UN WOMEN

United Nations Entity for Gender Equality and the Empowerment of Women

RECOGNITION, REDISTRIBUTION AND REDUCTION OF CARE WORK

Inspiring practices in Latin America and the Caribbean

Recognition, Redistribution and Reduction of Care Work. Inspiring practices in Latin America and the Caribbean

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FOREWORD

Over the course of the last 20 years, Latin America and the Caribbean has progressed considerably towards empowering women by way of important social innovations. Achievements have been remarkable in areas such as access to own income, employment, and social protection. Nevertheless, women in the region still devote more than three times as much time to unpaid care and housework than men, an imbalance that stands in the way of both economic empowerment and the chance to enjoy their rights of equal conditions.

Thus, recognizing unpaid work as an economic contribution and understanding care as a universal basic right is crucial to the new development model. The importance of tackling this challenge has been acknowledged in the 2030 Agenda for Sustainable Development, through objective 5.4 which states the need to ***Recognize 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 the family as nationally appropriate.***

This is also included in our report, ***The progress of women in Latin America and the Caribbean 2017. Transforming economies to realize rights*** as indicated in the Recognition, Reduction and Redistribution of Care and Housework as one of the six key strategies for promoting the economic empowerment of women in the region. As part of this strategy, UN Women has prioritized getting governments to put policies related to caregiving at the top of their agendas. The present document is part of the determined movement to get this issue on the regional agenda, as the starting point for a road map in which firm institutional commitments are established.

We are in a decision-making stage in which sustainable and inclusive growth cannot be based on an approach which disregards our well-being. New models for development must prioritize what is truly important and life-sustaining. Today, the political decision-making scales must start to tip more toward the sphere of caregiving.

Luiza Carvalho
Regional Director, UN Women for the Americas and the Caribbean

INDEX

Acknowledgments 5

Introduction 6

1. The significance of caregiving as the axis of life 7

2. Women and caregiving: a crisis situation 9

3. The collective response to caregiving needs: the care diamond 15

4. Recognizing, redistributing and reducing care work: a crucial strategy for women's economic empowerment 17

5. Progress and upcoming challenges relating to care policies in the region 21

6. RECOGNITION. Making care work visible and valuable and the use of information to design public policies 23
   - Measuring and counting care work 23
   - Revaluing care work: feminization, informality and instability 27
   - Global care chains 29
   - Communication for change 30

7. REDISTRIBUTION. Distribute unpaid care work in a more fair and balanced way 32
   - Leave and days off for caring for dependents 32
   - Flexibility in labor organizations 36
   - Encourage male co-responsibility in care work 39

8. REDUCE. Increase coverage for basic care needs, reducing household responsibility 41
   - Early childhood care services 41
   - Long-Term Care Services 46
   - Family benefits 49
   - Local environments as privileged spaces to respond to care needs 49
   - Institutional framework for care policies 54

9. Conclusion 56

10. Annex 57

11. Bibliography 62

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INTRODUCTION

This document was prepared as an input for the **Policy Dialogue on women's economic empowerment: recognition, redistribution and reduction of unpaid care and housework in Latin America and the Caribbean** organized in Montevideo by UN Women, the Organization for Economic and Cooperation Development (OECD) and the Government of Uruguay on November 27 and 28, 2018.

Its purpose is to share inspiring experiences in the region that exemplify where and how progress can be made in care policy matters.

As part of the preparation of this document, literature was reviewed and information was collected through key stakeholders in Latin American and Caribbean countries, with the assistance of different UN Women offices in the countries in the region.

It is hoped that, among other outcomes, the contents of this study will also serve to inform discussions at the **Commission on the Status of Women (CSW63)** meeting to be held in March 2019, the priority theme of which is *Social protection systems, access to public services and sustainable infrastructure for gender equality and the empowerment of women and girls.*

1

THE SIGNIFICANCE OF CAREGIVING AS THE AXIS OF LIFE

Caregiving regenerates people's physical and emotional well-being on a daily and generational basis. Thus, unpaid care work refers to everyday life management and maintenance tasks such as: maintaining household spaces and assets, physical care, education and training, maintaining social relations and psychological support for family members (Picchio, 2001). Broadly speaking, these activities involve (Coello, 2013):

- **Direct caregiving:** this means interpersonal tasks, such as changing a baby's clothes, feeding an elderly person, accompanying a life partner to the health center, phoning a family member to find out how they are, etc.

- **Preconditions for caregiving:** those tasks that establish the material conditions that enable direct caregiving (doing the washing, cooking).

- **Mental load:** includes coordinating, planning and supervising. Although these activities do not have a defined time commitment, they can signify a heavy mental and emotional load (organizing a balanced diet, reminding someone they are allergic to eggs, know that the milk's ran out etc.).

Each and every person, at all stages of their life, needs care, and depending on the circumstances, at particular moments, people will have higher or lower abilities to care for others and themselves. Care work must therefore transcend the ***false autonomy vs. dependency dichotomy,*** as this hides the care given to "supposedly autonomous

Each and every person, at all stages of their life, needs care, and depending on the circumstances, at particular moments, people will have higher or lower abilities to care for others and themselves.

people (as is the case with adult men) whilst also denying the capacities of so-called "dependent" people (Coello, 2013).

Ultimately, there is nothing more important than providing care, being cared for, caring for each other and caring for ourselves. Care work is the cornerstone of the system that enables **societies to function, progress and reproduce.**

Despite this, care work **is generally hidden and undervalued.** It is not accounted for in the market economy and it is devalued from a social standpoint. It is an activity which, furthermore, is mostly carried out by women.

So much so that *care work is one of the least recognized dimensions of women's contributions to the economic development and survival of households. Moreover, unpaid care continues to be the most hidden and highest tax on women in terms of economy and time* (ONU Mujeres México, 2015, pág. 2).

The devaluation of caregiving is closely related to the fact that it has remained unrecognized and unpaid for generations. Caregiving is carried out without pay, it is often done for "love," and it is seen as a naturalized extension of women's role in society. As it appears not to require any skills and, presumably, anyone can do it, care work is poorly valued in our societies. Even when people are hired to do the work, *they occupy that blurry territory between formal and informal work* (Gammage, 2018, pág. 109).

2

WOMEN AND CAREGIVING: A CRISIS SITUATION

Traditionally, **care work has been done mostly by women in the private sphere.** In recent decades, in a context marked by profound economic, cultural and demographic changes, including the incorporation of women into paid work, changes to family structures, the growth of migratory flows and a progressive increase in dependency rates, particularly among the elderly, traditional caregiving arrangements have become unsustainable.

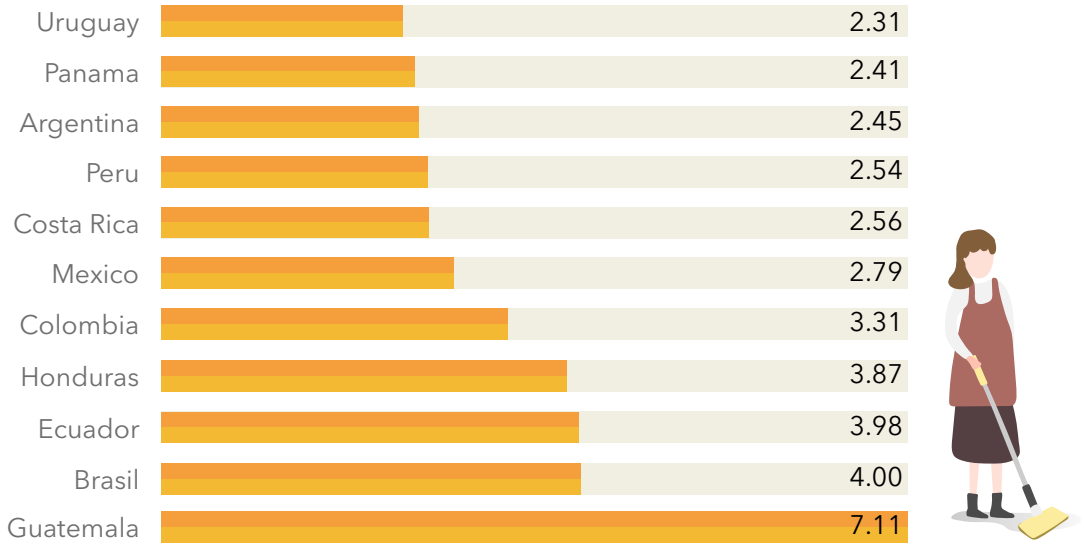
The convergence of these phenomena has led to the so-called **caregiving crisis.** Sustainable public responses involving the State, the market and businesses - the stakeholders most affected - are urgently and imperatively needed.

Women worldwide have become progressively incorporated into paid work activity, and it is precisely in Latin America and the Caribbean region where the most substantial increase has occurred (between 1990 and 2013 women's rate of participation in the economy rose from 40% to 54%, and the gender gap correspondingly dropped from 42 to 26 percentage points) (ONU Mujeres, 2017a). However, this progressive incorporation of women into paid work activity has not had the expected "revolving door" effect of men entering the household and caregiving sphere.

In recent decades, in a context marked by profound changes to family structures, the growth of migratory flows and a progressive increase in dependency rates, particularly among the elderly, traditional caregiving arrangements have become unsustainable.

In Guatemala, for example, women report spending seven times more time on unpaid care and housework than men (ONU Mujeres, 2017a). In 10 of the 11 countries in the region that have comparative data on use of time, when paid work is combined with unpaid work, women work longer hours than men, in general, and in unpaid work in particular (ONU Mujeres, 2017a), which leaves them less time for rest, leisure, study, professional career development or participation in politics.

GRAPH 1. Proportion of time women devote to unpaid work compared to men. 2009-2014



Source: (ONU Mujeres, 2017a)

What can be inferred from this is that **women are poorer in terms of time.** In fact, for several years now, the time dimension has been gaining prevalence when measuring poverty, in the sense that time is considered an equally important asset when it comes to access to opportunities and to well-being. Although the concept of time poverty and how it is measured is still under development, some approaches show how in Mexico, for example, 63% of women are time poor as compared to 7% of men. In Guatemala these percentages are at 65% and 15% respectively. In Uruguay, in turn, 53% of women are time poor as compared to 11% of men (INMUJERES y ONU Mujeres, 2015).

Added to the unequal distribution of time, several research projects have shown that women and men do different kinds of work within the household: while women are in charge of systematic, heavier and everyday tasks (washing, cleaning and ironing), men do more specific and support tasks (taking children to the health center or to extracurricular tasks,

1. These countries are: Argentina, Brazil, Colombia, Costa Rica, Ecuador, Guatemala, Honduras, Mexico, Panama, Peru and Uruguay.

repairing things in the house) (MenCare, 2017b). It is also women who carry the mental burden related to caregiving, which becomes an added source of responsibility and psychic and emotional exhaustion.

BOX 1. Access to basic infrastructure, an important factor in low-and medium-income countries

Given the type of household tasks and care work done by women, this kind of work is far more significant in low- and medium-income countries because of limited access to basic infrastructure (electricity, sanitation, drinking water, for example) or technology (a washing machine, for example). This lack of infrastructure is particularly significant in rural areas. *Cleaning a parquet flooring is not the same as cleaning a house with a dirt floor and no windows in a rural area (...) These differences mark the conditions in which care work is done in different countries and for different social groups* (Coello, 2013, pág. 14).

In Latin America and the Caribbean, 12% of the rural population still has no access to electricity, 16% has no access to drinking water, and only 36% has access to improved sanitation services. Inequality goes beyond the distinction between rural and urban areas, it also permeates different subnational regions, as in Bolivia, Ecuador, Guatemala, Honduras and Peru (OCDE/CAF/CEPAL, 2018). These infrastructure and technology deficits exponentially multiply the time devoted to care work.

In turn, the shortage of public transportation and routes adapted to women's needs, especially for low-income women, also involves a greater investment in time related to care work (OIT, 2016).

The disproportionate burden of unpaid care work borne by women limits their opportunities enormously (ONU Mujeres, 2016a). There is also a structural link between poverty, precariousness, exclusion, and caregiving whereby, the worse the economic situation, the greater the care burden (Coello, 2013). But even among high- or medium-income women who are able to outsource care work to the market, the burden of the mental load associated with this work continues to fall virtually unilaterally on their shoulders.

In times of economic crises, there is also a trend towards an increase in the burden of unpaid work for women, as a result of the greater difficulty in the market for hiring these kinds of services and reductions in public spending to cover these needs.

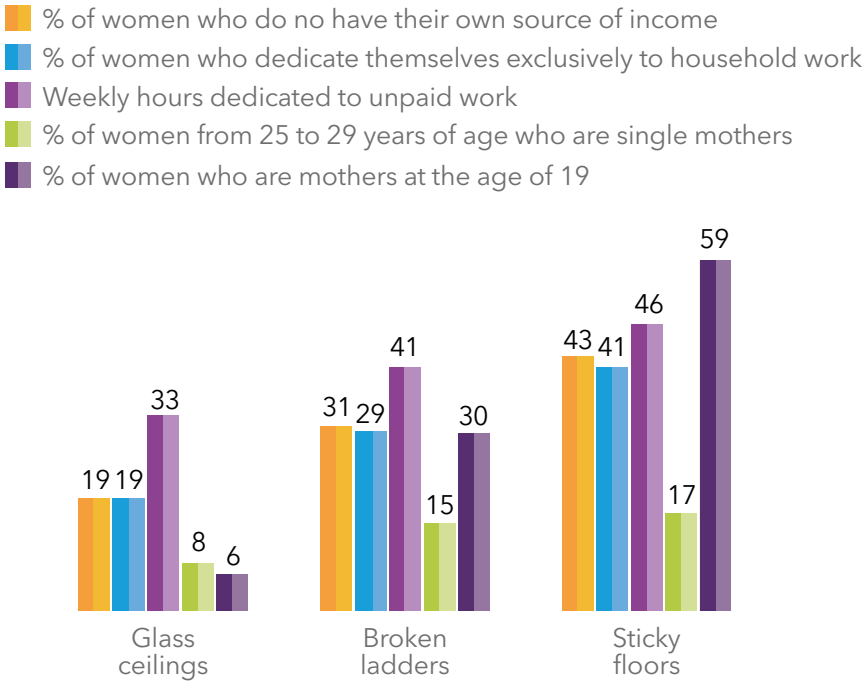
Shifting the focus to employment, the unequal distribution of unpaid work results in women participating less in the sphere of labor. According to a survey conducted in Latin America by the McKinsey Institute, 52% of women reported that wanting more time to devote to their families was the main reason why they quit their jobs voluntarily during the early stages of their professional careers or even upon reaching management levels (OIT, 2016).

This distribution also entails higher levels of sectoral and occupational segregation and a greater degree of having to choose part-time, informal or precarious work. Inequality in the distribution of unpaid care work also brings about serious tensions between the work space, family responsibilities and private lives, to the detriment of personal and collective well-being (OIT, 2016).

The effect of the imbalance in the social distribution and organization of care work varies according to the **empowerment context:** it makes upward labor mobility difficult for women affected by *glass*

ceilings; it inhibits access to full-time, formal and adequately paid jobs, (or permanence in same) among women subjected to *broken ladders;* or it obstructs access to labor opportunities and obliges those conditioned by *sticky floors* to take on very low quality jobs (ONU Mujeres, 2017a).

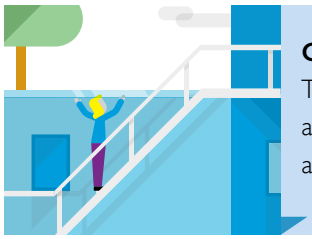
GRAPH 2. Basic indicators according to empowerment scenarios. Latin America and the Caribbean. 2017



Source: (ONU Mujeres, 2017a)

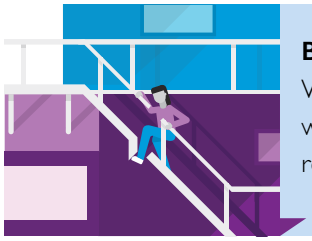
BOX 2. Scenarios for Empowerment

Three empowerment scenarios were distinguished by UN Women in its publication Progress of women in Latin America and the Caribbean 2017:



GLASS CEILINGS

These affect women with high levels of economic empowerment and employability, with a lower burden of care and housework. They face discrimination, occupational segregation and salary gaps in the labor market.



BROKEN LADDERS

Women with intermediate levels of economic empowerment but with unstable earnings which are vulnerable to change; volatile labor participation and growing difficulty in reconciling their jobs with care and housework.

STICKY FLOORS

Women with low levels of economic empowerment, structural obstacles to accessing jobs; employability in precarious jobs; high and early fertility; low level of education and high burden of unpaid care and housework.

BOX 3. The caregiving crisis has only just begun

The accelerated aging phenomenon being experienced in Latin American and Caribbean countries will impose even greater pressure on the current social organization of care work.

The figures speak for themselves: based on United Nations estimations, the 60 years+ population in the region is projected to shift from the current 11% to 25% over 35 years, almost half the time it took Europe to cover the same ground (Aranco, 2018). Calculations indicate that if the caregiving burden for the whole of Latin America rose to 2.15 units of care work for every person between 15 and 64 years of age in 2015 due to the demographic structure, by 2050 it will have increased to 2.33 units of care work, an increase of 8%.

This moderate growth figure for the burden of caregiving refers to the entirety of the region, but in some countries with a more mature demography, the increase in the care work burden will be even greater (Durán, 2017). In Chile, for example, one of the countries in the region where the demographic transition is more advanced, the need for long-term caregiving among the 75 years and over population will triple in the period under consideration, moving from four adults requiring care for every 100 people in 2015 to 15 in 2050. The increase is even greater in some countries which are currently at relatively earlier phases of the transition, such as The Bahamas, Colombia and Costa Rica (Aranco, 2018).

The caregiving crisis poses the need for a complete change in the social organization of care work, because nothing will be what it once was.

3

THE COLLECTIVE RESPONSE TO CAREGIVING NEEDS: THE CARE DIAMOND

The crisis of caregiving requires urgent but sustainable measures and policies which are able to meet current and coming needs based on a **new model of social organization of care work with a gender focus** which allows for and promotes the economic autonomy and empowerment of women.

The crisis of caregiving requires urgent but sustainable measures and policies which are able to meet current and coming needs based on a new model of social organization of care work with a gender focus

Along with families and households, the remaining stakeholders that must respond to the caregiving needs are the State, the market and NGOs, which collectively have come to be known as the **"care diamond."** Insofar as these four stakeholders meet and come together, the response to the needs of care work will become more efficient, which in turn will impact directly on improved social well-being, economic prosperity and opportunities, especially for women.

It has been shown, for example, that the greater the proportion of public spending on caregiving policies in countries, the higher the participation of women in the labor market (OIT, 2016).

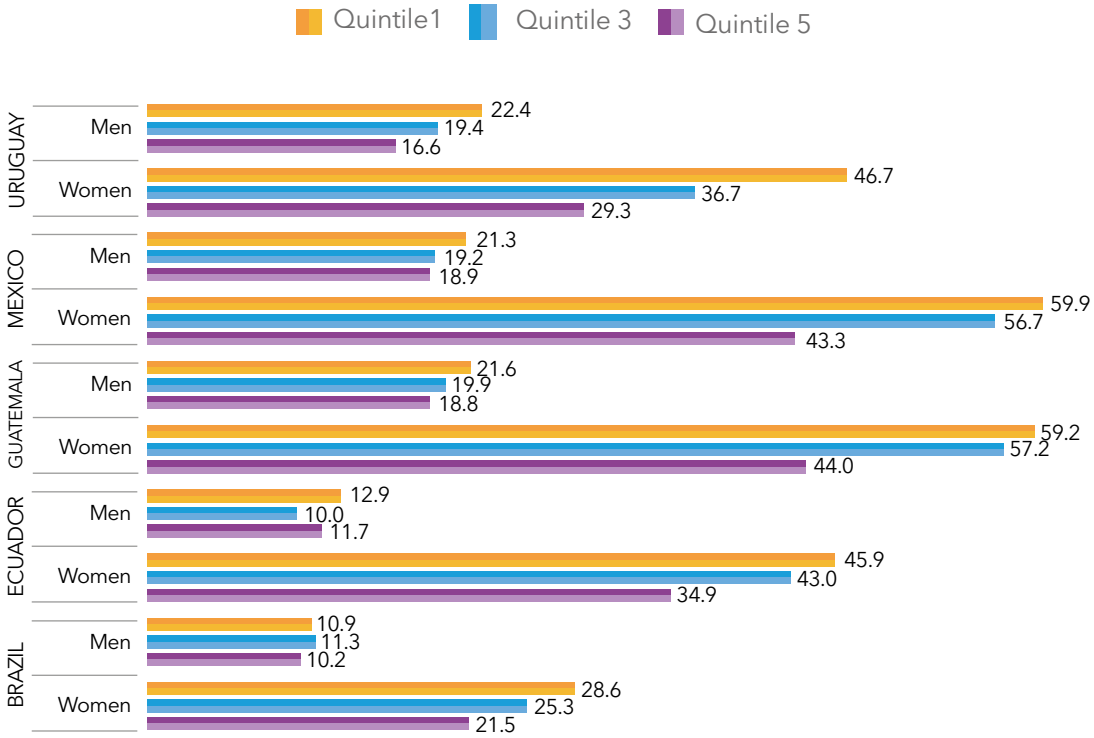
In short, it is a matter of emphasizing the **socialization of care work,** that is to say, making care-related issues a matter of public interest. *Socializing care work involves positioning the universal fact of human dependence at the center of a constitutional agreement* (Izquierdo, 2018, pág. 44).

In reality however, in the region there is as yet little movement in terms of the State and the market taking on and supporting care work. The **family-based model** prevails, in which these responsibilities

continue to be shouldered based on informal domestic arrangements in which women are virtually the only protagonists.

Opportunities for accessing "outside" care services are also closely related to a family's income level, such that the option of paying for domestic and caregiving services is available only to higher-income households, whilst being complex or simply nonexistent in medium- or low-income homes (ONU Mujeres, 2017a). Other variables also have an impact, such as class, ethnicity, age, etc., which produces a very asymmetric flow of caregiving among social groups based on particular axes of inequality: *women care for men, lower classes care for upper classes, immigrants care for the homegrown population, etc. In short, access to dignified care depends on social differentiation* (Coello, 2013, pág. 28).

GRAPH 3. Time allocated to unpaid work as a function of income quintile, measured in hours per week. Between 2011 and 2013



Source: (ONU Mujeres, 2017a)

4

RECOGNIZING, REDISTRIBUTING AND REDUCING CARE WORK: A CRUCIAL STRATEGY FOR WOMEN'S ECONOMIC EMPOWERMENT

Recognizing, redistributing and reducing unpaid care work taken on by women (Elson, 2017) among the family, the State and the market is, hence, a necessary task for both completing and equaling women's economic empowerment achievements (ONU Mujeres, 2017a), and reaching an adequate level of social wellbeing.

It is thus indispensable to promote an agenda that empowers citizens to exercise their right to care and assign responsibilities to those individuals and institutions whose obligation it is to provide it. *There is no time to lose; demographic pressure, but in particular the depletion of women's infinite elasticity for work, paid or unpaid, has come to an end* (Pautassi, 2018, pág. 185).

It is thus indispensable to promote an agenda that empowers citizens to exercise their right to care and assign responsibilities to those individuals and institutions whose obligation it is to provide it.

Governments and States, but also the market and businesses, must tackle these challenges taking into account central issues such as:

- **Recognizing.** Making care work visible and valuing it as key to the well-being of societies and for the functioning of the economy, both as a service rendered in the home and as a booming economic sector and source of dignified employment.

- **Redistributing.** Distributing unpaid care work and household responsibilities among men and women in way that is more just and balanced, as well as exercising responsible parenting.

- **Reducing.** Supporting and providing coverage for basic care needs, reducing the burden of unpaid work borne disproportionately

by women in their homes, from a rights-based approach (the right to care as a key right for citizens), based on the principles of equality, universality and solidarity.

The State and public policy therefore have an important role to play. They may, for example, directly facilitate goods, infrastructure and services and/or, at the same time, legislate to allow, promote, encourage or oblige other players to cover care needs. **National Care Systems,** which implement government commitments in matters of care policy, are the most appropriate solution being implemented in many countries in the region.

INSPIRING PRACTICE:
Comprehensive National Care Systems

Several countries in Latin America and the Caribbean are in the process of implementing **Comprehensive Care Systems.**

The most iconic example is **Uruguay,** where the **Comprehensive National Care System (SNIC)** has been operating since 2015. This system was created with the purpose of generating a co-responsible model of care among families, the State, the community and the market, based transversally on the co-responsibility of men and women. Its conception is therefore based on **care as a universal right and on gender equality as a transversal principle.**

The SNIC is overseen by the National Care Board, which in turn is made up of the Ministries of Social Development, Economy and Finance, Public Health, and Labor and Social Security. Also involved are the Planning and Budget Office, the Public Education National Administration, the Child and Adolescent Institute (INAU), the Social Security Bank (BPS) and the Congress of Mayors.

As of 2015, the National Comprehensive Care Scheme has been a priority in the government's social policy, with the approval of **Law 19.353** which states that all dependent Uruguayan children, people with disabilities and older persons be entitled to care. The Law also recognizes the social value of the work of caregivers and establishes the need to modify the current gendered division of labor. It establishes who the beneficiaries of the policy are, their rights and obligations, and the institutional arrangements.

The **2016-2020 National Care Plan,** which amounts to a map for implementing the system, was drawn up based on this Law. After the National Budget was passed in November 2015, the first stages of SNIC's main services commenced during 2016. The year 2017 saw considerable momentum towards fulfilling the scheme's goals and SNIC's institutionality was completed after the Care Advisory Committee was set up. This Committee is made up of the representatives of the PIT-CNT union, academia, social organizations and private care service providers. Its goal is to advise the National Care Secretariat and, through it, the National Care Board, with respect to the compliance of the SNIC's goals, policies and strategies.

The 2016-2020 National Care Plan has five components: **Services, Training, Regulation, Information and Knowledge Management, and Communication.**

In terms of **Services**, the SNIC includes a wide range of services for childcare and for people in a situation of dependency (senior citizens and/or people with disabilities).

Childcare Services (with an emphasis on early childhood, from 0 to 3 years of age) include the Childcare and Family Centers (CAIF); Early Childcare Centers (CAPI); care spaces in study centers; socio-educational services targeting children through agreements between unions and corporations; Care Community Houses; Socio-Educational Inclusion Scholarships and credit lines for private kindergartens to invest in improving the quality of their services.

Care services for people in situations of dependency (senior citizens and/or those with disabilities) include Personal Carers; Home Teleassistance; Long-stay Centers; Day Centers; and Credit Lines for private nursing homes to be able to invest in improving the quality of the services they provide.

As part of the Training component, SNIC includes a **Care System training strategy**, a training program that guarantees the quality of the services for people in situations of dependency, promoting educational careers for people working in the sector.

With respect to Regulation, we have **Parental Leave.** In November 2013, Law 19.161 on parental leaves came into effect, regulating maternity leave (14 weeks and extendable to non dependent workers), establishing paternity leave (10 calendar days for paternity leave from 2016, paid through social security, which accumulate at 3 days financed by the employer) and a reduction in the working week to allow for child care (part-time schedule for the father or mother until the child is 6 months old as from the end of the maternity leave). The inclusion of care co-responsibility measures in collective bargaining is also promoted. A set of legal instruments is also being developed to guarantee the quality of SNIC.

In addition, in the context of SNIC, actions are being implemented with a focus on the local level, such as **Local Care Incentives** (the aim of which is to promote advocacy for care-related public policy, raising awareness about innovative action) and the **Local Initiatives for Gender Co-responsibility in Care** (which promotes the production and dissemination of communication and cultural actions to move towards men being more involved in caring tasks).

SNIC has achieved the following accomplishments: coverage has reached over 50% for children under 3 years of age (37% in public centers), 20% among people with severe dependency, and 14% for those with low or moderate dependency. Furthermore, almost 1,300 people have received care training, and 3,000 Early Childhood training.

With the help of UN Women, **Colombia and Mexico** are also working on developing their own National Care Systems.

In **Colombia's** case, the **Care Economy Intersectoral Commission,** led by the National Planning Department, has been working on building the institutional and technical foundations of the **National Care System (SINACU)** through which the target population will be determined along with what areas are responsible, and the System's approaches and principles, from which SINACU is expected to be established.

Meanwhile the **National Care Strategy in Mexico** seeks to position care as a comprehensive public policy, connecting and aligning the country's existing programs and actions from a rights-based perspective and with a view to co-responsibility. This strategy will serve to define and solidify the institutional responsibilities to work towards coordinating and connecting actions relating to care in the country. Along with this initiative, prospective studies on innovative care are being carried out to analyze the current and future care needs, as well as the time dedicated to it.

Chile, meanwhile, is implementing *Chile Cuida,* the National (Sub)System of Support and Care that falls within the Social Protection System. This program provides support to people in situations of dependency, their caregivers, their households and their support network. It is currently underway in 20 municipalities around the country (out of a total of 345) and in 13 of its 15 provinces.

In the **Dominican Republic,** through the Coordination of Social Policies Cabinet (GCPS), work is also being conducted on a project with a gender approach aimed at closing the gaps in care services, by establishing a **National Comprehensive Care System.**

Lastly, **El Salvador** in 2016 also initiated a discussion process for the design of a **National Care Policy,** within the framework of the Universal Social Protection System, through the Technical and Planning Secretariat of the Presidency.

Source: (Sistema de Cuidados, 2017) (Dalmazzo, 2017)

5

PROGRESS AND UPCOMING CHALLENGES RELATING TO CARE POLICIES IN THE REGION

Until recently, and despite its importance, actual care policies were relatively scarce and slow to emerge in the region. Care responsibilities continue to be assumed by families and, within them, by the women, and there has been a tendency to disregard the importance of care as a substantial part of the social protection system (CEPAL, 2018). Unpaid care work as an issue has not appeared consistently on agendas or public policies for gender equality (ONU Mujeres, 2016b), even though it is an issue that has been gaining force and commitments.

Care responsibilities continue to be assumed by families and, within them, by the women, and there has been a tendency to disregard the importance of care as a substantial part of the social protection system (CEPAL, 2018).

Progress has been made within State policies, particularly in two distinct areas: **measuring and counting care work and housework** (in terms of both time and money), and the **creation of early childhood care services.**

Other strategic areas like caring for dependent older people and sick or disabled people, regulating maternity or paternity care leave, strengthening and formalizing the care sector, incentives to labor organizations that are flexible and compatible with care responsibilities, or men's co-responsibility in these tasks, are at a more limited, incipient stage of development.

Let us analyze them individually.

BOX 4. Framework Law on the Care Economy in the Latin American and Caribbean Parliament

In terms of progress made, it is worth acknowledging that Latin America and the Caribbean have a **Framework Law on the Care Economy,** approved by Parlatino in 2013.

This law introduces provisions aimed at achieving four objectives: a) To recognize unpaid human care work done in homes as productive labor; b) To include unpaid care work in the System of National Accounts of member States with the aim of assessing the contribution made by women to the economic and social development of each of the member States; c) To recognize the rights of people in situations of dependency who need care and of those people in charge of the care activities in the home by adopting social and economic measures; and d) To establish a comprehensive care system.

The information outlined in the following sections demonstrates the application of this law in different countries.

6

RECOGNITION. MAKING CARE WORK VISIBLE AND VALUABLE AND THE USE OF INFORMATION TO DESIGN PUBLIC POLICIES

MEASURING AND COUNTING CARE WORK

A strategic axis for the advancement of care policies is making the important contribution of this work visible.

On this matter, the region is a world leader in gathering information with respect to the use of time and counting unpaid care work, in part promoted by the momentum given by the International Meetings of specialists in this field held annually in Mexico since 2002[2].

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Stemming from this work, a number of unique products have been developed, such as the **Classification of Time-Use Activities for Latin America and the Caribbean (CAUTAL)**[3] as well as prolific progress in methodological and propositive material towards the formulation of care-related public policies (ONU Mujeres, 2013).

In concrete terms, most countries are applying **Use of Time Surveys** which evidence, firstly, the time load involved in care and housework, and secondly the overwhelmingly unequal distribution of time dedicated to care between men and women.

2. For further information on the International Meetings please visit the following link: http://estadistica.inmujeres.gob.mx/formas/eventos_descripcion.php?IDEvento=1
3. The International Meetings and products (CAUTAL) have been developed within the framework of activities of the Gender Statistics Work Group for the Statistics Conference of the Americas (CEA-CEPAL). See: https://www.cepal.org/es/organos-subsidiarios/conferencia-estadistica-americas/grupos-trabajo-bienio-2016-2017#G6

BOX 5. Use of Time Surveys in Latin America and the Caribbean Region

Currently, 19 countries in Latin America and the Caribbean have developed and are applying surveys and/or modules, or have included questions on the use of time and unpaid work.

Specifically, the countries applying these and the corresponding years are as follows: Argentina (2005, 2010-2011, 2013), Bolivia (2001, 2010, 2011); Brazil (as of 1992, 2009-2010); Colombia (2007, 2008, 2009, 2010, 2012, 2016-2017); Costa Rica (2004, 2011); Cuba (1985, 1988, 1997, 2001, 2016); Chile (2008-2009, 2015); Ecuador (2005, 2007, 2010, 2012, 2012); El Salvador (2005, 2010-2011, 2017); Guatemala (2000, 2006, 2011, 2014); Honduras (2009, 2011); Mexico (1996, 1998, 2002, 2009, 2010, 2014); Nicaragua (1998); Panama (2006, 2011); Paraguay (2016); Peru (2006, 2010); Dominican Republic (2006-2007; 2016); Uruguay (2003, 2007, 2013),Venezuela (2008, 2011).

Source: (Aguirre, 2014); (Vaca, 2017)

Several countries have also developed **Unpaid Work Satellite Accounts,** which establish a monetary value for unpaid care work and its contribution to these countries' GDPs.

It has been calculated, for example, that in Argentina and Nicaragua the value of the time devoted to unpaid care work and housework is 10% and 31% respectively. In Mexico, the economic value of these tasks in 2016 exceeded 4.6 billion pesos, equivalent to 23.2% of the GDP and 75.4% of this value was generated by women (D'Aquino, 2018). In Guatemala this unpaid work has been valued at 19% of the GDP, higher than activities such as the manufacturing industry, commerce, private services or agriculture (Mejía, 2015).

Despite the progress made in the matter, it is still fundamental to **consolidate this progress and have these data incorporated into the design or redesign of public policies** (ONU Mujeres, 2017a). Efforts are being made by several institutions; such is the case of the Care Network in Mexico, for example, made up of a diverse group of organizations and specialists from academia and civil society who are generating a theoretical-conceptual debate with advocacy focused on public policy and on social and collective stereotypes.

Other examples in this respect are the production of applied knowledge such as research on time poverty (INMUJERES y ONU Mujeres, 2015), prospective studies to estimate the cost of supply and demand of care (De Henau, 2018) and analyses of social programs from a care perspective.

BOX 6. OECD Data base

On its statistics portal, the OECD includes a complete Database with information from 31 countries on **use of time.** The database makes it possible to find indicators on use of time by gender, paid work or study, unpaid work, personal care, leisure, and others.

https://stats.oecd.org/Index.aspx?datasetcode=TIME_USE

Also available is the ***OECD Family Database,*** which currently includes 70 indicators across four main dimensions: (i) family structure, (ii) position of families in the labor market, (iii) public policies for families and children, and (iv) results on children.

http://www.oecd.org/els/family/database.htm

Source: (OCDE, Sin fecha)

INSPIRING PRACTICE:

National Survey on Use of Time (ENUT); Satellite Account of Unpaid Work of Households (CSTNRHM) and Satellite Account of the Health Sector in Mexico

The **National Use of Time Survey (ENUT)** in Mexico is one of the most exemplary experiences in the region, not only because of the records it collects, but also because of the strengthening processes it has transferred to different settings.

The Survey is carried out by the National Institute of Statistics and Geography (INEGI) in coordination with the National Institute for Women (INMUJERES), with the backing and support of UN Women. The last survey was implemented in 2014, which gives continuity to the surveys carried out in 1996, 1998, 2002 and 2009.

The information gathered through the ENUT survey enables the analysis of how men and women use their time in various everyday activities such as personal, paid and unpaid work (domestic work, care work and voluntary/community work), social relationships, entertainment, culture, sports and the use of mass media.

In the 2014 edition, background obtained from previous surveys was capitalized on and international recommendations on the subject were considered. Additionally, questions about subjective well-being were included in order to gain supplementary information about how people perceive their well-being with respect to the time they dedicate to various activities and their life in general.

The indigenous population was also included in the sample design, allowing for time distribution estimates for these groups for the first time.

The objectives of this survey are important given that it aims to measure all types of work in order to inform public policies. The need to articulate

results in order to develop public policies and responses refers to a virtuous circle between the metrics, the social and economic utility of the data and the political advocacy.

The ENUT survey also aims to create inputs for the **Unpaid Work of Households Satellite Account of Mexico (CSTNRHM)** which aims to make known the economic value of unpaid work done by household members while carrying out productive activities, allowing for their contributions to the national economy to be more accurately evaluated.

Mexico is a pioneer in implementing the CSTnR in households as part of their National Accounting System, which is under the responsibility of the INEGI. Calculations have been updated on a regular basis since 2013. For more information see: http://www.inegi.org.mx/est/contenidos/proyectos/cn/tnrh/default.aspx

Another very important advancement in terms of generating information is the **Satellite Account of the Health Sector** in Mexico, which incorporates the evaluation of unpaid health-related work by household members, outlining the importance of this sector and generating information for decision-making.

Source: (Aguirre, 2014); (INEGI, 2014)

INSPIRING PRACTICE:
National Time Use Survey (ENUT) in Colombia

The **National Time Use Survey** (ENUT) in Colombia, developed by the National Statistics Directorate (DANE), seeks to generate information on time spent on work and personal activities in the population aged 10 and older.

The Survey originates from the framework of Law 1413 of 2010, which establishes *the inclusion of the care work economy in the national accounts system in order to measure the contribution that women make to the economic and social development of the country, and also as a tool for defining and implementing public policies.*

The Survey has a three-year periodicity, with the second and final survey corresponding to 2016-2017.

For this last edition, the Survey was carried out in 44,999 homes and designed to gain information about housing, households and people, using a typical household survey structure. In terms of housing, the survey inquired about types of public services and their coverage. Regarding households, the occupants were asked about the tenancy of the dwelling they live in, subsidies, ownership and the use of goods, the hiring of domestic services and domestic work and unpaid care work.

In respect to the section about people, the ENUT survey gathers basic demographic and health information about everyone in the household and about the care of children under 5 years of age, the education of people aged 5 and over, the positions of those in the labor market and the use of time of those 10 years of age and older.

The ENUT survey bases its conceptual structure on the separation of human activities into two large groups: work activities and personal

activities. In turn, following the structure of the National Accounts System (SCN), work activities are separated into work that is included in the SCN production boundary and work outside of that boundary.

The data collected through the ENUT is being used to carry out specific analyses. **Seven research projects** were carried out using the 2010-2013 survey, namely: *The work of "inactive people": the structure of unpaid work done by urban and rural women classified as economically inactive; Trends in the distribution of child care inside and outside the home in Bogotá; Use of time in the adolescent population in Colombia differentiated by region and sex; Study on the patterns of work division within the home: gender particularities in Colombia; Paid and unpaid work according to the family life cycle in Colombia; Use of free time for social relationships for the 50+ population; and Study on the use of time in vulnerable populations as an aspect of social inclusion.*

Source: (DANE, 2018)**;** (DANE, 2015)

REVALUING CARE WORK: FEMINIZATION, INFORMALITY AND INSTABILITY

Together with raising awareness about the dimensions and contributions of unpaid care work, it is necessary to have a parallel impact on both the social and economic value placed on the remunerated aspect of this work.

The care work sector, as a sector which irrefutably contributes to the economy, is a booming and growing sector, promoted by the imbalances generated by the care crisis. ILO estimates that **in relation to Long-Term Care (LTC) alone, there is a worldwide shortage of 13,600,000 professionals** (OIT, 2016).

This employment sector has a high concentration of women, and the "feminization" of its workforce is estimated to be at more than 90%.

Furthermore, the sector is characterized by **informal working conditions and instability.** Although there is sustained demand for the provision of these services, few governments have managed to enshrine decent working conditions such as competitive salaries, full-time work, limits on working hours and effective access to social security (ILO , 2016).

As a result, **early childhood** educators tend to lack qualifications and professional training and, therefore, their pay is lower than that of primary or secondary educators. Consequentially, their salaries do not reflect the importance of care or education at this stage of childhood (ILO, 2016).

Likewise, **long-term care (LTC) working conditions are considered to be very poor.** Wages are exceptionally low and conditions very precarious for workers who provide home-based services to elderly people, with a high prominence of immigrant women working in this sector (ILO, 2016). It should be noted that without state support, improving working conditions for these individuals is not always feasible for the families hiring them, or at least not for families with low and moderate incomes; if this work cannot be contracted within the market due to the high cost to families, it ends up being taken on by women, which in turn has an impact on their ability to access paid employment.

More than 18 million people in Latin America and the Caribbean are dedicated to **paid domestic and care work,** of which 93% are women (OIT, 2016), with this region accounting for 27% of the world's domestic jobs (OIT, 2018). Migrant or indigenous women and women of African descent are overrepresented in these jobs: in Brazil, for example, the proportion of women of African descent employed in the domestic sector exceeds that of women of non-African descent by 10 percentage points (OIT, 2018).

The sector offers jobs that are highly unstable and poorly paid. In Argentina, Brazil, Costa Rica, El Salvador, Nicaragua, Panama, the Dominican Republic and Uruguay, the income of domestic workers is equal to or less than 50% of the average income of all other employed persons (OIT, 2018). In regards to working hours, countries such as El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama and the Dominican Republic all lack regulations, and only have established break times every 9 or 12 hours (OIT, 2018).

In spite of the fact that legislative advances have been made (mainly driven by the approval of *ILO Convention no. 189 on the protection of domestic workers)* as well as substantial improvements in access to social protection, social security coverage for domestic workers is nowhere near the levels of development and formalization among the wage-earning population. More than 78% of domestic workers work informally (OIT, 2018). Mexico, an upper-middle income country, is an extreme case where less than 3% of domestic workers have social security affiliation (ONU Mujeres, 2017a).

In the face of limited political attention given to the sector, it has been shown that **investing in this sector generates a virtuous circle** of redistributing and reducing unpaid care work, creating jobs that can support economic growth and minimizing the intergenerational transfer of poverty, thus increasing social inclusion.

BOX 7. The fiscal cost of public investment in early childhood care services

In Uruguay, academic expert Fernando Filgueira applied the method developed by De Henau for the United Kingdom, which estimates the annual fiscal cost of public investment in universal early childhood services.

The methodology is based on calculating indicators drawn from key variables such as the number of spots in childcare centers, weekly operating hours per year, educator/student ratio, working hours of the professionals, their pay level/qualifications and infrastructure costs. Calculation of indicators is also carried out across several different scenarios.

Applying this method, it is estimated that in order to achieve universal coverage of high-quality care for children aged 0 to 5 in Uruguay, a gross annual investment of between 1.2% and 2.8% of the GDP is needed. However, more than half of this investment could be retrieved through tax and social security systems due to an increase in employment rates, particularly among women (which could increase by up to 4.2% as a result of new job opportunities created by the same investment).

Source: (De Henau, 2018)

GLOBAL CARE CHAINS

In regards to remunerated care work, another important issue to highlight is that this is an expanding employment sector for migrant workers around the world, particularly in this region.

It is estimated that approximately 17% of Latin Americans working in caretaker positions are migrants, of which 73% are women (OIT, 2018).

These women who immigrate to other countries in order to take care of "third parties" in most cases also leave behind dependent persons, whose care is in turn assumed by other women (usually grandmothers, sisters, etc). In a typical scenario men assume care taking responsibilities in the absence of women, although they do not do so as a primary role or they disassociate themselves from this responsibility. In this way, so-called **global care chains** are created.

Global care chains are transnational chains which serve to sustain daily life and in which household work is transferred from one person to another (Orozco, 2007, pág. 4).

This phenomenon occurs globally, with a flow marked by economic status (from poor areas to rich areas) and transoceanic migrations (care workers and domestic workers from Latin America and the Caribbean moving towards continental Europe, particularly Spain), trans-regional (from regional low-middle income countries to upper-middle income countries, for example, from Peru to Chile, Paraguay to Argentina, the Dominican Republic and Nicaragua to Panama, etc.) and national (women migrating from the countryside to the city within their own countries).

Thus, global care chains imply that the care worker crisis in richer countries or regions is being resolved under the same conditions of invisibility, lack of social responsibility and unfair work distribution towards poorer countries or regions, giving rise to a new sexual division of labor in which gender intersects with other factors such as ethnicity, class or place of origin (Orozco, 2007).

We must also consider the impact that immigration has on the countries of origin where a reorganization of tasks and responsibilities is required, which can trigger adverse effects in terms of family breakdown and lack of sufficient attention to certain population sectors, especially during childhood and adolescence (Orozco, 2007), although there is as yet no clear evidence in this regard.

In short, incorporating the status and impact of global care chains into the care work policy agenda, especially in a region like Latin America and the Caribbean which is a net exporter of care workers to other countries, is also key to moving forward.

COMMUNICATION FOR CHANGE

Lastly, along the same lines of recognizing care work and making it more visible, communication strategies must also be mentioned as key mechanisms for influencing the implicit cultural and symbolic low value that is placed on care work and the people who provide it.

Indeed, regional **social awareness campaigns** are being created which aim to change mindsets about the importance of this work and the necessity for co-responsibility, using the internet and social networking as tools and focusing mainly on more active male involvement.

In any case, it is necessary to go deeper in terms of communication by expanding, mainstreaming and innovating both the strategies as well as the messages and mediums; care work won't advance without achieving a significant cultural shift that questions the naturalization of gender roles, takes what has systematically been invisible and makes it visible, gives these tasks the recognition that they deserve, and promotes a balanced redistribution among all institutions and members of society.

INSPIRING PRACTICE:
Communication campaigns

In 2015, **UN Women** launched a social networking campaign under the slogan *More equality in care, more equality in rights* **(https://www.youtube.com/watch?v=twGHef12wul),** which presents the opportunity imbalance between men and women that derives from the assumption that women will be caregivers.

Along the same lines, with the purpose of presenting their report *Care work and care jobs for a decent work future,* the **ILO** has an online video available which talks about the number of paid and unpaid workers and their situation, as well as the future expectations surrounding the growing needs of these types of professionals **(https://www.ilo.org/global/about-the-ilo/multimedia/video/institutional-videos/WCMS_634146/lang--es/index.htm).**

UNDP Panama, in turn, launched an awareness-raising video in 2018 called *Care work: The invisible work that makes visible work possible* **(https://www.youtube.com/watch?v=dQoR9m-8INY)** to raise awareness about the devaluation of care work, which accompanied national-level report called *Care Work Wellbeing: A responsibility to be shared.*

Creative initiatives have similarly been developed within the civil sector in order to raise awareness about balanced care work distribution among men and women. An emblematic initiative has been developed in Bolivia by the **Gregoria Apaza**

Center for the Promotion of Women which, in view of the 2018 World Cup, launched the *You are a 10* campaign using the slogan *Share the housework and enjoy the World Cup together,* which was broadcast via radio, television and social media using the hash tag #SomosUnaPareja10, as well as a public service announcement (https://www.youtube.com/watch?v=P3MXDt3zSc4).

BOX 8. Technology, a key tool for moving forward

Within the context of the so-called **Fourth Industrial Revolution** characterized by the accelerated convergence of digital, physical and biological technologies, tackling the care work crisis means considering the enormous potential that these technologies have for advancing the provision and management of care.

The important role that **digital technology** plays in communication, raising awareness and understanding can already been seen. The internet, ICT devices and applications are all tools that help save time in all kinds of everyday work and family tasks. They are also powerful tools for creating networks and communities among women. Using public policies to provide universal access to these technologies and to move forward with online approaches to outreach services for citizens, especially in rural areas, can lead to significant progress in the economic empowerment of women and in family wellbeing.

Other technological advances such as **robotics, 3D printing and domestic technology,** make significant contributions to reducing and lightening the burden of both domestic and care work. Investing in research and development for these type of technologies, looking for affordable solutions or providing assistance so people can access them are all initiatives that governments can take in order to make care work easier.

7

REDISTRIBUTION. DISTRIBUTE UNPAID CARE WORK IN A MORE FAIR AND BALANCED WAY

Currently only 11 of the 30 countries analyzed have or exceed the minimum standard of 14 weeks established in ILO Convention No. 183 on maternity protection.

LEAVE AND DAYS OFF FOR CARING FOR DEPENDENTS

The second strategic axis for care policies must be aimed at redistributing this work in a way that is more fair and balanced than current arrangements.

Leave from work in order to manage family responsibilities are one of the mechanisms that needs to be improved accordingly.

In terms of **maternity leave,** countries in Latin America and the Caribbean have made considerable progress, although currently only 11 of the 30 countries analyzed have or exceed the minimum standard of 14 weeks established in ILO Convention No. 183 on *maternity protection*[4].

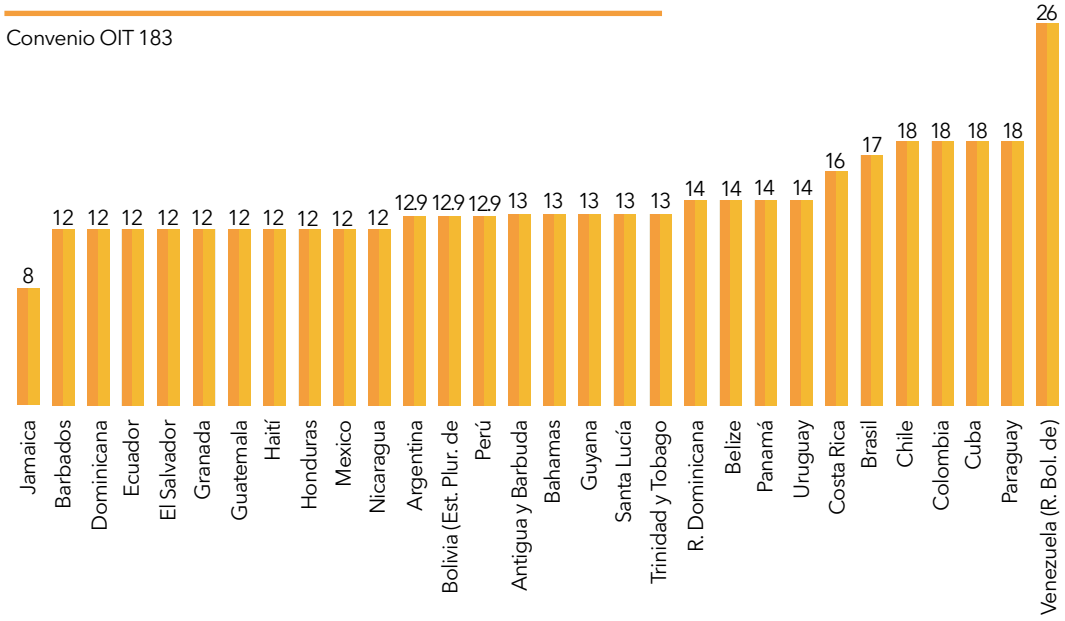
The disparities in maternity leave regulations are notable, not so much because of the length of the leave, but because of: a) the conditions for accessing leave (for some a certain time fulfillment is required in order to qualify for maternity rights and for employer salary-equivalent contributions); b) by the percentage of the salary covered (a dozen

4. Only four countries in the region have ratified this agreement: Belize (regulations establish 14-weeks of leave), Cuba (where an 18-week leave applies), the Dominican Republic (14 weeks) and Peru (49 days before and 49 days after delivery) (OIT, 2018).

countries cover 100% of the salary at Social Security's expense over the course of the leave, while other countries reduce the benefit amount that women receive); c) or by who pays for the leave (in some countries it is Social Security and in others it is in combination with the employer) (Table 1) (ELA, 2018).

Additionally, in federal countries such as Argentina, Brazil and Mexico, there is the added diversity of labor regulations that are applicable in different provinces or federal entities, which results in unequal rights based on place of residence (ELA, 2018).

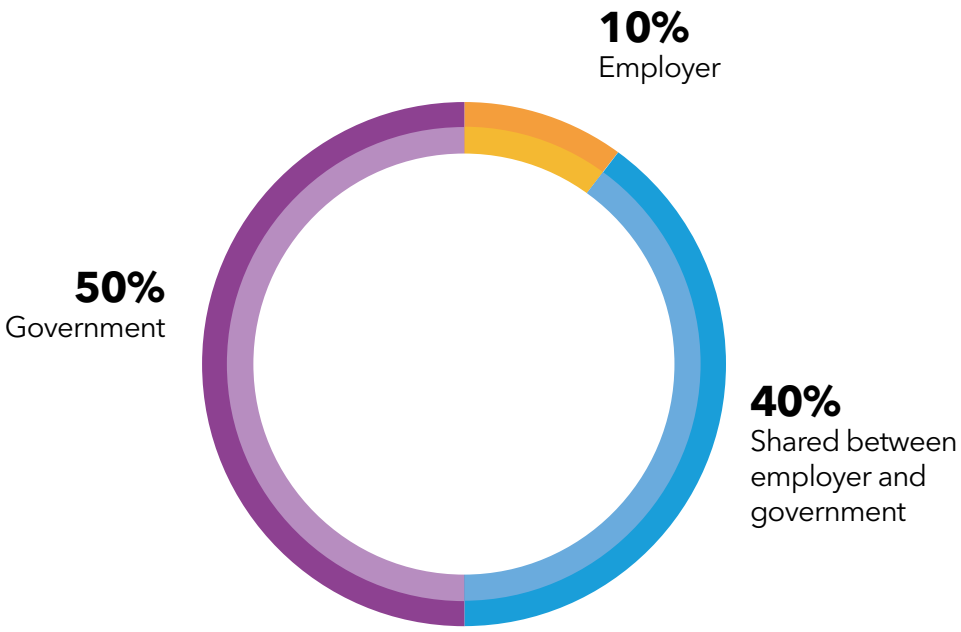
GRAPH 4. Length of maternity leave in weeks*. 2018



Source: (ELA, 2018), (World Economic Forum, 2017)

*In cases where leave is determined in days or months, values have been converted into weeks for easier comparison.

GRAPHIC 5. Maternity leave expenses in Latin America and the Caribbean according to the payer. 2016



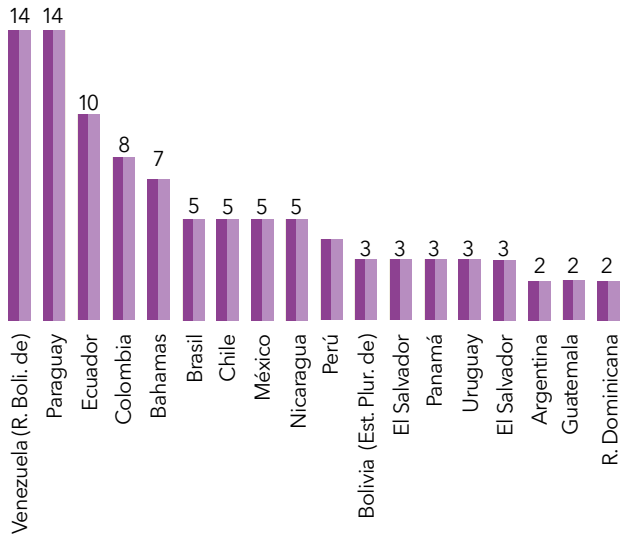
Source: (MenCare, 2017a)

In general regarding maternity leave, most of the legal and public policy frameworks in the region have two common interlinked characteristics: firstly, the provisions focus mainly on pregnancy, delivery and nursing without taking into account the care work responsibilities following this period; secondly, the policies refer almost exclusively to women as the sole and primary caregivers, without mentioning men's rights or parental responsibilities (D'Aquino, 2018).

The latter is demonstrated by the fact that **paternity leave** or shared parental leave is very limited: many countries only offer a few days of leave, often without pay (ONU Mujeres, 2016a). In most cases, the duration of this leave is less than 10 days and is designed to allow the father to be present on the day of delivery and the days following (ELA, 2018).

Furthermore, the comparative evidence suggests that if the leave is not specifically intended for fathers or adequately financed, few actually use it (MenCare, 2017b). In Uruguay, for example, the number of people taking advantage of maternity subsidy is double that of the paternity subsidy, which should be a good indication as to how men are exercising this right (Batthyány, 2015).

GRAPH 6. Length of paternity leave in days. 2018



Source: (ELA, 2018), (World Economic Forum, 2017)

INSPIRING PRACTICE:

Corporate Citizen Program in Brazil

The **Corporate CitizenProgram,** instituted by Law No. 11.770/2008, was initially created to extend maternity leave by giving a tax incentive to companies registered in the program. With this arrangement, maternity leave is extended from 120 to 180 days for mothers who work for affiliated companies.

Subsequently, Law No. 13.257/2016 updated the program to grant a **paternity leave extension, increasing it from the 5 days established by law to 20 days.** The extension applies to workers who are part of an affiliated company's paternity orientation program.

In 2018 more than 21,200 companies were participating in the program.

Source: (McAllister, 2012)

There is a third type of leave which is covered by some collective work agreements and in the regulations that apply to certain employment areas, called **family leave.** This leave is granted to workers in the event of specific care needs, such as the illness of a child. In Latin American and the Caribbean, family leave is just starting to emerge, and in many cases it is subject to exceptional circumstances (events classified as "family tragedies") and at the discretion of the employer and their negotiation with the employee (ELA, 2018).

In short, **the model for leave that is currently in place in the region, besides being insufficient, also perpetuates the unequal distribution of care work, continues to place women at the center of these tasks and, in some ways, becomes a source of employment discrimination against them.**

FLEXIBILITY IN LABOR ORGANIZATIONS

Another area that can buffer the tensions caused by the care work crisis while at the same time allowing women better access to paid work activity is **work organization and models that are more compatible to caregiving.**

Availability of flexible working arrangements could be beneficial to both workers and employers, provided that these measures take the needs and preferences of both parties into account, as advocated for in the international labor standards (OIT, 2016), among which is ILO Convention No. 156 on *equal opportunities and treatment for workers with family responsibilities.*

This includes workplace procedures that range from flexible hours, work hour reductions for care-related reasons or the provision of care services or assistance. Furthermore, these measures must be intended for the use and enjoyment of both men and women, so that they do not become a new source of workplace discrimination and instability. At the same time, they need to be designed as arrangements that aim to achieve more co-responsibility with men when it comes to care work.

However, **flexible forms of labor organization or reconciliation support services are not yet widespread in the region.** In an ILO survey conducted in 2013, it was found that 42% of companies had flexible working hours, 36% offered reduced working hours to their employees and 27% allowed remote work or telecommuting. Only 10% offered care services for dependents (ACT/EMP y OIT, 2017).

However, the extent of these measures varies substantially between countries and according to the size of the companies. In Panama's case, for example, only 18% of companies have a flexible work hours system, 4% have part-time working hours and only 2% have arrangements for working remotely (ACT/EMP y OIT, 2018).

As an area that directly affects the management of human resources within companies and work environments, governments can promote the implementation of policies and reconciliation measures using mechanisms similar to tax incentives, public recognition for companies that promote these type of measures, or awareness campaigns for businesses.

INSPIRING PRACTICE:

Women's Empowerment Principles

The **Women' Empowerment Principles in Business (WEP)** were launched in 2000 as a joint initiative between UN Women and the Global Compact.

These principles offer practical guidance for businesses and the private sector on how to empower women within the workplace, markets and in the community.

They are meant to encourage companies to examine their policies and practices, and to create new policies and practices that support women's empowerment.

It is an emblematic initiative that seeks to push the private sector towards greater progress in equality.

The principles on which they are based are:

- **Principle 1.** Leadership that promotes gender equality.
- **Principle 2.** Equal opportunities, integration and non-discrimination.
- **Principle 3.** Health, safety and a life free from violence.
- **Principle 4.** Education and training.
- **Principle 5.** Business development, supply chain and marketing practices.
- **Principle 6.** Community leadership and involvement.
- **Principle 7.** Transparency, evaluation and information.

Tools and specific opportunities have been developed based on these principles by many companies. 285 companies in the region currently adhere to the WEP principles.

INSPIRING PRACTICE:

Gender Equality Seal for Public and Private Enterprises

The Gender Equality Seal for Public and Private Enterprises is an initiative aimed at **transforming work structures and human resource management within companies** in order to eliminate existing gender inequalities. The goal is that companies, in addition to generating employment and wealth in society, are also equal work spaces that contribute to a better and more just society.

There are currently **12 countries** promoting the initiative: Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Honduras, Mexico, Nicaragua, Panama, the Dominican Republic and Uruguay, many of them with UNDP's support.

Specifically, the Equality Seal program is aimed at eliminating obstacles and promoting progress for equality in several areas of human resources management, including **reconciling family and work life.**

Included among the measures promoted by companies under this program are, for example, the use of flexible work arrangements (such as telecommuting, shared work, compacted work, reduced work, location or relocation, with the purpose of promoting work-life balance with social co-responsibility), the provision of care services (inside or outside of the companies' facilities, directly or through an agreement with a third party), the extension of parental leave over and above what is established by law, or the granting of special leave to care for dependents.

Some programs even focus on the issue of reconciliation when considering how to award the Seal. In Chile, for example, the Seal is awarded to companies certified in the *NCh3262 Management Systems Law - Gender equality management and reconciliation of work, family and personal life.*

With the support of the gender branch of the UNDP Regional Center for Latin America and the Caribbean, a **Gender Equality Seals** community has been formed.

Currently more than **1,800 companies** in the region have been certified with Gender Equality Seals.

Source: (ONU Mujeres, 2018)**;** (PNUD, 2018)

ENCOURAGE MALE CO-RESPONSIBILITY IN CARE WORK

Progress in the redistribution of care work happens, unavoidably, when men are more actively involved in family and domestic responsibilities.

Although the gender gap in the distribution of time spent on care work and household chores is decreasing in Latin America and the Caribbean, this is happening too slowly. Only 3.2% of working-aged men report that are not engaged in paid work in order to do care work and domestic tasks, while 50% of women find themselves in this situation (MenCare, 2017b).

Having men be more involved in care tasks results not only in a higher level of opportunities for women, but also improved family wellbeing.

BOX 9. The benefits of active fatherhood

According to data from several studies, parents who have close, committed and nonviolent interactions with their children on average live longer, have fewer mental and/or physical health issues, are less prone to alcohol and drug abuse and are more productive at work. Likewise, they claim to be happier than parents who do not report having these types of interactions with their children. It has also been shown that parents who participate in the home have greater stability and marital satisfaction (MenCare, 2017b).

Active fatherhood also has a positive impact on children; children who grow up in homes with caring parents usually have less absenteeism from school and notably better school performance. Likewise, they tend to participate in domestic tasks more often once they reach adulthood (MenCare, 2017a).

Most of the policies in the region, however, have focused on including women in the paid workforce **without promoting a change in gender relations in the home.** That is to say, they have not encouraged fathers to take on co-responsibility for care work (MenCare, 2017b). Although an increasing number of programs and projects in the region aim to increase male participation in care tasks and responsibilities, the reality is that these still don't extend beyond testimonial experiences and they are yet to feature on the political agenda.

Within this objective, therefore, it is necessary to influence laws, measures, actions and programs based on evidence and aimed at breaking down the cultural, socioeconomic, institutional and legal barriers that structurally perpetuate traditional gender roles (MenCare, 2017b).

However, all of this must be considered within a context characterized by a high rates of **single-parent households headed by women** (one third of households in Latin America and the Caribbean) (D'Aquino, 2018) and the prevalence of motherhood resulting from unstable relationships. This poses even more complicated challenges, if possible, when it comes to redistribution in the region, given the absence of a father figure in many cases.

INSPIRING PRACTICE:

Chile Grows With You: parental involvement from conception

Chile Grows With You is a program coordinated by the Ministry of Social Development, which also integrates the *Chile Cares* and *Chile Security and Opportunities* subsystems. Its mission is to **monitor, protect and fully support all children and their families.**

Chile Grows With You gives children ready access to services and benefits that meet their needs and support their development at each growth stage. It also provides support for the families and communities where children live order to ensure that they grow up in suitable conditions and in a friendly, inclusive and welcoming environment that meets the specific needs of every Chilean child.

Within the framework of this program, **the importance of parental involvement in improving child development results** has been explicitly recognized.

As a result, several policy changes have been created in order to encourage parental participation in various services related to pregnancy, childbirth and childcare.

To this end, various initiatives such as research, provider guidelines, parental guides and an active paternity strategy have been developed. The program has incorporated goals for parental participation in prenatal care, delivery and health check-ups, has carried out a paternity campaign called *Empápate ("Immerse Yourself"),* works with families in kindergartens, and has conducted training for the Chile Grows With You networks, among other initiatives.

One of the program's main missions has been to transform **the health system in order to actively include parents in the care of their children,** by making parents aware of the importance of their participation, reducing barriers and developing protocols, guidelines and material.

For example, in partnership with the CulturaSalud Foundation and UNICEF, the program has developed materials about active fatherhood which are helping to transform norms and protocols within the health sector.

The results of the program suggest that in order to change the perceptions about the roles that men and women play in health and parenting and to foster a culture of parental involvement and participation in maternal, neonatal and child health, gender relations need to change among families and service providers.

A significant cultural and generational change is taking place regarding the participation of fathers in maternal, neonatal and child health. Currently, there is a person present with the mother at approximately 80% of deliveries, and in most cases it is the father. Likewise, fathers frequently participate in ultrasounds. Based on this experience it has been observed that 95% of men between the ages of 18 and 24 years old have attended at least one prenatal visit with their partner, compared to 78% of those between 51 and 59 years old.

Source: (MenCare, 2017b)

8

REDUCE. INCREASE COVERAGE FOR BASIC CARE NEEDS, REDUCING HOUSEHOLD RESPONSIBILITY

EARLY CHILDHOOD CARE SERVICES

Along with recognizing and equally redistributing care work, the third focus for policies is to reduce the disproportionate burden that women take on within the home, through the provision of accessible, affordable and quality services.

Significant progress has been made in this area in terms of **increases in education and childcare services.** Pre-school enrollment increased in the region by 21 percentage points between 1999 and 2012, (ONU Mujeres, 2016a), reaching 74% (OIT, 2016). Argentina, Brazil, Chile, Mexico and Uruguay have increased enrollment through major investments into services at the preschool level (3 to 6 years) and in day care (0 to 3 years) (ONU Mujeres, 2016a).

Pre-school enrollment increased in the region by 21 percentage points between 1999 and 2012, (ONU Mujeres, 2016a), reaching 74% (OIT, 2016).

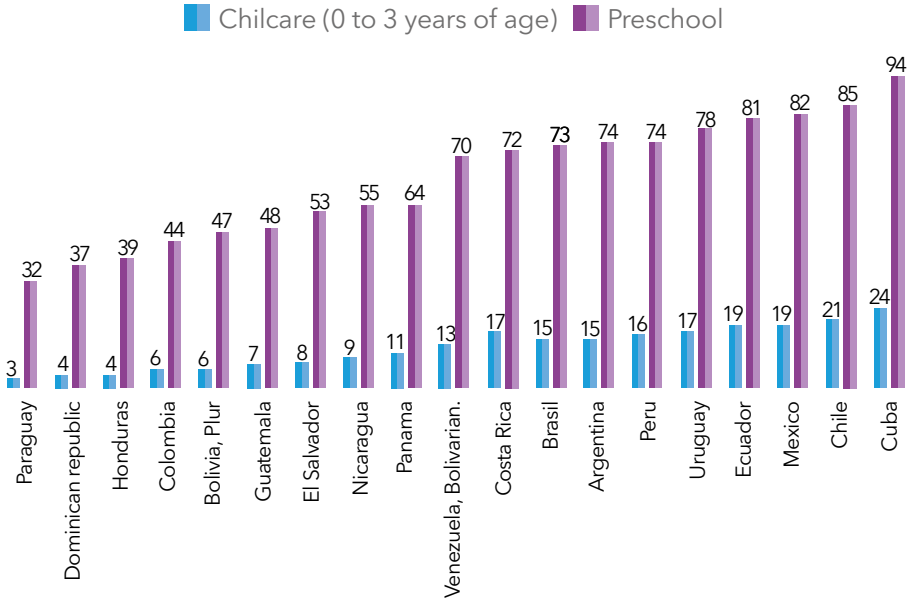
However, **average enrollment for children under the age of 3 remains low,** and the inequalities based on income level are significant. For example, in 2009 the net enrollment rates for children aged 0 to 3 were around 5% in Guatemala, Honduras, the Dominican Republic and Paraguay, and only reached 20% in countries such as Cuba and Mexico (D'Aquino, 2018). In Nicaragua, only 43% of children belonging to the lowest wealth quintile attend preschool, compared to 74% of children in the highest wealth quintile (ONU Mujeres, 2016a).

In addition to the lack of enrollment, **inaccessible costs and quality issues** with these types of services act as barriers for increasing child registration rates (OIT, 2016). Additionally, the models developed

for early childhood care do not generally align with the needs of parents who have paid jobs. In fact, preschool services often only offer part-time programs, prioritizing their "educational" mission whilst rendering the "reconciliation" mission secondary (ONU Mujeres, 2015).

Thus, the most widespread form of primary childcare continues to be carried out privately within the home, which is typically unpaid or informal and provided by a female member of the family (grandmothers, mothers or sisters) or a domestic worker (ONU Mujeres, 2015).

GRAPH 7. Net preschool and kindergarten enrollment rates in Latin America and the Caribbean, 2012



Source: (ONU Mujeres, 2015)

INSPIRING PRACTICE:

Public Policy for Comprehensive Child Support in Ecuador

On October 13 2012, Child Development was declared as a universal and mandatory prioritized state policy in Ecuador, with the objective that all children have access to child development programs in order to develop their full potential.

It has been specifically recognized in the **National Plan for Well-being** (Ecuador's Development Plan) that the State must provide protection, support and care to dependent persons, especially children, through an comprehensive care system, meeting the challenge of providing universal access to Comprehensive Child Development Services to all girls living in poverty between 0 and 5 years of age.

This is how the **Public Policy for Comprehensive Child Support** originated, supported by the Ministry of Economic and Social Inclusion (MIES), which encourages the family, society and the State as a whole to set up a quality child protection and comprehensive child development system, where public and private services can reach high standards of quality and efficiency.

The policy is based on public child care centers called **Good Life Child Centers (CIBV),** operated either by MIES itself, by Decentralized Autonomous Governments or by foundations and social organizations that demonstrate competence and co-responsibility in this area.

In this sense, the policy is strongly committed to **improving human talent** through professional development for care assistants, continuous training for the staff of child care centers and post-professional development, through postgraduate programs. Significant investments have also been made in order to improve centers' methodologies, infrastructure and information systems.

As a result of the actions that have been undertaken, the proportion of children 3 years of age or younger who attend some type of child care center has increased sixfold over the last ten years. Additionally, MIES has incorporated more than 3,000 professional CIBV coordinators to guide the formative processes of children and families.

Source: (MIES, 2014a); (MIES, 2014b); (MIES, 2013)

INSPIRING PRACTICE:

Child Care and Development Network in Costa Rica

In 2010, the government of Costa Rica decided to promote the strengthening of care options within the framework of social policy.

As a result, the **National Child Care Development Network (Redcudi)** was created via Law 9.220, with the purpose of establishing a universal, solidarity-financed public child care and development system that coordinates the different modalities of public and private provision of services. The Network is seen as a compliment rather than a substitute for the pre-school education services provided directly by the Ministry of Public Education.

The objectives of the Network are: a) to guarantee all children's right to participate in care programs, specifically those aged 0-6; b) to promote social care work co-responsibility via the participation of various social sectors; c) to coordinate the various child care and development agents, options and services; d) to ensure that child care and development services allow for the parents' labor and educational integration.

REDCUDI is made up of various social, public, private and mixed agents that run integral care, protection and child development activities. These are the care services that are provided directly by public institutions (the National Directorate of the Ministry of Health's Education and Nutrition Center and the Child Nutrition and Integrated Care Center), as well as municipal child care and development centers. In turn, through subsidies from public entities, there are modalities which combine both the public and private sectors, such as community homes, child care and development centers administered by social welfare organizations (SWO), development associations, solidarity associations, cooperatives and private companies.

In just one year between 2015 and 2016, the number of minors who receive care from the Network increased from 45,384 to 51,297 children.

The government is currently working on the creation of a National Care System that coordinates three different population groups (senior citizens, children and people with disabilities).

Source: (Secretaría Técnica de la Red Nacional de Cuido y Desarrollo Infantil, 2017)

INSPIRING PRACTICE:

Preschool Education in Cuba

Preschool education in Cuba currently has a general enrollment of 99.5% in children from 0 to 6 years old via two modalities: institutional, which includes Children's Circles and preschool classrooms within elementary schools, and non-institutional with the *Educate Your Child Program.*

Children's Circles were created in 1961 by the Federation of Cuban Women. These institutions were established not only to provide care, but also to achieve the maximum possible comprehensive development for each child from birth to age 6, since they include intellectual and emotional training, as well as training in motor skills, values, nutrition, routines, skills and behavioral norms. There are more than 1,000 Circles which have benefited approximately 140,000 children.

On the non-institutional side, the **Educate Your Child** program is a community-based educational program aimed at families so that they can carry out educational activities at home with their children between 0 and 6 years of age using their own knowledge and experience, as well as preparing pregnant women and their partners for postnatal care. This program maintains close ties with the government, the Ministries of Culture, Health, Justice, Labor and Social Security, the Ministry of Interior, the Institute of Sports, Physical Education and Recreation, the Cuban Institute of Radio and Television, as well as civil society and social organizations such as the Federation of Cuban Women, the Committees for the Defense of the Revolution and the National Association of Small Farmers. Together, these actors profile families and based on assessed needs, design an action plan.

Source: (Federación de Mujeres Cubanas, Sin fecha)

INSPIRING PRACTICE:

Brasil Carinhoso

Brazil Carinhoso ("*Brazil Caring*"), launched in 2012, is a central strategy for early childhood care as part of the ***Brazil Without Poverty*** Plan which guarantees that more than 865 thousand children from 0 to 48 months will have access to a childcare facility.

The program is based on offering additional resources to municipalities and their childcare centers in order to provide spaces for children in the ***Bolsa Familia Program***, that is, for those families with fewer resources. This allows for the immediate expansion of the number of vacancies (especially for the poorest families), improves the care given to children and gives families the peace of mind to be able to work or study knowing that their children will be well cared for.

In 2011, only 14% of low-income children had access to daycare; in 2015 this percentage had increased to 25%. Prioritizing the poorest of the poor has had a rapid impact and has contributed significantly to reducing educational inequality.

Source: (ONU Mulheres, 2016)

LONG-TERM CARE SERVICES

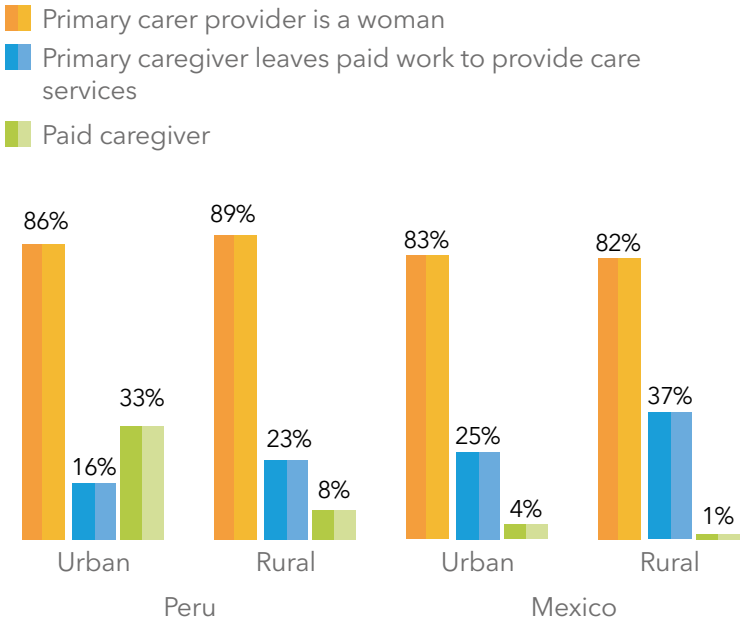
In contrast to childcare services, progress for **Long-Term Care (LTC),** that is, services that impact care for the elderly, sick or dependent, is quite a disturbing scenario in which the demand for these types of care services will grow exponentially.

It is estimated that only 5.6% of the world's population over 65 years of age lives in a country that provides universal mandatory coverage for these types of services (OIT, 2016).

Most of the work in the LTC sector is unpaid, informal, or both, which produces a gradual increase in the LTC work assumed by households. In Mexico in 2009, for example, this type of activity represented 2.6% of the daily activities carried out by household members age 12 or older; by 2014, this figure had increased to 9.5% (Montes de Oca, 2018). Again, this is a job that is mostly assumed by women and girls, especially teenagers, which affects their study time and can have an adverse impact on their eduction.

In a survey conducted in 2012 by the *10/66 Dementia Research Group* on long-term care provision in China, Mexico, Nigeria and Peru, it was found that the people taking on the care of dependent seniors with dementia were mostly women (daughters or daughters-in-law as well as spouses) and that many of them had reduced their paid work in order to provide unpaid care (Maytson et al, 2014). Families, friends, neighbors and informal networks provide the bulk of LTC, and women assume most of this unpaid work. (ONU Mujeres, 2015).

GRAPH 8. Provision of care for the elderly in Mexico and Peru. 2012



Source: (ONU Mujeres, 2015)

INSPIRING PRACTICE:

Plan for the Aging in the Dominican Republic

In 1998, the Dominican Republic approved Law No. 352-98 on Protection for the Aging, whose rights include the right to free and easy access to public and private services (art. 7). The law also instructs various state and civil society institutions to take actions aimed at guaranteeing the rights and welfare of the elderly.

The National Council for the Elderly (CONAPE) was created within the framework of this law, as the official organization for the definition and execution of national policies regarding the aging population.

Among the services provided by CONAPE are gerontological and geriatric care services, as well as other health services, legal advice and financial aid.

Source: (CONAPE, 2018)

INSPIRING PRACTICE:

Community Assistants in Chile

Community Assistants is a program developed by the Pro-Emancipation Movement of Chilean Women (MEMCH), which operates mainly in the northern district of Santiago.

This is a community-based home care program for socially and economically vulnerable senior citizens, and its main objective is to improve their quality of life and health. These are usually people who live alone or do not have partners for mutual care.

The list of services includes: Home care and companionship, treatments (recovery, taking and recording vital signs, ordering and administrating medication, etc.), help with domestic tasks, accompaniment and procedures in health centers or network activation (discovering and reintegrating senior citizens into different social, family, institutional or community networks within their reach).

The program also includes respite activities for "permanent caregivers", providing them with support activities and training.

The experience has strong community content and gender focus.

Source: (MEMCH, s.f.)

FAMILY BENEFITS

Alongside care services, most countries in Latin America and the Caribbean offer some sort of family benefits, whether in the form of cash transfers to low income families (cash benefits), direct financing for services (in-kind benefits), or by providing financial support through the tax system, such as tax exemption or child tax breaks/credits (Carvalho, 2018).

When it comes to cash benefits, the amounts and conditions differ from country to country. In most cases there is some type of conditional eligibility requirement, such as minors attending an educational center or undergoing health and vaccination checks. In Uruguay, for example, the benefit amount depends on the number of children, while in Ecuador the value of the benefit does not increase with the number of children under one's care (Carvalho, 2018). **Conditional transfer programs are currently the main strategy used by governments to address the poverty issues characterizing the region** (Rodríguez, 2011).

One particularity of these programs is their **focus on women,** who are generally the actual recipients of these benefits. The most widespread argument for this is that transfers placed into the hands of women have more potential to guarantee the development of the capacities of household members, particularly those of children (Rodríguez, 2011). Despite this, an **absence of gender considerations in the design of these programs** can be seen insofar as, although they have a positive impact on the increase of income on the part of women and on autonomy when it comes to spending decisions, in some ways they perpetuate the socially constructed notion that women are primarily responsible for the care of those they live with, while at the same time not promoting their insertion into the labor market in order to obtain income by other means (Rodríguez, 2011).

INSPIRING PRACTICE:

Universal Pregnancy Allocation (AUE) in Argentina

In 2011, Argentina established the **Universal Pregnancy Allocation,** a monthly salary for informal workers, domestic service workers and the unemployed that can be received after 12 weeks of gestation. Source: (ANSES, 2018)

LOCAL ENVIRONMENTS AS PRIVILEGED SPACES TO RESPOND TO CARE NEEDS

From the point of view of care policies, the **local environment constitutes a privileged space to configure strategies that adequately respond to the needs of citizens.** In this space, the appropriate solutions can come together and cover basic needs in terms of infrastructure, sanitation, transportation, health, education, food, commerce and general care. The idea is based on understanding the local space as a place where all these services are provided, in the most effectively coordinated way, both in terms of time and space, to facilitate harmonizing the productive, reproductive and private spheres. It is about incorporating a regional perspective when investigating the implementation of policies and programs related to care (Rico, 2017).

BOX 10. Costa Rica Home Mobility Survey

Architectural design or public transportation in cities has an important impact on opportunities and gender equality.

For example, this is demonstrated in the Costa Rica Home Mobility Survey, conducted in 2016, which highlighted the patterns of women's and men's differential mobility in the city of San José and the types of transportation they use the most. Among its main conclusions is that because of childcare and maintaining the home, women travel through the city more. Women use the bus more often than men, and they walk more and use private vehicles less as a means of transportation.

Thus, according to the survey, women's trips in the city are largely determined by childcare, going to their own medical appointments or family visits and managing household duties such as paying for services and shopping. On the contrary, the majority of men's trips are for work or school.

The Survey also reveals mobility patterns associated with women, such as the fact that they travel accompanied by children, they endure street harassment, their destinations are more dispersed, and they travel shorter distances between one point and another, but several times a day (Forest, 2018).

Addressing urban services and care provided from a viewpoint that incorporates a regional approach includes identifying location priorities and programs aimed at reconciling family home time and paid work time in order to balance daily life (Rico, 2017, pág. 27).

From this perspective, some local policies have emphasized **"time".** In Europe, for example, and specifically in Italy and France, policies about time have been developed in cities. The main objective of these policies is to develop useful strategies and tools to promote city planning that takes into account the different social uses of time, adapting work and municipal services for better compatibility.

The most paradigmatic case is the "Turkish Law" (Law 53/00) passed in Italy in 2000, which requires cities with more than 30,000 inhabitants to regulate time, facilitating a balanced citizenship.

In Latin America and the Caribbean, decentralization processes have a disparate development across countries, which means that the scope for designing and managing care policies at the local level is still limited. However, the foreseeable increase in the importance of local authorities opens an unparalleled field for intervention in care policy issues.

INSPIRING PRACTICE:

Care Economy Municipal Law in Cochabamba, Bolivia

Cochabamba is the only municipality in Bolivia and Latin America to have a municipal "care economy" law, passed in March 2015.

Municipal Law 00090/2015, called *Care Solidarity Economy,* seeks to ensure that care work is the joint responsibility of the State and of men and women. In addition, it stresses "increasing the value of unpaid care work" that is undertaken by women.

The Law has four chapters, 11 articles, a temporary provision and an abrogation provision. They stipulate, among other things:

- **PLANS:** The regulation establishes that municipal development plans must include the valuing of care work.
- **PROGRAMS:** The Law states that Annual Operational Programs must contain infrastructure and social development projects to improve care working conditions.
- **PROJECTS:** It proposes the construction of childcare centers in neighborhoods, districts, and educational centers, prioritizing care in the evening and for children of municipal workers. It also proposes improvements to market centers and food and nutrition for children under six years of age.

The Municipal Law also projects **training and the dissemination of the care economy,** in addition to implementing the budget to put the Law into practice. Thus, it tasks the Mayor's Office with generating awareness and training activities on work and the care economy, a communication strategy and a media campaign on the importance of the joint responsibility among women, men, municipal government and society.

Source: (Soria, 2016)

INSPIRING PRACTICE:

Proposed Law for a Comprehensive Care System in Mexico City

Mexico City has strongly promoted the issue of care to institutionalize it and put it at the center of its agenda. The city's commitment to include new rights such as rights for families, non-salaried workers, the right to the city, and of course the right to care, has been reflected in Mexico City's new Political Constitution, which states that *all persons have the right to care that sustains their life and gives them material and symbolic resources to live in society throughout their lives.*

Mexico City is also in the process of passing a Law to create a Care System at the municipal level. The Law Decree proposal was submitted to the Legislative Assembly in March 2018.

The objectives pursued by the Law are: a) to guarantee people's right to take care of themselves, care for themselves and be cared for through programs, services and public policies that promote the autonomy of people who require care and joint social responsibility between the City Government, the private sector, communities and households; b) to recognize the work of paid and unpaid care; c) to establish the Comprehensive Care System referred to in Article 9 of Mexico City's Political Constitution.

According to the proposed Law, Mexico City's Comprehensive Care System will be made up of a set of universal, accessible, relevant, sufficient and quality public services. It will also develop programs and public policies aimed at guaranteeing the right to care, caring for oneself and being cared for, strengthening the social organization of care and joint social responsibility in order to contribute to changing the current gendered division of labor.

Some of the System's plans include:

- Benefits linked to maternity, paternity and care for the elderly, people with disabilities and people who are dependent due to illness.
- Programs and policies that make it easier to combine working hours with care responsibilities, directed toward all personnel working in City Departments.
- Incentives for companies based in the City to implement policies and schedules that enable staff to balance their work day with their care responsibilities.
- Actions to strengthen capacities focused on workers who need to care for children, senior citizens, people with disabilities and people who are dependent due to illness.
- Care services for children located in City Department work centers.
- Continuous training and certification processes for formal and informal caregivers to guarantee the quality of the services provided and incorporate a gender and human rights approach.

Source: (CDMX, Sin fecha)

INSPIRING PRACTICE:

Creation of the Federal Care System Bill in Buenos Aires (Argentina)

In 2017, the **Federal Care System Bill for Buenos Aires** (Argentina) was submitted.

This initiative seeks to build a tool where care ceases to be an individual issue, primarily for women, transforming it into a citizenship right, provided jointly by the State, companies, individuals and civil society organizations.

The project proposes the creation of a Federal Care System, responsible for drafting, implementing, coordinating, monitoring and evaluating comprehensive public care policies with a gender perspective, promoting the development of autonomy and care for people who are dependent.

Through this system, people's right to receive care, take care of themselves and provide care in conditions of quality and equality throughout the area will be guaranteed, promoting social organization for joint responsibility of care between families, the State, the market and the community, as well as between men and women. The main objective is to protect and guarantee the development and care of children from 0 to 12 years of age and of the elderly and disabled people in situations of dependence.

It it is worth adding that the City of Buenos Aires already has an **Early Childhood Center Program,** which provides educational, nutritional, health and social care to children from 45 days to 4 years of age in the most vulnerable areas of the City. The Centers are managed by specialized civil society organizations and supervised by the City Government. The Program operates 76 Early Childhood Centers, strategically located in the most vulnerable areas of the Autonomous City of Buenos Aires. More than 11,000 children attend, with an average of 150 places per Center.

The City Government has also developed the **Neighborhood Playspace Program,** play areas for children between 2 and 13 years of age, where they work through shared experiences, in an institutional context, overseen by an interdisciplinary team of adults.

Likewise, the City Government has deployed a wide range of services for the elderly, particularly aimed at those who are in vulnerable situations. Some of these programs are: BAP Third Age, which provides assistance to senior citizens in vulnerable housing or social situations; gerontology home care; subsidies to guarantee stable accommodation; permanent residence in open-door homes with comprehensive care; temporary reserved housing for victims of violence, as well as psychological support, legal advice, access to legal protection; training and workshops for senior citizens on various topics (ICT, culture, healthy lifestyle, etc.); social activities in retirement centers; Day Center provisions; social tourism; etc. These programs also include the comprehensive training of Gerontological Human Resources and the Geriatric Institutions Administrations and Directorates.

Source: (CEMPUPRO, 2017) (Ministerio de Hábitat y Desarrollo Humano, Sin fecha); (Secretaría de Integración Social para Personas Mayores, 2018)

INSTITUTIONAL FRAMEWORK FOR CARE POLICIES

Finally, we cannot end this review without referring to a key ingredient for the advancement of care policies, which is the **creation of institutionalism.** That is, beyond Ministries of Labor, Social Protection, Equality, Education, etc., the issue of care requires an institutional framework that articulates all the "components" that are involved and that typically fall under the competencies of various agencies.

Likewise, as it is a matter that also concerns companies and families, the required institutionalism must be conceived as an open space for actors and agents who transcend the public sphere.

Care policies demand an integrated response that therefore obliges the alignment and cooperation of various agents, at the intra- and inter-institutional, national and local, and public-private levels.

Some governments in the region have identified this need, and are constructing their care systems under the coordination of different government agencies as an effective response in this field. Examples of this have been provided throughout the document, as they are the basis of Comprehensive National Care Systems.

However, in certain cases, there exists collaboration with little or no participation from the private sector. In the same way, there is still a way to go in terms of sustainability and impact given that, in most cases, these systems have barely gotten started.

INSPIRING PRACTICE:

Inter-Institutional Group to Promote the Care Policy (GIPC) in Paraguay

The debate on care policies began in Paraguay in 2011, based on research and previous training and debate promoted by civil society. 2Since then, Paraguay, through its institutions and articulating inter-agency bodies, as well as civil society organizations, has taken important steps in considering the right to care for its citizens.

In 2016, following several phases, an **Inter-institutional Group to Promote the Care Policy (GIPC)** was set up. This initiative is ongoing and is led by the Ministry of Women (MM) and the Technical Secretariat of Planning (TSP), with the support of UN Women Paraguay. The GIPC is now made up of eleven state institutions and has an initial road map to design, adopt and implement a national care policy.

Cooperation agencies and civil society organizations have played a key role in this process. It emphasizes the support of UN Women in the process, funding from the European Union's Eurosocial+ Program or the active participation of civil society, especially the Documentation and Studies Center (CDE), generating knowledge, critical mass and skills in line with care issues.

Some of the main achievements of this initiative are: the consolidation of the GIPC as an inter-institutional group; the development of institutional consensus around a common road map; coordination with the defined macro process of the Social Protection Policy; coordination with international cooperation; exchange, south-south cooperation and actors (Mexico, Uruguay, ECLAC and UN Women, Eurosocial+/EU); the incorporation of civil society/academia in the process; the commitment to have information relevant to the process, such as the first Survey on Use of Time (2016); efforts to improve knowledge on the subject, the training of public officials of institutions that are part of the GIPC; and internal awareness-raising in institutions.

The care policy is intended to be universal in scope with gradual implementation through the expansion of coverage and existing care offered and by developing new care services, guaranteeing quality services for the entire population by establishing minimum standards, ensuring services provided are based on the needs of workers responsible for dependent people and through the promotion of quality jobs for people working in the care sector, among other actions.

Source: (ONU Mujeres Paraguay, Sin fecha)

9

CONCLUSION

The current crisis of care demands a **new social contract and a new organization of care** in which men and women, the State, companies and the market, are jointly responsible for this vital, necessary and indispensable work for individual and collective well-being.

The recognition, revaluation, redistribution and reduction of the care work currently being undertaken by women is also essential to women achieving economic empowerment. Today women are poor in time, poor in income and poor in opportunities, because of the work they do to make society rich in welfare and care.

The demographic data does nothing but signal that **the current social organization of care is unsustainable,** but public policies have not yet given sufficient attention to care issues.

In the region, measures are being debated and established around **a political agenda of care, but progress is moving at a slow pace.** Greater public investment is needed in care services for dependents (particularly in the first stage of childhood and LTC) for low-income households; parental leave and days off that enable the safeguarding of care during children's first months of life with the active involvement of both parents; working arrangements that are more compatible with life, where employers and workers both benefit; and strategies aimed at a change in men's role that make the "revolving door" towards the reproductive sphere effective.

All this considering the demand, given the multi-dimensional and complex aspect of the required solutions, of **adequate institutionalism and governance** that channels the diverse actors involved (national and local government agencies, companies, families, and communities) in a coordinated way, along with their different interventions put in place (laws, regulations, knowledge, policies, resources, etc.) towards common objectives.

Some governments in the region are developing **experiences** that can serve as an example, as this document has demonstrated. At this stage it is important to **debate, share and position on the political agenda the significant challenge of tackling the care crisis**, a problem that belongs to everyone, not only to women, and which the very wellbeing of our societies depends on.

10

ANNEX

TABLE 1. Protecting maternity in labor regulations in Latin America and the Caribbean

Country	Maternity leave	Salary coverage	Maternity Leave
Antigua and Barbuda	Between 6 and 13 weeks	60% covered by social security 40% covered by the employer for 6 weeks	
Argentina	90 days	100% covered by social security	During pregnancy and seven and a half months prior to birth
Bahamas	12 weeks	100%: 2/3 covered by social security and 1/3 covered by the employer	During pregnancy and leave
Barbados	12 weeks	100% covered by social security	During pregnancy and leave
Belize	14 weeks	100% covered by social security or the employer if the worker was not registered	During leave
Plurinational State of Bolivia	90 days	100% covered by social security, limited to 75% of salary if above minimum wage	During pregnancy and one year after birth
Brazil	120 days	100% covered by social security	During pregnancy and five months after birth
Chile	18 weeks	100% covered by social security	During pregnancy and one year after maternity leave ends
Colombia	18 weeks	100% covered by social security	During pregnancy and leave
Costa Rica	4 months	100% after 9 months of contributions / 75% with 6 to 9 months of contributions / 50% with 3 to 6 months of contributions The cost is covered 50% by social security / 50% by employer	During pregnancy and leave
Cuba	18 weeks	100% covered by social security	The duration of protection is not specified

Dominica	12 weeks	60% covered by social security and employer	During pregnancy and six months after birth
Ecuador	12 weeks	100% of salary, 75% covered by social security and 25% covered by employer	During pregnancy and leave
El Salvador	12 weeks	75% covered by employer	During pregnancy and leave
Granada	3 months	For monthly employees, a minimum amount of 40% of two months salary For employees paid weekly or biweekly, a minimum amount of 40% of four biweekly salaries For employees paid daily wages, a minimum amount of 40% of one fifth of the salary earned during the 12 months prior to starting leave Covered by social security (60%) and employer (40%)	During pregnancy
Guatemala	12 weeks	100%: 2/3 covered by social security and 1/3 covered by the employer	During pregnancy breastfeeding
Guyana	13 weeks	70% of the average salary, covered by social security	
Haiti	12 weeks	100% covered by social security	During pregnancy
Honduras	12 weeks	100% mixed coverage from social security and employer	During pregnancy and three months after birth
Jamaica	8 weeks	100% covered by employer	During pregnancy breastfeeding
Mexico	12 weeks	100% covered by social security	The right to return to the same job is recognized
Nicaragua	12 weeks	100% of last salary 60% covered by social security 40% covered by employer	During pregnancy and leave
Panama	14 weeks	100% mixed	During pregnancy and leave
Paraguay	18 weeks	100% of salary covered by social security	During pregnancy and leave
Peru	90 days	100% covered by social security	During pregnancy and 90 days after birth
Dominican Republic	12 weeks	100% of salary	During pregnancy and 6 months after birth
Saint Lucia	13 weeks	65% of salary, covered by social security	

Trinidad and Tobago	14 weeks	100% of salary for the first month 50% of salary the next two months 50% covered by social security and 50% covered by the employer	During pregnancy
Uruguay	14 weeks	100% covered by social security	During pregnancy and for 6 month after
Bolivarian Republic of Venezuela	182 days	100% covered by social security	During pregnancy and one year after birth

Source: Created by the author from (ELA, 2018), (World Economic Forum, 2017)

TABLE 2. Paternity Leave in the Region

Country	Duration	Description
Argentina	2 days (in some municipalities or provinces it may be between 5 and 20 days)	Law 20.744 of the Republic of Argentina stipulates that paternal leave will be paid and granted to employees with a work contract.
Bahamas	7 days	Unpaid.
Brazil	5 days 20 days in the Citizen Business Program.	In 2016, Brazil passed the Early Childhood Law, which, along with extending maternity leave, extended paid paternity leave from 5 to 20 work days for workers in private and public companies affiliated with the Corporate Citizen Program. The 20-day extension applies to workers who attend a parenting orientation program. 100% of salary paid by Social Security.
Chile	5 days postnatal exclusively after birth. Parental Leave: 6 weeks full-time or 12 to 18 part-time.	Chilean legislation provides that fathers with salaries and employment contracts to have 5 work days for the care of the newborn as an inalienable right. 100% paid by Social Security. On the other hand, parental leave can come into effect if the mother transfers the leave and they can take 6 weeks full-time or half-days for 12 to 18 weeks, paid by Social Security with a cap.
Colombia	4 to 8 days	4 days of leave per birth (only if the parent contributes to Social Security). 6 weeks for a person adopting of a child under 7 years old without a spouse or partner. 100% paid by Social Security.
Cuba	From 12 weeks and up to 3 months of Paternal Leave	For the mother or father, only for special reasons, without pay.
Ecuador	10 days	Multiple births or cesareans, 5 additional days. Premature or special care needs, 8 additional days. Adoption: 15 days. 100% of salary: 75% (Social Security) and 25% (employer).
Guatemala	2 days	2 days from birth. 100% paid: 75% (Social Security) and 25% (employer). If there are no daily contributions, the employer assumes 100%.
Nicaragua	5 days	100% paid by Social Security.
Panama	3 days	Bill in process.
Paraguay	14 days	Covered by Employer

Peru	4 days	100% paid by Social Security.
Dominican Republic	2 days	2 days of paid leave per birth, 100% paid by Social Security when there is a minimum of 8 months of contributions in the 12 months before birth, without daily contributions, 100% paid by the employer.
Uruguay	3 to 10 days	10 business days in the public and private sector. 100% paid by Social Security. Paid by the employer. Adoption: 10 to 45 days for the father.
Venezuela	14 days	14 consecutive days after the birth or adoption of a child under 3 years for parents with a contract, 100% paid by Social Security. 21 days for a multiple birth.

Source: Created by the author based on (MenCare, 2017b)

11

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