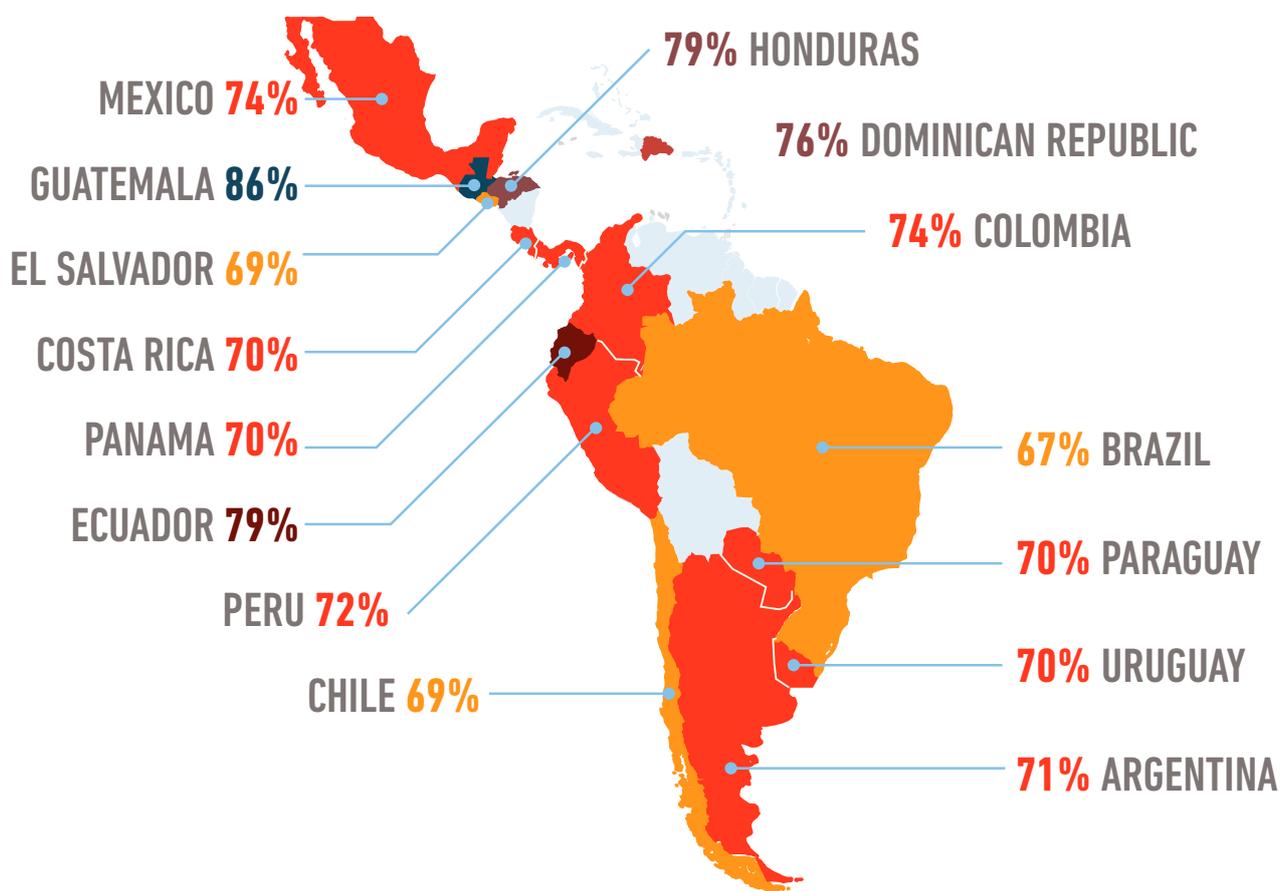
If work is understood to consist of activities that could be done by someone in exchange for payment, then by this definition, **caregiving should be classified as work.**<sup>11</sup> Although a portion of caregiving is paid, most is unpaid. The difference crosses through socio-economic inequality gaps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

# Context: Economic situation of women before and during the pandemic

**Figure 1**

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

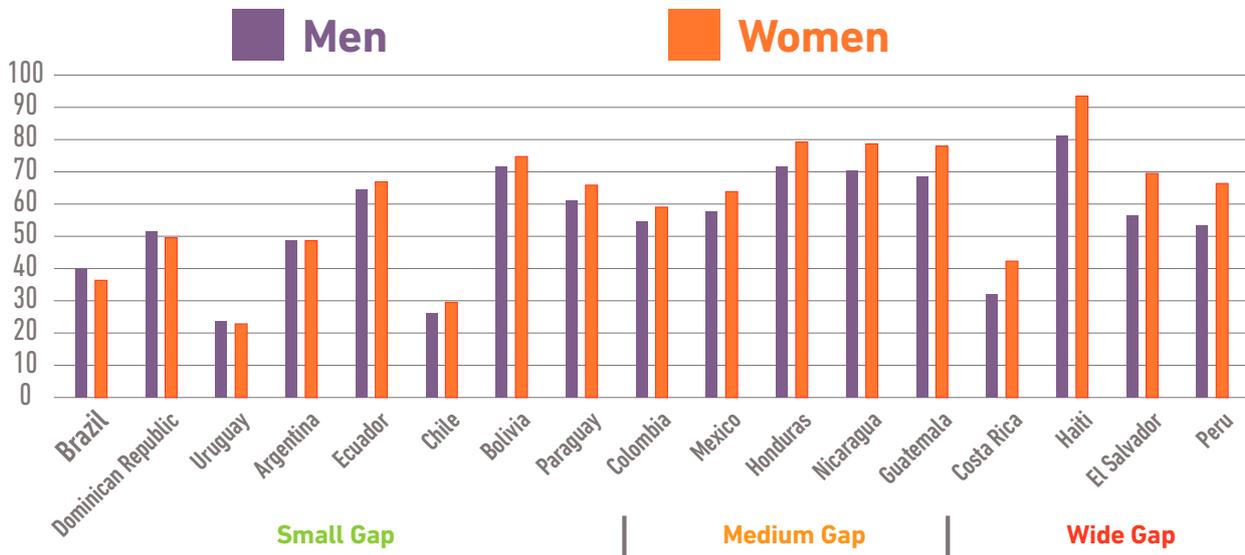
Source: Inter-American Development Bank, 2020.



**Figure 2**

Source: International Labour Organization

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



### Where were they before the pandemic?

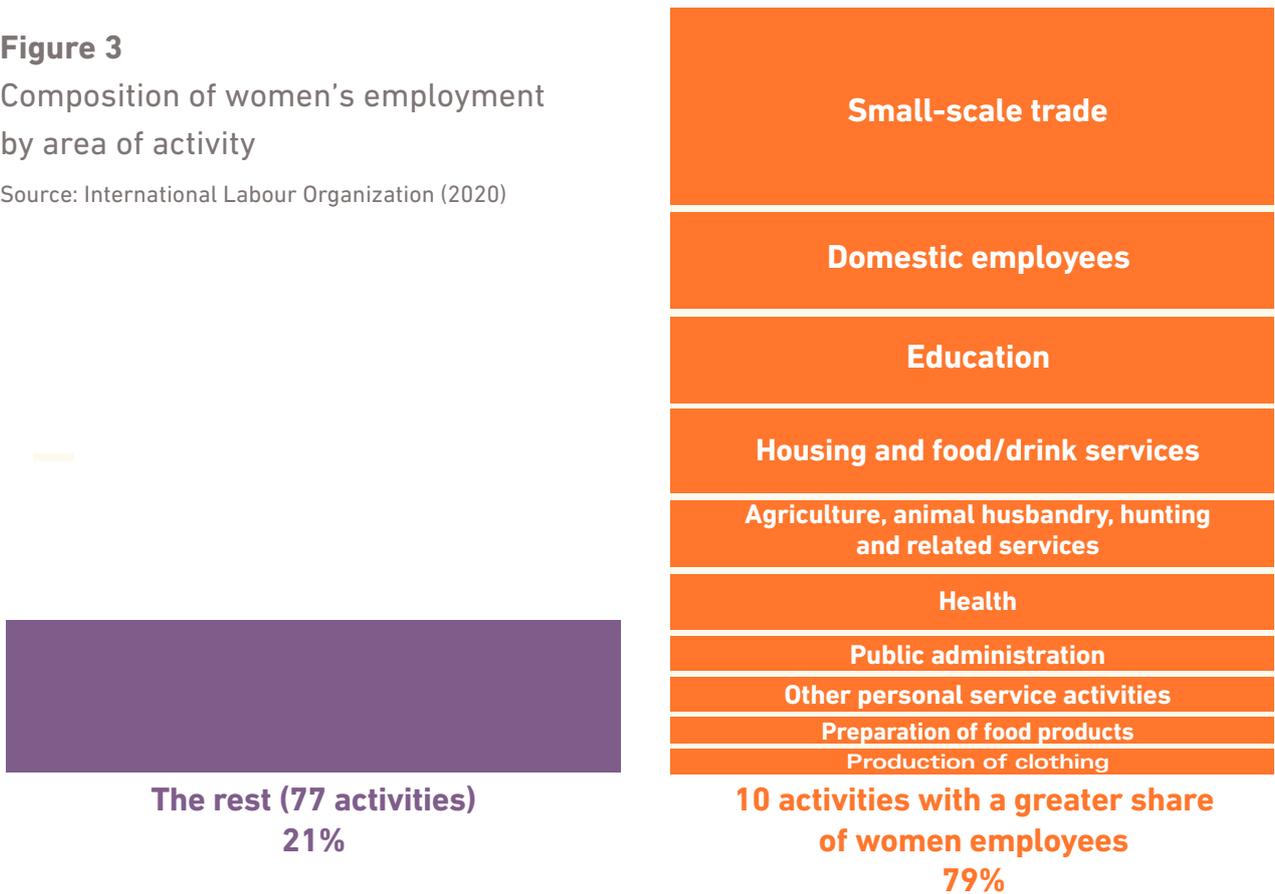
**Paid and unpaid caregiving work in families is primarily done by women.** Before the pandemic, this was the case for 7 out of 10 hours of housework and caregiving. Women spent between 22 and 42 hours on housework and caregiving each week.<sup>12</sup> Caregivers are affected by the gender “penalty”: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

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

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

**Figure 3**  
Composition of women’s employment  
by area of activity

Source: International Labour Organization (2020)



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

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

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

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

### **During the pandemic: The particularities of social distancing**

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

#### **Families**

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

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

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

#### **Labor markets**

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

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

## The perception of work during social distancing in Argentina

Of the 550 people surveyed, primarily women:

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

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

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

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

# New caregiving patterns

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

## The inelasticity of women's time

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

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

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

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

## **“the overall workload on families has increased and women are bearing the heaviest burden”**

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

This situation does not affect everyone equally. It also does not impact all women or those who need care in the same manner.<sup>25</sup> Gender inequalities are intensified in low-income households, where the need for care is greater<sup>26</sup> because there are more dependents, a significantly smaller income, less space per person, less technology and, in general, fewer resources overall for overburdened families and working women.

### **Women are essential workers**

Half of the region’s doctors and over 80% of its nurses are women, the highest percentage in the world<sup>27</sup>, and yet they hold few leadership positions and face a 28% wage gap.<sup>28</sup> This sector includes health professionals, the support staff needed to provide care, the individuals who keep facilities clean and the workers who prepare meals for hospital patients.

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

According to the Inter-American Commission on Human Rights (IACHR), many of these women are at a greater risk of infection and may need to be isolated if infected. They also face the mental burden of their professional work and of “...unpaid family care work, such as looking after children, older persons and people with disabilities.”<sup>30</sup> In fact, the strain that most of these women experience is intensified in this instance because they cannot easily attend work because of childcare obligations caused by school closures and

## Women and teleworking in Chile

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

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

the elimination of other social services.<sup>31</sup> This means that many medical professionals are not at the facilities where they are most needed during a health crisis, or that complex family strategies are being implemented to address both sets of duties and even to support their partner's professional responsibilities.

### Bubbles are insufficient for care

Family bubbles have played a fundamental role as a containment measure in this pandemic, but as the lockdown measures are relaxed or lifted, family bubbles should also become more flexible. To that effect, all health protocols should assess the importance of designing social bubbles in confinement scenarios. Building bubbles that go beyond families has been, and will continue to be, essential for care and the financial substitution of work, the economy and social contact.

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

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

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

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

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

### School closures and remote learning

One of the distinctive features of the pandemic lies in school closures. UNICEF has reported that over 154 million children, about 95% of those enrolled, are temporarily out of school due to COVID-19.<sup>34</sup> As a result of these closures, children are receiving 24/7 care at home. The possibility of going back to school remains uncertain and continues to change as the health crisis evolves in each country.

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

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

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

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

### **The expansion of teleworking**

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

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

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

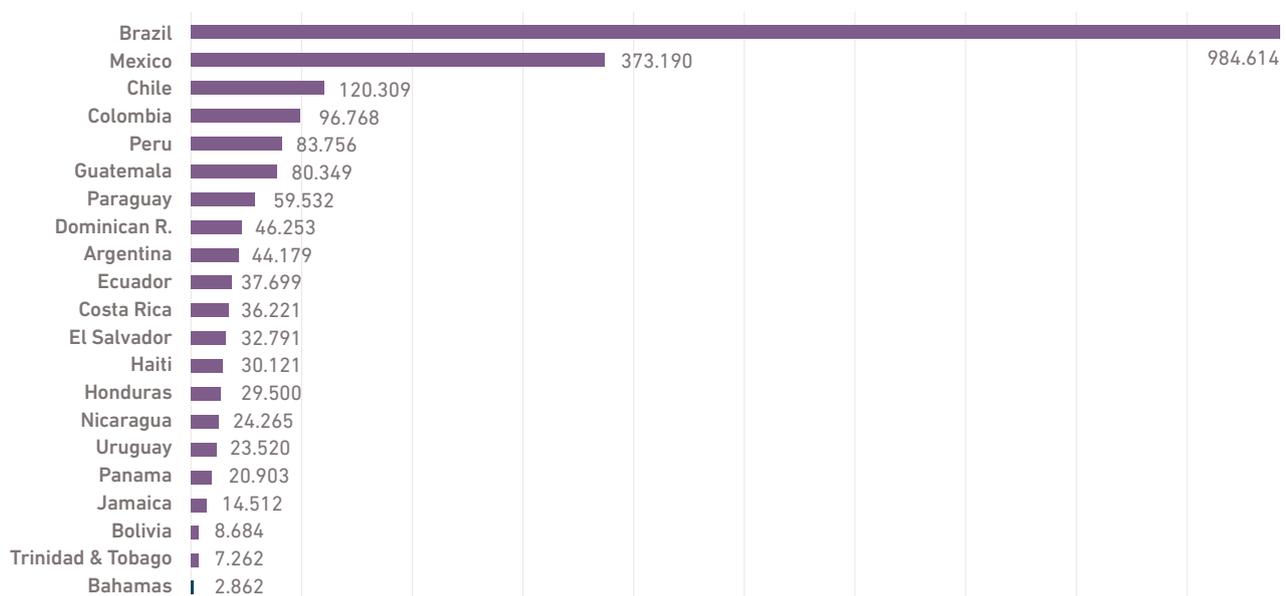
### **The collapse of paid domestic work**

In Latin America and the Caribbean, more than 18 million people—primarily women and many of whom are Afro-descendants, indigenous and/or migrants—earn a living by doing paid domestic work. In 77.5% of cases, the employment relationship is informal.<sup>40</sup> Less than 2 million of them, or 11%, have social protections and a signed contract that establishes their rights.<sup>41</sup> Most of these workers do not have access to healthcare services or sick/maternity leave. Those lost jobs lead to lost services<sup>42</sup> that force families to replace unpaid work with paid work since they do not have time to do their own formal work.

**Figure 4:**

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

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



This type of employment has been heavily impacted by the pandemic. Figure 5 shows the scenario for domestic worker job losses based on the percentage forecasts for formal employment<sup>43</sup>. It is important to note, however, that some formal jobs can be done remotely but domestic work cannot, so the projections in this case are even more alarming. Also, since families are in their homes, tasks are primarily distributed among the household's women and girls, eliminating certain hiring needs. With this in mind, the pandemic could wipe out 644,911 jobs (3.6%). If the crisis lasts longer, this figure could jump to 1,194,989 jobs (7%), and in the event of a prolonged recession, it would surpass 2 million (12%).<sup>44</sup>

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

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

### **New dependencies of older persons**

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

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

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

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

### **Collective care with an individual focus but without co-responsibility**

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

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

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

### Women's mental health

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

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

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

# A Global Caregiving Emergency

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

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

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

CIM believes that the five **structural nodes identified** must be addressed from these perspectives of collective response and social co-responsibility<sup>58</sup>:

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

## Care as a right

Within the framework of international law, caregiving is covered by the ILO's Convention No. 156<sup>59</sup>, which focuses on workers with family responsibilities. It states that countries must create or promote public or private community services, such as assistance for families and children; they must include the needs of these groups in the plans of local and regional communities; and they must increase awareness and improve the public view of the problems and corresponding solutions. Convention No. 156 seeks to establish caregiving within the social protections for women workers, and it also opens the door to various public and private combinations.

ILO Convention No. 189<sup>60</sup> on paid domestic work offers specific protections to domestic workers, who perform many caregiving tasks. It establishes the rights and basic principles,

**“This emergency impacts primarily women’s lives and poses a serious risk that in the future, in the face of the inevitable economic crisis, sexual segmentation of work will continue, meaning that women are assigned to unpaid work in the home”**

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

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

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

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

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

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

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

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

### Care as work in the value chain

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

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

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

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

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

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

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

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

**“Feminist economics has raised awareness of the fact that care is essential for production and for economies to operate”**

### Care as an essential social service

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

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

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

### Men’s participation in the collective solution for caregiving

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

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

## “Paid and unpaid care are links that clearly create social as well as economic value”

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

In summary, **men have a lot to gain from the redefinition of dominant traditional masculinity in such a way that it is easily linked to caregiving and allows them to be autonomous, reliable adults.** This requires men to lower their caregiving expectations and to care for others who need it.

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

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

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

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

### Care as a crosscutting concept

The care emergency is one of the critical components of economic recovery efforts and should guide the return to productive life. Without raising awareness and addressing care issues as a crosscutting concept across all public policy initiatives for managing the crisis and the subsequent recovery period, an important segment of the population is unable to actively participate in productive life. Caregivers cannot return to the public sphere because they must look after dependents and do housework, and this has a major impact on the labor force for economic recovery.

**The crosscutting nature of care becomes an imperative aspect to be included in a nation’s agenda as long as women form part of national crisis cabinets and other bodies responsible for mitigation and recovery policies.** Women bring these specific needs and realities to the national conversation. From the beginning, CIM has reiterated that equal participation of women in COVID-19 response and recovery efforts is important in itself for reasons of equality, justice and democracy<sup>77</sup>, and also to ensure that a gender perspective is included across the board in the solutions implemented. Despite the global acknowledgement of the need “to strengthen actions that involve women’s participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery,” the policy commitment stated at the WHO World Health Assembly in May 2020<sup>78</sup> has not been put into practice. For example, 10 of the 31 members and advisors on the World Health Organization’s Emergency Committee on COVID-19 are women, as are only 20% of the 25 members on the WHO-China Joint Mission on COVID-19.<sup>79</sup>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Recommendations

## Recommendations for care as a crosscutting concept

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

## Recommendations for care as a right

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

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

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

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

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

### **Recommendations for care in social protection systems/social services**

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

### **Recommendations for including men as an essential part of the solution**

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

## Notes

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