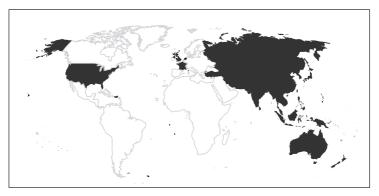
# Valuing Unpaid Care and Domestic Work and Investing in the Care Economy: A Policymaker's Guide







The shaded areas of the map indicate ESCAP members and associate members.\*

The Economic and Social Commission for Asia and the Pacific (ESCAP) is the most inclusive intergovernmental platform in the Asia-Pacific region. The Commission promotes cooperation among its 53 member States and 9 associate members in pursuit of solutions to sustainable development challenges. ESCAP is one of the five regional commissions of the United Nations.

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# Valuing Unpaid Care and Domestic Work and Investing in the Care Economy: A Policymaker's Guide

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#### Acknowledgements

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Jessica Henn edited the final guide for publication and Daniel Feary designed its cover and layout.

This publication serves as the final publication in 'A Policymaker's Toolkit for Valuing Unpaid Care and Domestic Work and Investing the Care Economy' which serves to empower policymakers in driving effective policy implementation for valuing and investing in the care economy. For a comprehensive understanding of the concepts and theoretical foundations of the Model Framework for Action, please refer to 'How to invest in the care economy: a primer' and the 'Model Framework for Action on the Care Economy Concept Paper' the first and second publications in the series respectively. For practical guidance on designing training programmes for policymakers on the care economy, please consult the 'Designing Policymaker Training to Address the Care Economy: A Facilitator's Manual'.



Please scan the QR code to access the other publications in this series and for accompanying materials

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#### **Section 1**

## Introduction



#### What is the guide about?

The Policymaker's Guide is the final piece in the 'A Policymaker's Toolkit for Valuing Unpaid Care and Domestic Work and Investing the Care Economy' which serves to empower policymakers in driving effective policy implementation for valuing and investing in the care economy. The guide is a strategic toolkit for policymakers, particularly those within the ministries of women and affairs and related governmental departments, to effectively design and implement national consultations focused on the care economy. Tailored to facilitate a comprehensive three-day consultation process, it aims to enhance understanding of the care economy among various stakeholders. The guide provides a structured approach to enable line ministries to identify policy entry points in their priority areas, establish a shared set of principles for addressing care-related challenges and develop a cohesive action plan. The Model Framework for Action Plan on Care Economy (henceforth referred to as MFA), developed through collaboration between the United Nations Economic Commission for Asia and the Pacific (ESCAP) and the Institute of Development Studies (IDS), serves as a valuable resource in guiding policymakers and development practitioners in developing and implementing evidence-led, caresensitive and gender-transformative policies. This guide offers tools, methodologies and practices to ensure that the consultation leads to concrete commitments and actionable strategies for advancing care policies.

#### How to use

This guide is designed to furnish a clear, sequential approach for conducting successful training and consultation sessions. It serves as an exhaustive guide for policy actors, covering all aspects of consultation preparation, structure and implementation of innovative methods tailored to diverse objectives. The content is designed for adaptability, enabling users to modify it according to the specific contexts of their country or ministry, thereby making it apt for addressing a variety of policy backgrounds and needs. The guide incorporates a wide range of tools and templates, essential for organizing effective consultation sessions, engaging stakeholders in constructive dialogue, and evaluating the outcomes of the discussions. These resources play a key role in ensuring that the consultation

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not only disseminates knowledge about the care economy but also stimulates line ministries in critical thinking and catalyzes transformative policy ideas. The layout of the guide is designed with the user in mind, enabling policy actors to navigate the materials, pinpoint key discussion points and choose methodologies that best fit their consultation environment. This strategy ensures that each session within the consultation programme is impactful, resulting in concrete care-related policy actions within the relevant contexts.

#### How did it come about?

This guide is the result of executive consultations and training sessions conducted in countries such as Cambodia and the Philippines. These engagements have provided valuable insights into the challenges and successes of implementing care economy policies at the national and subnational level. Drawing from these experiences, the guide synthesizes lessons learned and creative approaches to formulating and advocating for gender equality and the empowerment of all women and girls. It specifically addresses Sustainable Development Goal (SDG) target 5.4, which seeks 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." Incorporating the MFA, the guide effectively bridges the gap between international targets and practical policy implementation. This facilitates enhanced governmental engagement, guiding the development of inclusive and equitable policies that align with the global agenda. By translating these objectives into actionable policies, the guide not only recognizes the critical contributions of unpaid care work but also promotes a transformative shift towards gender equality and the empowerment of women and girls in a practical and impactful manner.

#### **Structure**

This guide is structured to facilitate a three-day consultation process for policymakers, providing a systematic approach to understanding, discussing and actioning care-related policies. It integrates theoretical frameworks with practical exercises, centred around the MFA, to guide evidence-led and gender-transformative policy development. The guide is divided into conceptual introduction, targeted consultations and strategic planning phases, each designed to enable line ministries to identify policy entry points, establish shared principles and develop cohesive action plans tailored to their contexts. The first day is to set up concepts of care, care economy and MFA; the second day is to conduct individual ministry consultations to address specific policy areas based on the MFA; and the third day is to synthesize insights into a comprehensive policy action plan. A three-day schedule is recommended to ensure an in-depth engagement with the care economy and achieve the most effective outcomes. However, the sessions in this guide can be adapted or condensed to accommodate a shorter schedule, depending on the context.

# Section 2 Objective

To ensure that policy actors from the relevant women's ministry within the country are able to design national consultations with their line ministries on the Care Economy – 3 days with the following objectives:

- A To strengthen understanding of the care economy, bringing key stakeholders from within and outside the government to the table to commit to working on the care economy
- B To enable line ministries to select policy entry points for their priority policy area
- C To agree on a shared set of principles to take care economy concerns into account for this chosen priority area
- D To agree on an action plan for the chosen policy entry points

#### Setting up the consultation programme

- A Share the objectives of the consultation programme with relevant stakeholders and agree on a consultation plan
- **B** The target audience for this guide is any policy actors and development practitioners who have the responsibility of developing and implementing care policies
- C Facilitation

This guide provides detailed guidelines and tools for a three-day consultation with line ministries. It structures the programme to ensure an engaging and informative experience for the target audience. Facilitator of the consultation emphasizes achieving each session's objectives through interactive activities, discussions and group exercises, ensuing that the knowledge is both understood and applicable in the respective context.

#### i Importance checklist

There are many things to prepare before the consultation programme starts. It is, therefore, useful to consult some important checklists so that the programme runs smoothly.



#### Logistics checklist

- Make sure that the invitations go out in time and are clear in terms of which level of ministries are being invited, and who is inviting them
- Set up space in small tables
- Make sure there is space for senior governmental officials to deliver speeches – e.g., podium/stage
- Ensure appropriate recording of sessions, photographer, videographer, etc.
- Ensure PPT facilities are appropriate and available e.g., screen, lighting
- Ensure appropriate access for people with disabilities e.g., ramps/ headsets



#### **Materials checklist**

- · Policymakers guide presentation slides
- Resource kit containing: 1) Model Framework for Action on the Care Economy Concept Paper; 2) Country level reports; 3) Case study reports;
   4) Table of policy categories of care; 5) Sample MFA questions; 6) Adapted MFA questions; 7) Table of action plan development
- · Programme agenda
- Microphone, laptops or computers with online access to the relevant materials in each session
- · Projector and screen
- Paper supplies (white, coloured and large poster), markers/pens (coloured and black), writing pads, notebooks, flip-chart paper
- Stationery (scissors, glue, sticky adhesive 'blue-tac')
- · Name tags



#### **Checklist for facilitation**

- Present and explain all the different steps of each session (e.g., objectives, methodology)
- Ask questions on a regular basis to elicit specific examples/experiences from participants
- Give clear instructions when participants engage in group activities; ask each group to present their work and the others to add perspectives to spur further thinking and explore various approaches from different groups
- Give each participant a handout; make sure that handout is clear, readable and to the point
- Refer participants to additional reading and resources, i.e., 'How to invest in the care economy: a primer'; the 'Model Framework for Action on the Care Economy Concept Paper', relevant ESCAP reports (e.g., Addressing Unpaid Care Work in ASEAN, COVID-19 and the Unpaid Care Economy in Asia and the Pacific, etc.)

#### ii Number of people:

 Minimum 2 people from each ministry; with about 5-7 ministries being there for three full days

#### Overall programme



#### **Objective**

- i To explore innovative approaches, best practices and successful models from national and international contexts of care policy ecosystems that address gendered inequalities in the care economy
- ii To foster partnerships across government ministries and departments to collaborate towards a comprehensive and holistic 'whole of government' approach to recognize, reduce and redistribute unpaid care work
- iii To identify entry points for policy change (social, economic, and legislative aspects) to utilize for a concerted and coordinated implementation of care-focused policy measures, integrating both short-term and long-term considerations

#### D Agenda for policymakers training on Care Economy

Time	DAY-1 (Setting up concepts)	DAY-2 (Individual consultations)	DAY-3 (National consultation)
Morning	Opening Introduction	Meetings with Ministry 1 officials and any development partners relevant to care services	Opening welcome remarks Keynote speech/ roundtable regarding care economy
Coffee Break			
Post Coffee Break	Understanding the care economy Country status analysis	Meetings with Ministry 2 officials and any development partners relevant to care-related social protection	Presentation of country's draft MFA
Lunch			
Post Lunch Break	Introduction to MFA Identifying specific policy areas (1 out of each policy category) by line ministries (group activity)	Meetings with Ministry 3 officials and any development partners relevant to care infrastructure	Presentation of key components of action plan Group work on each policy area (4 tables in total) on action plan
Coffee Break			
Post Coffee Break	Presentation of specific policy areas by line ministries Sharing MFA questions for entry points (by relevant policymakers Sharing agenda for Day-2	Meetings with Ministry 4 officials and any development partners relevant to employment- related care policies	Presentation of action plans Summary and closing remarks

#### Section 2

# Detailed agenda and instructions

# Day-1

# Setting up concepts



# **6**

#### **Objectives**

- 1 To review and assess progress from previous intra-ministerial training
- 2 To introduce key concepts of the care economy and MFA
- 3 To identify specific policy areas for each policy category of care

## **≣** Agenda

Time and duration	Session title	Activity	Objective/take away
9:30 – 10:00 30 mins	Opening	Opening remarks	To welcome participants and provide an overall overview of the training programme
10:00 – 10:30 30 mins	Introduction	Grouped/paired introductions	Participants get to know each other and their respective jobs roles
10:30 – 11:00 30 mins	Coffee break		
11:00 – 12:00 1 hour	Understanding the care economy	Plenary	To develop an understanding of the building blocks towards care and its importance
12:00 – 13:00 1 hour	Lunch		
13:00 – 14:00 1 hour	Introduction to MFA	Plenary	To build an understanding of the MFA
14:00 – 15:30 1.5 hours	Identifying specific policy areas by line ministries	Group activity	To identify priority areas for each policy category of care
15:30 – 16:00 30 mins	Coffee break		
16:00 – 16:45 45 mins	Presentation of specific policy areas by line ministries	Group presentation	To foster collective learning and insights on prioritising policy areas
16:45 – 17:00 15 mins	Sharing MFA questions for entry points Sharing agenda for Day-2		To summarize key outcomes and share agenda for Day-2

#### **Opening**

TIMINGS

9.30am-10am

30 minutes

**Description:** This session inaugurates the training with a formal opening by a Senior Minister, laying the groundwork for the entire programme. In addition to emphasizing the importance of addressing unpaid care work for women and girls, the session introduces the achievements of the previous three days of intra-ministerial training and sets forth the objectives for the forthcoming three days, linking the topics to the preceding training.

**Speakers:** Senior Minister



#### **Objectives**

- 1 To welcome all participants and review the progress achieved during the previous training phase
- 2 To highlight the programme's contribution towards building ministry capacities for the economic empowerment of women



#### **Relevant materials**

- Opening slides
- Speech note (if applicable)
- · Handout: Training programme agenda



#### **Note for facilitation**

- Coordinate in advance to invite a relevant Senior Minister for the opening remarks. Ensure all logistics details are addressed.
- Prepare a concise summary of the previous intra-ministerial training to be presented by the Senior Minister, emphasizing the key learnings and outcomes.
- Ensure the stage is appropriately set up with a microphone, podium, a pre-written speech (if applicable), and a glass of water at the podium.

#### Introduction

TIMINGS

10am-10.30am

30 minutes

Description: This session outlines the aim and activities for the first day of this training and facilitates initial introductions among participants to create an environment conducive to open dialogue and collaboration. The session employs a speed networking activity to encourage introductions within a short time frame. This format allows participants to briefly share their roles, interests and visions regarding the care economy.



#### **Objectives**

- To describe the aim and activities for Day 1
- To facilitate participant introduction, enabling a brief exchange of professional backgrounds and interests related to the care economy
- To create a dynamic and engaging environment that sets a positive tone for the rest of the programme



#### **Relevant materials**

- · Day 1 Introduction slides
- Handout: Day-1 agenda



#### $f \equiv$ Methodology

The session begins by describing the objectives and agenda of the first day, followed by briefing participants on the speed networking activity, a structured yet dynamic method designed to facilitate rapid introductions. It aims to enable participants to quickly share and learn about each other's professional roles, interests and perspectives on the care economy for open dialogue throughout the programme.

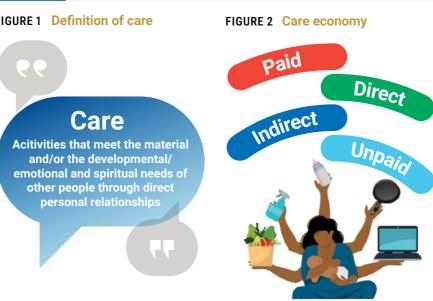


#### **Steps**

- The facilitator briefly explains the speed networking rules, emphasizing the importance of concise introductions and the sharing of key information related to their professional background and interest in the care economy.
- Participants will be arranged in two parallel lines facing each other, ensuring each participant is directly opposite another participant.
- 3 Participants engage in a 2-minute conversation with the person directly across from them. They are encouraged to share information about their professional background, their ministry's role in the care economy and one key issue they are passionate about addressing.
- 4 After each 2-minute period, participants in one line will move one spot to the right, ensuring they engage with a new counterpart (a timer or bell signals the end of each period).
- 5 The facilitator wraps up the session, encouraging participants to further explore the connections made during the activity in breaks and subsequent sessions of the programme.

SESSION 1	Understanding the care economy
TIMINGS	11am-12pm
	60 minutes

FIGURE 1 Definition of care



**Description:** This session is designed to explore the concept of care, which is a crosscutting theme across many SDGs. With a particular focus on unpaid care work (both direct and indirect), the session highlights the significant contribution of women in this sector, pressing issues surrounding the burden of care work for women, and the importance of taking an intersectional approach in making care policies. The session sets the steps for addressing the care economy for the recognition, reduction, and redistribution of unpaid care work. This session also provides a country-specific perspective on the political economy of care, focusing on mapping the status of care economy within different countries. Highlighting the work in the Asia-Pacific region by ESCAP, the session aims to deliver key findings and recommendations from relevant case studies and regional reports as a starting point to identify pathways into developing the best basket of care policies that address the national context of countries



#### **Objectives**

- 1 To build the concept of care and care economy
- 2 To introduce and equip participants with the importance and necessity of care within the development paradigm
- 3 To inform participants of the status and challenges in the political economy of care within countries
- 4 To review and discuss the findings from the case status analysis as an instruction in developing the MFA



#### **Relevant materials**

- Session 1 slides
- United Nations, 'Sustainable Development Agenda' (https://www.un.org/ sustainabledevelopment/development-agenda/)
- Reading materials: 'How to invest in the care economy: a primer', COVID-19 and the Unpaid Care Economy in Asia and the Pacific
- Global reports: Addressing Unpaid Care Work in ASEAN, COVID-19 and the Unpaid Care Economy in Asia and the Pacific, Caring in Times of COVID-19, and 'How to invest in the care economy: a primer'
- Country level reports: Cambodia, Indonesia, the Philippines, Lao PDR, Timor-Leste and Uzbekistan



#### Note to facilitators

- Introduce the concept of care, its importance in SDGs and the challenges when care work is unequally distributed.
- Ensure that the participants gain a deeper understanding of the care economy and the need for adopting an intersectional approach in making care policies responsive to the needs of women and girls.
- Identify similar approaches, trends, or strategic priority areas in the policy recommendations in ESCAP's work in the Asia-Pacific region.
- Ensure that this session is designed to provide a background of how the MFA was developed.

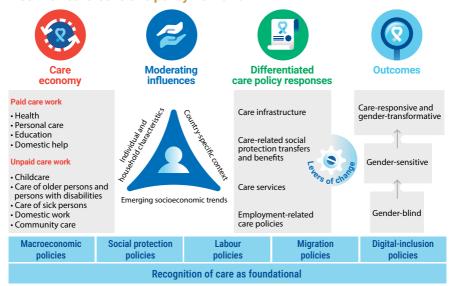
Model Framework for Action on the Care Economy (MFA)

TIMINGS

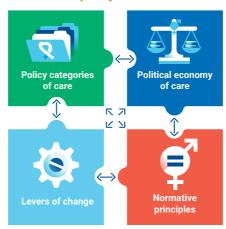
Model Framework for Action on the Care Economy (MFA)

1pm-2pm
60 minutes

#### FIGURE 3 Care-sensitive policy framework



#### FIGURE 4 Model framework for policy action on care economy (MFA)



**Description:** This session introduces the MFA, developed in partnership by IDS and ESCAP. It provides an overview of the MFA, a primary tool to support care policymaking in ESCAP member states. Building on research findings of ESCAP and concepts discussed in the previous sessions, it introduces the '7-4-7 framework of action for operationalizing the Triple R' developed by Chopra and Krishnan (2022). The session is designed to describe how ESCAP's care-sensitive policy framework is operationalized in the '7-4-7 framework' and deliberate on the MFA's four key components – policy categories of care, political economy of care, normative principles, and levers of change – in detail in the following sessions.



#### **Objectives**

- 1 To provide a comprehensive overview of the MFA and its significance in shaping care policies
- 2 To establish a foundational understanding of the MFA's four components



#### **Relevant materials**

- Session 2 slides
- Handout: Model Framework for Action on the Care Economy Concept Paper



#### **Note to facilitators**

- Emphasize the importance of care work in economic growth and sustainable development, shifting narratives from positioning care as a burden to women's labour force participation to valuing it as a key economic contributor.
- Explain the concept of the MFA, how it was developed and its four components (policy categories of care, political economy of care, normative principles, and levers of change), using the MFA concept paper and '7-4-7' framework'.
- Explain each component of the MFA and demonstrate the interconnectedness between the four key components.

SESSION 3	Identifying policy priorities
TIMINIOO	2pm-3.30pm
TIMINGS	90 minutes

FIGURE 5 Policy categories of care



**Description:** This session outlines the four care policy categories that comprehensively address care needs – care infrastructure, care-related social protections, care services, and employment-related care policies, followed by sub-categories based on the sectoral and issue types. It emphasizes the importance of identification of strategic priority areas in the design and implementation of the chosen policy area depending upon local, regional and national priorities in order to have the maximal effect in relieving the onus of care on women. However, this session also acknowledges the interconnection between these policy areas such that no aspect of care needs is ignored. How to prioritize policy areas will be further explored through a group activity in this session.



#### **Objectives**

- 1 To introduce four policy categories of care and issue specific areas to consider
- To collaboratively identify and prioritize the most relevant/priority policy area for each relevant context, considering unique political, social and economic contexts
- 3 To facilitate a comprehensive discussion on the intersections of power, resources and societal norms in shaping care policies



#### **Relevant materials**

- Session 3 slides
- Handout: Issue specific coverage of care policy categories, matrix for group activity



#### Methodology

The facilitator starts the session with a presentation that explains the four categories of care. The facilitator emphasizes the importance of considering the unique political, economic and social contexts of countries when identifying and prioritizing care-sensitive policy areas. The facilitator aims to describe each component (care infrastructure, care-related social protection, care services, and employment-related care policies) for five minutes, but also highlights that a basket of policies across the different categories provides a segway to developing "comprehensive care systems". After the presentation, the facilitator divides participants into four groups for the matrix mapping activity that assesses and identifies a priority area. The division should be made considering a mix of experiences, backgrounds and regions to enrich the analysis.

The facilitator instructs groups to discuss and decide which of the four care-sensitive policy categories (care infrastructure, care-related social protection, care services, and employment-related care policies) is most significant for their country to focus on first and why. Groups will be given 30 minutes to discuss and assign weights to the policy areas, from 1 to 4 (4: Most important, 1: Less important) to assess their relative importance based on the country's specific needs and contexts.



#### **Steps**

- 1 Start the session by providing a comprehensive introduction to each of the four care-sensitive policy categories, highlighting their significance in shaping care policies in different countries (20 minutes).
- 2 Divide participants into four small groups, ensuring a diverse mix of backgrounds, regions and experiences (5 minutes).
- After dividing groups, ask a question: "Which of the four care-sensitive policy categories care infrastructure, care-related social protections, care services, and employment related care policies do you think is important to focus on first and why?"
- Participants are encouraged to discuss and identify four reasons on which they will assess each policy category, and then compare and rank the four categories on each reason by assigning weights 4-3-2-1 (30 minutes).
- 5 Encourage groups to consolidate their insights into a summary, reflecting their discussion and reasoning for prioritization.

#### Group presentation: Policy priorities

TIMINGS

4pm-4.45pm

45 minutes

#### FIGURE 6 Group summary table for policy categories of care

Policy category	Group 1	Group 2	Group 3	Group 4
Care infrastructure				
Care-related social protection				
Care services				
Employment-related care policies				

**Description:** This session involves group presentations where participants will share their group discussion on identifying key policy areas. This collective review and discussion will provide a platform for understanding different perspectives and consensus-building on care policy priorities.



#### **Objectives**

- 1 To facilitate the presentation of group discussion on the prioritization of care-sensitive policy areas
- 2 To foster an environment for collective learning and insight sharing among participants
- To encourage dialogues and consensus-building on the identified priority areas



#### **Relevant materials**

· Session 3 slides: 'Group Summary Table'



#### **Note to facilitators**

- Ensure that each group has 5 minutes to present, followed by a 5-minute Q&A session.
- Ask each group to put their weights on a collective matrix and explain their reasons for weights in such a way.
- After all presentations, collate key insights, common themes and areas of divergence from the group presentations.
- Encourage all participants in a broader discussion, focusing on a collective understanding and identifying common practices.

#### Sharing agenda for Day-2

**TIMINGS** 

4.45pm-5pm

15 minutes

**Description:** This session reviews the discussion and outlines the agenda for Day-2. It provides participants with an overview of the topics and activities planned for the following day, ensuring that they are prepared and understand the expectations. For the Day-2 individual consultations, the MFA questions for entry points will be distributed to line ministries.



#### **Objectives**

- To share MFA questions for entry points
- 2 To set the stage for the next day's focus, which will be on individual contributions from each line ministry



#### **Relevant materials**

Day 2 agenda



#### **Note to facilitators**

- Prepare a detailed briefing on the structure of Day-2, emphasizing the focus on an individual meeting with specific line ministries.
- Provide MFA assessment questions of each care-sensitive category for policy entry points.
- Explain the objectives of these meetings, which are to discuss priority areas for action in-depth and gather inputs from participants.
- Highlight the importance of these meetings in ensuring a productive national consultation with concrete outcomes and encourage them to come prepared with insights relevant to their ministry's focus areas, based on the MFA assessment questions.

## Day-2

# Individual consultations



## **Objectives**

- To engage in focused dialogues with individual line ministries to address specific challenges and opportunities in implementing care policies
- 2 To facilitate collaboration among ministries and development partners to create cohesive, cross-sectoral strategies for the care economy
- 3 To utilize insights from these consultations to develop actionable, ministryspecific plans that align with broader national and international contexts of care policy ecosystems

### **≣** Agenda

Time and duration	Session title	Activity	Objective/take away
9:30 – 11:00 1hr 30mins	Consultation with Ministry 1 officials and any development partners relevant to care services	Group activity	To identify the entry points for the policy interventions under care services
11:00 – 11:15 15 mins	Coffee break		
11:15 – 12:45 1hr 30mins	Consultation with Ministry 2 officials and any development partners relevant to care-related social protection	Group activity	To identify the entry points for the policy interventions under carerelated social protection
12:45 – 13:45 1 hr	Lunch		
13:45 – 15:15 1hr 30 mins	Consultation with Ministry 3 officials and any development partners relevant to care infrastructure	Group activity	To identify the entry points for the policy interventions under care infrastructure
15:15 – 15:30 15 mins	Coffee Break		
15:30 – 17:00 1hr 30mins	Consultation with Ministry 4 officials and any development partners relevant to employment-related care policies	Group activity	To identify the entry points for the policy interventions under employment-related care policies

SESSION 4	Consultation with Ministry 1 officials and any development partners on care services
NOTES	See Annex for example of the Philippine's MFA
TIMINOC	9.30am-11am
TIMINGS	1 hour 30 minutes

**Description:** This session brings together Ministry 1 officials and relevant development partners to discuss improvements and challenges in care services. Participants will evaluate the political economy, the levers of change and the normative principles for the strategic priority issue area, using the MFA questions. The assessment will serve as a crucial step towards the creation of an implementation plan and strategies for engaging stakeholders.



#### **Objectives**

- 1 To conduct an assessment of the chosen strategic priority issue area under care services, using the adapted MFA questions
- To identify key challenges and opportunities within the chosen priority issue area that can inform future strategic planning and policy development
- 3 To facilitate a collaborative environment that encourages knowledge sharing and consensus-building on the direction for future action



#### **Relevant materials**

 Handout: MFA questions for chosen priority issue area, samples of completed MFA questions from different countries



#### Methodology

The session begins by setting the context for care services in the country and outlining the objectives of this session. The use of the adapted MFA questions will ensure a structured and targeted assessment, guiding participants to facilitate an in-depth discussion to identify and prioritize actionable areas within the chosen strategic priority issue area.



#### **Steps**

- 1 Begin by outlining the purpose of the session, emphasizing the need for a comprehensive assessment of care services in the national context.
- 2 Encourage participants to express their initial thoughts and perceptions about the chosen strategic issue area.
- Briefly introduce the adapted MFA questions, setting the stage for a detailed examination of the political economy of care, levers of change and normative principles for the chosen strategic priority issue area.
- 4 Provide the relevant examples from any other country (if applicable) to illustrate how these components have been addressed in different/similar contexts. These examples serve as a reference point, enriching the discussion and providing insights into potential outcomes of this session.
- Participants are guided to fill in the provided tables of the MFA questions adapted for the chosen strategic priority issue area under care services and its application to the national context.
- 6 Participants are asked to articulate the policy entry points within the chosen strategic issue area by evaluating the MFA components of political economy of care, levers of change and normative principles.
- If the time allows, allocate the time for remarks from experts and partners for their additional insights and feedback on the discussions.



SESSION 5	Consultation with Ministry 2 officials any development partners on care-related social protection
NOTES	See Annex for example of the Philippine's MFA
TIMINICO	11.15am-12.45pm
TIMINGS	1 hour 30 minutes

**Description:** This session brings together Ministry 2 officials and relevant development partners to discuss improvements and challenges in social protection policies related to care. Participants will assess the political economy of care, levers of change and normative principles for the strategic priority issue area, using the MFA questions. The assessment will serve as a crucial step towards the creation of an implementation plan and strategies for engaging stakeholders.



#### **Objectives**

- 1 To conduct an assessment of the chosen strategic priority issue area under care-related social protection, using the adapted MFA questions
- To identify key challenges and opportunities within the strategic priority issue area that can inform future strategic planning and policy development
- 3 To facilitate a collaborative environment that encourages knowledge sharing and consensus-building on the direction for future action



#### **Relevant materials**

 Handout: MFA questions for chosen priority issue area, samples of completed MFA questions from different countries



#### Methodology

The session will begin by setting the context for social protection related to care in the country and outlining the objectives of this session. The use of the adapted MFA questions will ensure a structured and targeted assessment, guiding participants to facilitate an in-depth discussion to identify and prioritize actionable areas within the chosen strategic priority issue area.



#### **Steps**

- Begin by describing the objectives of the session, emphasizing the need for a comprehensive assessment of care-related social protection.
- 2 Encourage participants to express their initial thoughts and perceptions about the chosen strategic issue area.
- 3 Briefly introduce the adapted MFA questions, setting the stage for a detailed examination of the political economy of care, levers of change and normative principles for the chosen strategic issue area.
- 4 Provide the relevant examples from any other countries (if applicable) to illustrate how these components have been addressed in different/similar contexts. These examples serve as a reference point, enriching the discussion and providing insights into potential outcomes of this session.
- Participants are guided to fill in the provided tables of the MFA questions adapted for strategic issue area under care-related social protection and its application to the national context.
- 6 Participants are asked to articulate the policy entry points within the chosen strategic issue area by evaluating the MFA components of political economy of care, levers of change and normative principles.
- If the time allows, allocate the time for remarks from experts and partners for their additional insights and feedback on the discussions.

SESSION 6	Consultation with Ministry 3 officials and any development partners on care infrastructure
NOTES	See Annex for example of the Philippine's MFA
TIMINICO	1.45pm-3.15pm
TIMINGS	1 hour 30 minutes

**Description:** This session brings together Ministry 3 officials and relevant development partners to discuss improvements and challenges in care infrastructure. Participants will assess the political economy of care, levers of change and normative principles for the strategic priority issue area, using the MFA questions. The assessment will serve as a crucial step towards the creation of an implementation plan and strategies for engaging stakeholders.



#### **Objectives**

- 1 To conduct an assessment of the chosen strategic priority issue area under care infrastructure, using the adapted MFA questions
- To identify key challenges and opportunities within the strategic priority issue area that can inform future strategic planning and policy development
- 3 To facilitate a collaborative environment that encourages knowledge sharing and consensus-building on the direction for future action



#### **Relevant materials**

 Handout: MFA questions for chosen priority issue area, samples of completed MFA questions from different countries



#### Methodology

The session will begin by setting the context for care infrastructure in the country and outlining the objectives of this session. The use of the adapted MFA questions will ensure a structured and targeted assessment, guiding participants to facilitate an in-depth discussion to identify and prioritize actionable areas within the chosen strategic issue area.



#### **Steps**

- 1 Begin by describing the objectives of the session, emphasizing the importance of a comprehensive assessment of care infrastructure.
- Encourage participants to express their initial thoughts and perceptions about the chosen strategic issue area.
- Briefly introduce the adapted MFA questions, setting the stage for a detailed examination of the political economy of care, levers of change and normative principles for the chosen strategic priority issue area.
- 4 Provide the relevant examples from any other countries (if applicable) to illustrate how these components of the MFA have been addressed in different/similar contexts. These examples serve as a reference point, enriching the discussion and providing insights into potential outcomes of this session.
- Participants are guided to fill in the provided tables of the MFA questions adapted for strategic issue area under care infrastructure and its application to the national context.
- 6 Participants are asked to articulate the polity entry points within the strategic priority issue area by evaluating the MFA components of political economy of care, levers of change and normative principles.
- If the time allows, allocate the time for remarks from experts and partners for their additional insights and feedback on the discussion.

SESSION 7	Consultations with Ministry 4 officials and development partners on employment-related care policies
NOTES	See Annex for example of the Philippine's MFA
TIMINICS	3.30pm-5pm
TIMINGS	1 hour 30 minutes

**Description:** This session brings together Ministry 4 officials and development partners to discuss improvements and challenges in employment-related care policies. Participants will evaluate the political economy of care, levers of change and normative principles for the strategic priority issue area, using the MFA questions. The assessment will serve as a crucial step towards the creation of an implementation plan and strategies for engaging stakeholders.



#### **Objectives**

- 1 To conduct an assessment of the chosen strategic priority issue area under employment-related care policies, using the adapted MFA questions
- To identify key challenges and opportunities within the strategic priority issue area that can inform future strategic planning and policy development
- 3 To facilitate a collaborative environment that encourages knowledge sharing and consensus-building on the direction of future action



#### **Relevant materials**

 Handout: MFA assessment questions for chosen priority issue area, samples of completed MFA questions from different countries



#### Methodology

The session will begin by setting the context for employment-related care policies in the country and outlining the objectives of this session. The use of the adapted MFA assessment questions will ensure a structured and targeted assessment, guiding participants to facilitate an in-depth discussion to identify and prioritize actionable areas within the chosen strategic priority issue area.



#### **Steps**

- Begin by describing the objectives of this session, emphasizing the importance of a comprehensive assessment of employment-related care policies.
- 2 Encourage participants to express their initial thoughts and perceptions about the chosen strategic issue area.
- 3 Briefly introduce the adapted MFA assessment questions, setting the stage for a detailed examination of the political economy of care, levers of change and normative principles for the chosen strategic priority issue area.
- 4 Provide the relevant examples from any other countries (if applicable) to illustrate how these components have been addressed in different/similar contexts. These examples serve as a reference point, enriching the discussion and providing insights into potential outcomes of this session.
- Participants are guided to fill in the provided tables of the MFA questions adapted for the strategic issue area under employment-related care policies and its application to the national context.
- 6 Participants are asked to articulate the policy entry points within the strategic issue area by evaluating the MFA components of political economy of care, levers of change and normative principles.
- If the time allows, allocate the time for remarks from experts and partners for their additional insights and feedback on the discussion.

### Day-3

# National consultation on care economy



### **Objectives**

- 1 To identify areas for action, building on previous consultations with the line ministries
- To explore strategies to strengthen these areas of action through specific partnerships
- To articulate what Government ministries can do to empower women to realize their full potential

### **≣** Agenda

Time and duration	Session title	Activity	Objective/take away
9:30 – 10:00 30 mins	Opening remarks		To bring back participants to the room and link all the three days, providing an overview of the day's activities and objectives.
10:00 – 11:00 1 hour	Keynote speech/ roundtable regarding the care economy	Plenary	To explore international and national trends in the care economy, emphasizing the recognition of unpaid care work.
11:00 – 11:30 30 mins	Coffee Break		
11:30 – 12:30 1 hour	Country's draft MFA	Plenary	To provide the draft MFA adapted to the country's context
12:30 – 13:30 1 hour	Lunch		
13:30 – 14:00 30 mins	Policy action plan	Plenary	To present main components of developing a policy action plan
14:00 – 15:00 1 hour	Each policy area on action plan	Group activity	Participants detail a structured action plan for identified policy areas
15:00 – 15:30 30 mins	Coffee Break		
15:30 – 16:30 1 hour	Presentation of action plans	Group presentation	Participants make presentation of action plan under each policy area
16:30 – 17:00 30 mins	Closing remarks		To summarize key insights from three days and outline future directors for policy design and implementation

### **Opening remarks**

**TIMINGS** 

9.30am-10.00am

1 hour

**Description:** A senior official opens the consultation, highlighting the critical issues at the intersection of gender equality and the care economy. The opening remarks will stress the importance of acknowledging and valuing unpaid care work, and how it is integral to economic and social development. The session aims to build dialogue on creating adaptable and impactful policies, leading towards a strategic framework for action.



#### **Objectives**

- 1 To set the consultation's context within the broader sustainable development and gender equality agenda
- 2 To delineate the expected outcomes in mapping recommendations for policy action in the care economy



#### **Relevant materials**

- · Speech note (if applicable)
- Handout: Day-3 agenda



#### **Note for facilitation**

- Ensure all logistic and technical aspects are managed smoothly for uninterrupted delivery of opening remarks.
- Use the session to build a sense of unity among participants, setting a positive tone for the day's discussions.

#### Keynote speech/roundtable on care economy

**TIMINGS** 

10.00am-11.00am

1 hour

**Description:** This session brings together experts, policymakers and academics to discuss strategies in the care economy, emphasizing the integration of care work into gender equality and different policies. The role of data, such as time use surveys, in shaping impactful policies and interventions will be a focal point, illustrating the broader benefits of recognizing and valuing unpaid care work for economic development and gender equality.



#### **Objectives**

- 1 To provide effective policies and practices for addressing unpaid care work as a foundation for gender equality and economic empowerment
- 2 To highlight the importance of data-driven approaches in shaping interventions that can transform the care economy



#### **Relevant materials**

- PPT slides for each panellist (if applicable)
- · Handout: Panel discussion agenda (if applicable)



#### **Note to facilitators**

- Ensure a panel diverse in perspectives to foster a rich dialogue that aligns with the overarching goal of developing care policies.
- Coordinate in advance to invite relevant speakers and ensure all logistics details are addressed.
- Encourage panellists to share insights, cultivating a discussion on the adaptability of strategies in the particular country context.
- Create an interactive session where participants can reflect on the care economy's significance to development goals.

SESSION 8	Country's draft MFA
NOTES	See Annex for example of the Philippine's MFA
TIMINGS	11.30am-12.30pm
	1 hour

FIGURE 6 Input in strategic entry points



**Description:** This session outlines the draft MFA designed to reflect the specific care economy context of the particular country, informed by insights and feedback from earlier discussions. It aims to highlight how the draft MFA has been tailored to national needs and priorities.



#### **Objectives**

- 1
  - To review and gather feedback on the draft MFA, focusing on its alignment with national priorities and the inclusivity of care policies
- 2 To explore the draft MFA's potential in guiding the development and implementation of robust, evidence-based care policies.



#### **Relevant materials**

Draft MFA



#### **Note to facilitators**

- Explain how the draft MFA has been developed and facilitate a review process that encourages constructive feedback
- Encourage participants to consider the adaptability of the MFA, ensuring
  it is applicable in diverse settings and can address the evolving needs of
  the care economy in the specific context

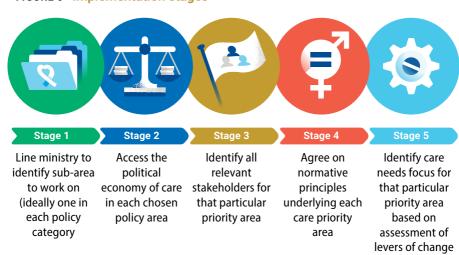
SESSION 9	Policy action plan
NOTES	See Annex for example of the Philippine's MFA
TIMINGS	1.30pm-2pm
	30 minutes

FIGURE 7 Key components of action plan



Plan for implementation

FIGURE 8 Implementation stages



**Description:** This session details the main components of developing a policy action plan, such as indicators, targets, resources, timeline and responsibilities. The session proposes a funnel approach in which the assessment of each element of the MFA can be carried out to ensure all pertinent aspects and questions are considered to develop a plan for implementation.



#### **Objectives**

- 1 To introduce the main components necessary for a comprehensive policy action plan
- 2 To provide a clear understanding of how to construct an actionable and effective plan for policy implementation



#### **Relevant materials**

· Action Plan slides

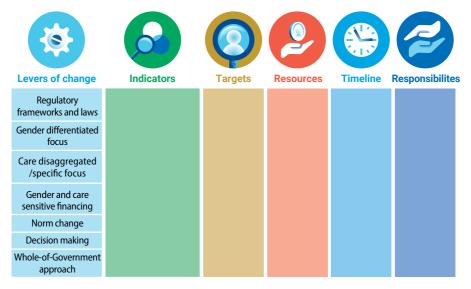


#### **Note to facilitators**

- Explain the importance of structured planning of policy implementation and outline the session's objectives.
- Explain the steps that policymakers can follow to systematically and comprehensively address all aspects of the policy process, ensuring the effective design of gender-differentiated care-sensitive policies that meet the needs of different contexts.
- Present each component of action plan (indicators, targets, resources, timeline, and responsibilities) by using examples to illustrate how each component is developed and its role in the overall plan.
- Encourage participants to ask questions to provide additional explanation as needed and ensure clarity and understanding before moving on to the group activity.

SESSION 10	Each policy area on action plan
NOTES	See Annex for example of the Philippine's MFA
TIMINGS	2pm-3pm
	1 hour

FIGURE 9 Table of policy action plan development



**Description:** The session is designed to develop a detailed action plan tailored to chosen strategic priority issue areas, incorporating a systematic approach to policy implementation. Each group will fill out the matrix by identifying specific indicators, targets, resources, timelines and responsibilities to implement policy initiatives.



#### **Objectives**

- 1 To utilize the insights from MFA assessment questions for developing concrete action plans
- 2 To identify specific, actionable steps for implementing care-sensitive policies in various areas



#### **Relevant materials**

- Action plan slides
- Handout: Tables for action plan development, sample action plans from different countries



#### $f \equiv$ Methodology

The facilitator begins the session by instructing groups on the objectives and distributes the table format and sample action plans to each group for reference. During the instruction, the facilitator provides examples to illustrate a wellconstructed action plan. The facilitator should offer continuous guidance and clarification throughout the activity, helping each group to effectively structure their plans.



#### **Steps**

- Explain the activity's purpose and expected outcomes.
- 2 Explain how to use the table, highlighting the importance of each column and distribute examples of completed tables to serve as a guide:
  - Groups brainstorm and list potential indicators that can measure the success or progress of their priority policy area. Indicators should be specific, measurable and relevant.
  - For each indicator, groups set realistic and achievable targets that should be time-bound and align with the policy area's objectives.
  - Groups identify the resources needed to achieve each target. This includes financial, human and technical resources. Consideration should be given to the source and availability of these resources.
  - · A timeline for achieving each target is established, considering the complexity and urgency of actions required.
  - Groups designate responsibilities for each aspect of the plan, ensuring accountability and clear roles.
- 3 Groups are encouraged to finalize their action plans to prepare for presenting their discussions in the next session.

### Group presentation: Policy action plan

TIMINGS

3.30pm-4.30pm

1 hour

**Description:** Groups present their action plans, which include strategies for strengthening areas of action through specific partnerships and articulating government roles in empowering women and girls.



#### **Objectives**

- 1 To share and review the developed action plan from each group
- To encourage dialogue and feedback for refining policy priorities



#### **Relevant materials**

· Action plan slides



#### **Note to facilitators**

- Ask each group to present their action plan of indicators, targets, resources and responsibilities.
- Ensure that each group presents for 10 minutes, focusing on how they
  addressed each component, followed by a 5-minute Q&A session;
  encourage each group to adhere this time limit to maintain a flow and
  allow equal opportunities for all groups.
- After all presentation, facilitate a group reflection to highlight common themes or approaches that emerged during the presentations.

### **Closing remarks**

**TIMINGS** 

4.30pm-5pm

30 minutes

**Description:** This session concludes with a summary of the key insights and recommendations generated throughout the day, underscoring the collaborative path forward for enhancing the care economy. It will stress the importance of collective action in recognizing and investing in unpaid care work. The remarks will also touch on the commitment to refining the action framework with stakeholder input, outlining the next steps for resource mobilization and mechanisms for effective implementation.



#### **Objectives**

- 1 To summarize the key outcomes and insights from the day's consultation
- 2 To highlight the shared commitment to advancing the care economy through collaboration and comprehensive planning



#### **Relevant materials**

- Closing slides (if applicable)
- Speech note (if applicable)



#### Note to facilitators

- Focus on capturing the essence of the consultation's achievements and the vision for future action, emphasizing the role of continued engagement and partnership.
- Encourage a sense of community and shared goal among participants, motivating ongoing collaboration and contribution to the care economy's progress.

#### Annex. Example of the Philippines MFA

#### TABLE 1 Issue specific coverage of care policy categories

Policy category of care

Issue-specific areas to consider



#### Care infrastructure

### Access to water and sanitation

The Philippines has abundant water resources, but both surface and groundwater face threats. Major river basins are precarious, and groundwater supply has decreased due to unregulated extraction. Lack of up-to-date data and fragmented institutions exacerbate the water crisis. Weak institutions overseeing water rights and unclear delineations of duties and responsibilities have plagued the water sector in the Philippines. The collective management of resources needs more support to address water scarcity.

Various government agencies such as the Department of Environment and Natural Resources and the Department of Health are involved in water management:

Presidential Decree No. 1067: A Decree Instituting a Water Code, Thereby Revising and Consolidating the Laws Governing the Ownership, Appropriation, Utilization, Exploitation, Development, Conservation and Protection of Water Resources.

Presidential Decree No. 856: Code on Sanitation.

Republic Act No. 9275: The Philippine Clean Water Act.
Philippine Water Supply and Sanitation Master Plan 2019–2030

#### Safe transport

Commuting in the Philippines, especially in urban areas like Metro Manila and Metro Cebu, is frustrating due to traffic and poor infrastructure. Metro Manila is the most congested city in developing Asia with a population of over 13 million. Rising global inflation rates are causing prices of consumer goods to surge, including gas prices, which is affecting public transportation workers and commuters. Drivers are adjusting their fares to cover the increased expense of fuelling their vehicles, forcing commuters to allocate a larger portion of their daily budget for travel. Drivers of public utility vehicles have initiated strikes, protesting against the price hikes and lack of government support. Additionally, accessibility for persons with disabilities remains an issue as pedestrian lanes and public stations are not designed to accommodate them.

#### Issue-specific areas to consider

#### **Cooking fuels**

The Philippines does not have a clean cooking policy in place, and nearly 70 percent of households cook at least part of the time with charcoal or other biomass (Sustainable Energy for All, 2019). According to the ADB (2021), despite the availability of improved fuels and modern cooking technologies, many households still use traditional cement stoves powered by charcoal or fuelwood. Only 46% of the 2018 population has access to clean cooking, with rural areas trailing significantly at 27%. Approximately 54%, or around 57.6 million people, rely on traditional stoves using charcoal or fuelwood as their primary cooking fuel. Despite the availability of enhanced fuels and modern cooking technologies in local markets, conventional cement stoves continue to be widely used either exclusively or in conjunction with gas stoves using butane or liquefied petroleum gas (LPG), as well as electric stoves (2020 SDG 7 report).

### Food procurement

The Magna Carta of Women addresses women's right to culturally acceptable food free from unsafe substances. Filipino women contribute greatly to agriculture, food production, and preparation. However, many women, especially from poor and disadvantaged families, face challenges regarding landownership and access to resources for food production. Despite agrarian reform laws and the Magna Carta for Women granting rural women equal support services, women receive fewer extension services and have limited access to essential resources. Tied to their unpaid care work, Filipino women often bear the responsibility of ensuring there is food on the table. even with limited financial resources. Access to food is closely linked to women's geographical location and socioeconomic status, with low-income women typically sourcing food from public markets or ambulant vendors. The scarcity of recent data on food insecurity in the Philippines, particularly concerning gender disparities, highlights the need for a more gendersensitive approach in addressing food insecurity

#### Issue-specific areas to consider

### Utilities and housing

The significance of electricity cannot be overstated in improving the daily lives of urban poor women, given their living conditions and community infrastructure. However, the rising cost of electricity poses a substantial challenge, especially due to the privatization of electricity, which has turned it into a commodity requiring financial resources from every individual. This shift has resulted in a scenario where less privileged households bear a disproportionately higher cost, exacerbated by the power dynamics between Manila Electric Company (Meralco) meter owners and submeter/jumper owners. Urban poor households often pay three to four times more than what Meralco meter owners pay for the same service, highlighting the need to address inequalities in the electricity distribution system to ensure urban poor women are not unfairly burdened.

#### Time- and energy-saving devices, technologies and domestic appliances

Access to time-saving devices, technologies, and domestic appliances is significantly contingent on the socioeconomic capacity of households. Unfortunately, disadvantaged and impoverished families often lack the means to acquire such resources. Simply providing appliances to impoverished women is not a viable solution, as they may lack the financial resources to cover the associated electricity. For example, a fully automated washing machine in the Philippines costs around \$266.00 and a full automated dishwasher costs a similar price. This price almost equivalent to the monthly minimum wage in the National Capital Region.

The Pambansang Koalisyon ng Kababaihan sa Kanayunan or National Rural Coalition of Women, Oxfam Philippines, and Homenet Philippines suggested having community-based laundry facilities. One example is the one in the Municipality of Balangiga in Samar (https://philippines.oxfam.org/womenmanaged-community-laundry-facility)

In Delpan, Tondo, Manila, numerous women opt to utilize a rented washing machine for a fee of Php300.00, providing them a three-hour usage window. The machine is conveniently delivered to their homes and collected once the allocated time has elapsed. For these women, having access to a washing machine alleviates them from the physically demanding and time-consuming chore of doing laundry.

# Physical infrastructure for social care provision - schools, hospitals, nursing and care homes, health clinics

#### Issue-specific areas to consider

There are many public and private schools in the Philippines that provide Kindergarten, grade school and high school education. Basic education is universal and mandatory. The 1987 Philippine Constitution provides the primary mandate to the Philippine educational system and protects the right of all Filipinos to quality education at all levels. Over the years there have been significant reforms toward the attainment of the Constitutional provisions, national goals and international commitments such the SDG2030. Despite this, only a third of school buildings were reported to be in good condition in 2023. The lack of school infrastructure and resources to support ideal teaching processes is a pressing issue (State of Philippine Education Report 2023).

The healthcare system includes both public and private hospitals, with public hospitals focusing on preventive and primary care and private hospitals specializing in more advanced treatments. However, many Filipinos, particularly from poor families, cannot afford specialized care. Primary health services are provided at Barangay Health Centres through trained Barangay Health Workers and Barangay Nutrition Scholars.

Older people are predominantly cared for by women within families, reflecting entrenched social norms that discourage the use of nursing homes. Despite this, the availability of homes for the elderly remains limited across the country, with only a few facilities in operation. Notably, only four of these facilities are under the maintenance of the Department of Social Welfare and Development.



#### **Care-related social protection**

Social assistance in the form of unconditional cash transfers, cash-for-care, vouchers, tax benefits or universal basic income

The Pantawid Pamilyang Pilipino Programme (4Ps), institutionalised by Republic Act No. 11310, represents the Philippines' primary strategy for reducing poverty and investing in human capital. This programme provides conditional cash transfers to poor households for a maximum of seven years. The main goal is to improve the health, nutrition, and education of the beneficiaries, ultimately enhancing their quality of life.

#### Issue-specific areas to consider

Social welfare schemes such as public works programmes, subsidies, vouchers and school meals for children of income-poor households Social welfare schemes in the Philippines include various initiatives designed to support low-income households. These include public works programmes, subsidies, and vouchers for school meals for children from low-income families. An example is the Asian Development Bank's Food Voucher Programme, which aims to reduce food insecurity and malnutrition among vulnerable populations.

Social insurance programmes include universal health coverage, pension systems and disability or sickness allowances Social insurance programmes in the Philippines provide comprehensive coverage, including universal health coverage, pension systems, and disability or sickness allowances. Universal health coverage is governed by Republic Act No. 7875, which establishes the Philippine Health Insurance Corporation. Pension systems and disability or sickness allowances are provided for government employees through the Government Service Insurance System Act of 1997 (Republic Act No. 8291) and for private sector employees through Republic Act No. 1161 and the Social Security Act (Republic Act No. 11199). These programmes aim to ensure greater coverage and sustainability of social protection for all Filipinos.

#### Issue-specific areas to consider



#### Care services

#### Childcare

Childcare provision in the Philippines is provided at all levels of society through a combination of formal and informal set up, paid and unpaid care. Families in both rural and urban areas are usually in closely-knit multi-generation households, which makes it easier for families with young children to rely even on relatives living in another house to look after their children while parents are at work. This is usually done for free. For the rich and middle-class families, female domestic helpers are hired to assist in caring for children. At the state level, the institutional terrain for the planning, financing, and implementation of ECCD in the Philippines is broad and complex. The delivery of early childhood care and development (ECCD) programmes and services in the Philippines is grounded in the Constitution, which guarantees the care, education, and holistic development of all Filipino children and acknowledges the role of Filipino women in nation-building. Complementary childcare policies also support ECCD and women's rights. Key policies include Republic Act 11148, the Kalusugan at Nutrisyon ng Magnanay Act (Health and Nutrition of the Mother and the Baby); Republic Act 8980, the Early Childhood Care and Development Act of 2000; Republic Act 10410, the Early Years Act of 2013; and the Magna Carta of Women. These policies establish legal bases for ECCD, ensuring day care centres and breastfeeding stations at work and in public places. For more information, please see: Tongson, EC., Antonio, AM, and Centeno, AL. (2023, January). Childcare Investments in the Philippines. (Working Paper 2023-01). Geneva, Switzerland: United Nations Research Institute for Social Development.

#### Long-term care

#### N/A

### Care for older persons

The Department of Social Welfare and Development issued the Guidelines on Home Care Support Services for senior citizens in 2010. In rural areas, the responsibility of caring for older persons often falls on the shoulders of women and girls. There is cultural disapproval of children who choose to bring their aging parents to elderly care facilities. Typically, care institutions for older individuals cater to those who have been abandoned or neglected and no longer have families to provide for them. However, as economic productivity rises, particularly in urban areas, and there is a growing understanding of appropriate care for aging individuals, especially those dealing with conditions like dementia or Alzheimer's, many families in urban settings are opting to hire paid care workers or bring their ailing older family members to private healthcare facilities located nearby.

#### Issue-specific areas to consider

## Care for multiple vulnerable groups

#### N/A

### Reproductive and healthcare services

Republic Act 10354, also known as the Responsible Parenthood and Reproductive Health Act of 2012, seeks to empower the Filipino people, particularly women and youth, by providing them with comprehensive information, facilities, and services related to reproductive health. The law aims to establish stable and sustainable reproductive health programmes, with a particular focus on reaching low-income households. These programmes are envisioned to be collaborative efforts between the national and local government sectors, in partnership with Civil Society Organizations, basic sectors, academic institutions, and the private sector. By working together, these stakeholders aim to ensure the effective implementation of reproductive health initiatives across the country.

Despite efforts to promote reproductive health, adolescent pregnancy remains a significant issue in the Philippines, with rates among the highest in the Western Pacific Region. In particular, repeated adolescent pregnancy are consequences of unprotected sex, poor compliance with modern contraceptives and insufficient family planning services especially in poor geographically isolated and disadvantaged areas (Maravilla, Betts, & Alati, 2018).

According to Melgar et. al (2018), the primary obstacle related to quality family planning information and services is the unrelenting disapproval of conservatives and religious groups, which limits the use of contraceptives and condoms. Filipino minors are allowed to use artificial family planning methods only with parental consent. In schools, SRHR is not often discussed thoroughly, and some teachers are not comfortable discussing it citing religious beliefs and morality.

### Paid domestic work

Paid domestic work is usually provided by female domestic workers, with Republic Act No. 10361 (the Kasambahay Law) prescribing a minimum wage for domestic workers in rural and urban areas. Due to the high cost of living, domestic workers in urban areas receive higher salaries compared to those in rural areas. Over the years, the salary of domestic workers has been increased in response to rising inflation, with the most recent increase taking effect on April 1, 2024, in Central Luzon (P6-K minimum pay for C. Luzon 'kasambahay' takes effect April 1).

#### Issue-specific areas to consider



#### **Employment related care policies**

#### Maternity, paternity, parental leave policies

The Enhanced Maternity Leave Act (Republic Act No. 11210) provides maternity leave for up to 105 days with pay, extendable by an additional 30 days without compensation. It also allows female workers to allocate up to 7 days of their maternity leave to the child's father or an alternative caregiver. A 15-day extension is also available for solo mothers and other related purposes.

Paternity Leave Act (Republic Act No. 8187) grants seven days of paternity leave to married fathers and unmarried fathers are eligible for a seven-day allocated leave, applicable only to the first four pregnancies of the lawful wife. However, under the Expanded Maternity Leave Law, fathers regardless of their marital status are entitled to 7 days of paternity leave. With this, married fathers have a total of 14 days of paternity leave.

### Leave to care policies

Under Philippine labour laws, workers with employer-employee relationship are entitled to several types of leave from work. They may take a certain number of days off per year.

- · Annual vacations
- · Public holidays
- Sick leave
- Maternity/Paternity leave (see above)

#### Solo parent leave

Under the Solo Parent Act, solo parents are entitled to seven days of parental leave per year. However, this is not convertible cash and is not cumulative if not used. The seven-day solo parent leave can be availed with the following conditions: rendered at least one year of service, enough lead time to notify the employer and presentation to the employer the official Solo Parent Identification Card. The Solo Parent Act also requires employers to observe flexible working hours and to not discriminate against the employees and job applicants on the basis of their status as solo parents.

The law also mandates employers to provide flexible working schedules and to not discriminate against the employees on the basis of their status as solo parents.

However, unlike in Singapore and Taiwan, there are no policies or laws related to leaves to take care of elderly parents or relatives in the Philippines.

#### Issue-specific areas to consider

### Flexible working policies

The Solo Parents Act provides flexible working hours.

The Telecommuting Act, also known as the Work From Home Law, was signed into law in the Philippines on December 20, 2018. The law legitimizes telecommuting or work-from-home employment arrangements and ensures a legal framework for the rights of telecommuting workers.

### Childcare facilities

Please see: Tongson, EC., Antonio, AM, and Centeno, AL. (2023, January). Childcare Investments in the Philippines. (Working Paper 2023-01). Geneva, Switzerland: United Nations Research Institute for Social Development.

#### Paid sickness and healthcare policies

Employers in the Philippines are required to adhere to specific regulations regarding employees' sick leave eligibility and entitlements, as outlined in the Labor Code. As per the code, employees are entitled to five (5) days of paid sick leave each year to cover any illness, injury, accident, or medical and dental consultations. Employers are mandated to give adequate assistance for medical and dental emergencies. For companies with 200 or more employees and employ workers in a hazardous environment, they are required to have a full-time registered nurse on duty to attend to medical treatment during office hours.

To qualify for sick leave, employees must be unable to perform their duties due to illness or injury. Before or after taking leave, they must provide their employer with a medical certificate proving their fitness for work. Employees are entitled to receive their full wages during the sick leave period, which the employer must pay promptly. Employers are also responsible for covering the cost of medical treatment, providing necessary medication, and supplying other essential medical items while the employee is on leave. Employers must also reimburse any expenses incurred during the leave.

While the default entitlement is for five days of sick leave, employers can limit the number of days to three in a given year to prevent abuse. Employers may request a medical certificate proving the employee's inability to work due to illness or injury. Additionally, employers may require a detailed report outlining the nature of the illness or injury within two (2) days of the leave's commencement.

#### Issue-specific areas to consider

#### Recognition and formalization of migrant and informal sector workers

The recognition and formalization of migrant and informal sector workers in the Philippines are addressed through legislative efforts such as Senate Bill 2478, known as the Magna Carta of Workers in the Informal Economy. This bill aims to provide rights and protections to workers engaged in informal employment, ensuring their inclusion in the formal economy. It seeks to regulate their working conditions, access to social security benefits, and avenues for dispute resolution. Additionally, the Philippine Commission on Women has advocated for policies that promote the welfare of informal sector workers, emphasizing their economic contributions and the need for gender-responsive approaches to support their integration into formal economic structures.

# Decent working conditions for paid care workers

Paid care workers in the Philippines benefit from Republic Act No. 11965, which establishes policies for their protection and welfare. This legislation sets standards for decent working conditions in caregiving occupations, safeguarding workers against exploitation and ensuring their rights to fair compensation, occupational safety, and health benefits. It aims to elevate the status of caregiving as a profession while addressing the specific challenges faced by caregivers in their workplace environments. By formalizing these protections, the Act aims to improve the quality of care services provided and enhance the overall well-being of care workers across the country.

Other policies such as career breaks, sabbaticals, severance pay, employer funded or contributory social protection schemes

The Philippines also implements various policies aimed at supporting workers through career breaks, sabbaticals, severance pay, and employer-funded or contributory social protection schemes. For instance, sabbaticals are commonly offered in state-funded academic institutions based on faculty rank and years of service. Moreover, the government is committed to establishing a comprehensive social protection system that encompasses all individuals, especially those socioeconomically disadvantaged. This commitment aligns with Sustainable Development Goal 1.3, which targets significant coverage of social protection for impoverished and vulnerable populations by 2030. The Philippine government's efforts are further supported by regional initiatives in East and Southeast Asia, where Member States collaborate to develop nationally defined social protection floors, ensuring inclusive and sustainable economic growth.

#### TABLE 2 Questions for assessing the political economy context for care

#### **Assessment questions**



#### Relevant actors and interests

Who are the relevant actors and stakeholders to establish a national care agenda?

According to the Philippine Commission on Women (PCW), they are currently working with Oxfam on institutionalizing or creating the national care agenda for the Philippines. They have conducted consultations with various sectors and plan to hold a national consultation to craft the agenda. Talks are ongoing about forming a multilateral committee composed of the PCW, Philippine Statistics Authority, Department of Social Welfare, National Economic Development Authority, Department of Labor and Employment, and the Development and Early Childhood and Development Council. As of now, there is no established national care agenda in the Philippines.

Who are the key stakeholders (actors and institutions) to be consulted and included in design and implementation of the care policy area/s?

Key stakeholders include women and men caregivers, civil society organizations (CSOs), academics, government agencies, businesses, and the private sector.

What are the main interests of these key stakeholders, including line ministries and government departments at appropriate governance levels, women's rights organizations, etc.?

Through consultations, stakeholders have voiced the need for disaggregated data to inform care-oriented policies and emphasize the importance of addressing unpaid care work. They advocate for comprehensive national care policies that support women's economic empowerment and well-being. Social protection measures and the recognition of caregiving as valuable work are key concerns.

To what extent do these relevant stakeholders understand and support gender and care concerns in the policy area?

Those who recognize and put a value on care work are calling for the promulgation of a comprehensive national policy on care work. PCW is at the forefront of this initiative, along with Oxfam, UN ESCAP and UN Women.

Which stakeholders are
champions for the cause
of gender-differentiated
care policies? Where is the
opposition?

PCW, Oxfam, UN ESCAP and UN Women are leading the charge for gender-differentiated care policies in the Philippines. Opposition primarily stems from budget constraints and the need for greater awareness among policymakers about the impact of unpaid care work on women's economic empowerment and overall well-being.

Why is there support or opposition? What is the basis for their support or opposition?

In the Philippines, there has been increasing support for recognizing, reducing, redistributing, and rewarding unpaid care work. However, it is only in recent years that these efforts have gained significant traction. One of the main barriers to implementing initiatives, programmes, and policies for care work is the lack of budget allocation and awareness among policymakers and programme administrators regarding the importance of care work and that failure to address unpaid care work can serve as a substantial obstacle to women's economic empowerment and overall well-being.



#### Legislative and regulatory frameworks on gender and care

What is the legal basis for any gender policy? Are there regulatory mechanisms supporting/ opposing the policy?

The primary legal basis for gender policy in the Philippines is Republic Act 9710, the Magna Carta of Women, and its Implementing Rules and Regulations. The country is also committed to international conventions such as CEDAW, the Beijing Platform for Action, and the Sustainable Development Goals, which support gender equality and women's empowerment. Please see GAD related laws https://pco.gov.ph/wp-content/uploads/2021/10/Gender-and-Development-Related-Laws.pdf

Which line ministries have adopted formal gender mainstreaming and care sensitive policies and goals?	Based on the Magna Carta of Women all government agencies must adopt gender mainstreaming in all aspects the government through main entry points: - policies, people, programmes, and activities (PPPA).  The Philippine Commission on Women has published various materials such as the Gender Equality and Women's Empowerment (GEWE) Plan 2019-2025.  For local government units, they use the Gender-Responsive LGU Assessment Tool (GERL) to measure the extent of gender responsiveness of the LGUs.
How do line ministries and government departments incorporate gender and care policy concerns?	Line ministries and government departments are required to allocate at least 5% of their annual budget to gender mainstreaming and mandated to submit their Gender and Development Plan and Budget, which is monitored by the Commission on Audit and the Philippine Commission on Women.
Which (if any?) formal committees, teams, or subdepartments have been created to monitor gender differentiated care policy design and implementation?	Currently, there is no formal committee or department dedicated solely to monitoring gender-differentiated care policies in the Philippines.
What are the coordination mechanisms between concerned departments and Ministry of women's or gender affairs?	All government agencies and local governments must submit an annual accomplishment report to the Philippine Commission on Women (PCW). This report must outline their achievements in line with their Gender and Development (GAD) plan and budget. Any agency that fails to meet the minimum 5% allocation for the GAD budget or does not submit the accomplishment report will receive a notification from the Commission on Audit. The concerned agencies will receive a letter asking for an explanation for their noncompliance.



#### Informal norms, rules, practices and discourses on gender and care

What are the discourses around care as promulgated by relevant actors and/or institutions?

Community and families: Traditional gender roles often dictate that care should be primarily provided by women within families. Additionally, there is a prevalent belief that care can be provided for free by family members, particularly women, so there is resistance to paying for caregiving services.

State: Apart from initiatives led by organizations like the Philippine Commission on Women (PCW) in collaboration with Oxfam Philippines and UN ESCAP, the state has not implemented comprehensive initiatives to address and reduce unpaid care work for women and girls.

Employers: There is a growing recognition among employers of the importance of addressing unpaid care work, particularly using the 4R framework (recognizing, reducing, redistributing, and representing). However, there remains a need to raise awareness among employers about the significance of this issue.

During consultations led by PCW, there is a discourse advocating for the inclusion of men as supporters in caregiving responsibilities. It is emphasized that providing services for care is essential, as neglecting this aspect may undermine other investments, such as education. PCW emphasizes gender equality and acknowledges that men also face gender-related issues and are affected by negative gender stereotypes.

#### TABLE 3 Questions for assessing the priority areas for care

#### **Assessment questions**



#### Cohesive policy ecosystem

#### Legislative and regulatory frameworks

Which particular laws and constitutional mandates are in place to recognize the Right to give and receive Care with the State as the guarantor of rights?

The 1987 Constitution of the Philippines enshrines several provisions recognizing the right to give and receive care, with the State as the guarantor of these rights:

Article XV - The Family: This article asserts that children and older persons have the right to be cared for.

Article XIII - Social Justice and Human Rights, Section 14: This section mandates the State to protect working women by providing safe and healthful working conditions, considering their maternal functions, and ensuring facilities and opportunities that enhance their welfare and enable them to realize their full potential in the service of the nation.

Which policies at national, regional and local levels incorporate international standards and conventions addressing care and gender equality?

The Philippines has implemented several policies at various levels to align with international standards and conventions on care and gender equality:

Philippine Commission on Women. Gender Equality and Women's Empowerment Plan 2019-2025: This plan integrates the principles of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) into local policy, focusing on gender discrimination, state obligations, substantive equality, and temporary special measures. Gender Equality and Women's Empowerment Plan 2019-2025

Magna Carta of Women: This law serves as the local translation of CEDAW's provisions, defining gender discrimination, state obligations, substantive equality, and temporary special measures.

Beijing Platform for Action: Incorporated into various Gender and Development (GAD) related laws. Gender and Development Related Laws

International Labour Organization (ILO) Provisions: The Philippines has adopted various ILO provisions related to decent work, non-discrimination, and social protection. However, the country faces challenges due to its large informal economy and the prevalence of unpaid care workers.

How far are the care policies of line ministries and government departments gender sensitive (support women's needs as carers) or gender transformative (encourage both men and women as carers)?

There are no national care policies in the Philippines except for sector specific care policies such as the maternity, paternity, and solo parent leave to care policies. There is also no leave-to-care policy for elderly parents.

Under Section 22. Right to Decent Work of the Magna Carta of Women, there is a provision pertaining to Support services that will enable women to balance their family obligations and work responsibilities including, but not limited to, the establishment of day care centres and breast-feeding stations at the workplace and providing maternity leave pursuant to the Labor Code and other pertinent laws.

Despite this provision, many public and private offices lack daycare centres and breastfeeding stations. In cases where such facilities exist, fathers are permitted to utilize them, yet it often falls upon mothers to bring children to these centres.

Recognizing these challenges, the Philippine Commission on Women (PCW), in collaboration with UN ESCAP and Oxfam Philippines, is actively advocating for a comprehensive care policy ecosystem through legislation and partnerships at the national level.

However, the Philippines currently lacks a comprehensive national care policy addressing the unpaid care work of women and girls. During the 68th session of the UN Commission on the Status of Women, PCW strongly supported paragraphs related to care, unpaid, and domestic work. To address this gap, PCW plans to conduct nationwide consultations on the matter.

#### Extended 'legislative and regulatory framework' assessment questions

How far do laws or policies demonstrate an explicit statement of intent to recognize and value care work? How can this be strengthened?

Chapter IV of the Magna Carta of Women outlines anti-discrimination provisions that address issues raised by feminist cultural politics, such as sexual harassment, violence, and gender-role stereotyping in education and mass media. However, it does not mention the gendered division of labour that assigns the identity of "housewife and mother" to women. These roles are socially ascribed and significantly influence the formation of women's preferences and interactions with others. The MCW does not aim to change these patterns and lacks any discussion about the societal value of this role and its contribution toward overall well-being.

What are the areas of gender gap in the country's labour market – gaps in pay, occupational representation, leadership representation, etc.? Significant gender gaps exist in the Philippines' labour market, including:

Pay Gaps: Women often earn less than men for the same work.

Occupational Representation: Women are underrepresented in certain high-paying and traditionally male-dominated fields.

Leadership Representation: Women are less represented in leadership roles within organizations.

Which sections of women workers are particularly disadvantaged in the labour market due to care responsibilities?

Women in the informal economy and those experiencing the labour flex are particularly disadvantaged. The precarity of their work makes them more vulnerable to abuse and exploitation.

Common observations and studies conducted by the University of the Philippines School of Labor and Industrial Relations have noted labour subcontracting or outsourcing, as well as the use of contingent employment (like hiring casual part-time, temporary, and contractual workers), as the most adopted labour flexibility measures in the Philippines. This type of contingent employment is most prevalent in the care and service sector, which employs a significant number of female workers and is mostly situated in the secondary labour market.

How do labour market policies ensure decent work for paid care workers?

Philippine Constitution of 1987

- Article III Declaration of the Principles and State Polices, Section 14 Article III – Bill of Rights, Sec 1
- Article XIII Social Justice and Human Rights, Section 3

RA 7277 - The Magna Carta for Disabled Persons

RA 7877 – The Anti-Sexual Harassment Act of 1995

RA 8371 – Indigenous People's Rights Act

RA 9710 - Magna Carta of Women

RA 10028 – Expanded Breastfeeding Promotion Act of 2009

Labor Code of the Philippines

The Philippines is also a signatory to various ILO agreements, including Conventions Nos. 100 and 111, ratified in 1953 and 1960, respectively.

How is growth in paid care work sectors such as personal care, healthcare, long-term care, childcare etc. being promoted and regulated?	Please see the links from the Philippine Statistics Authority related to care 2021 Annual Survey of Philippine Business and Industry (ASPBI) - Human Health and Social Work Activities Section: Final Results. Available: https://psa.gov.ph/statistics/health-social-work-activities/aspbi Philippine Standard Occupational Classification Available: https://psa.gov.ph/classification/psoc/major/5
How far do labour market policies prevent discrimination based on gender and parental/ caregiver status?	The Philippines has numerous gender-related laws designed to promote gender equality and women's empowerment, such as the Expanded Maternity Leave Act. However, the implementation of these laws remains a significant concern. Despite legal protections, some employers in the private sector find ways to circumvent these laws. For example, pregnant women are sometimes denied employment due to their pregnancy, undermining the intent of maternity leave legislation.
Which labour market activation policies exist to support retention or re-engagement of men and women with care responsibilities?	While there is no specific law that directly addresses this issue, the Solo Parent Act provides support for single parents. Additionally, the Magna Carta of Women includes provisions that indirectly support women with care responsibilities.
Which social protection policies address gender-differentiated care needs of target groups?	See Senate Committee Report No 42 (2023)
What are the areas of gap in addressing care needs of social protection beneficiaries?	See Tabuga, AB and Cabaero, CC. (2019). Towards Inclusive Social Protection Programme Coverage in the Philippines: Examining Gender Disparities. Available: https://pidswebs.pids.gov.ph/CDN/ PUBLICATIONS/pidsdps1911.pdf

How are women treated within existing social protection policies? Are they gender blind (do not address women), gender sensitive (address women but reinforce gender traditional roles), or gender transformative (challenge gender norms and address care needs of both men and women)?

Women in the formal economy generally have adequate social protection, including retirement packages and health insurance. In contrast, women in the informal economy often lack these protections unless they voluntarily contribute to the Social Security System. Many disadvantaged women struggle to make these contributions due to prioritizing immediate necessities like food, water, and shelter. This leaves them without adequate social safeguards.

Are there sustainable financing systems in place to promote universal social protections for gender differentiated care policies?

Social protection in the Philippines is financed through employer and employee contributions via the Social Security System (for private sector employees) and the Government Social Insurance System (for government employees). Additionally, the universal health insurance system is administered through PhilHealth.

Are there policies in place to ensure voluntary, regular, safe and orderly migration – how do these policies consider care needs for migrants? Migration is a significant issue in the Philippines, driven by the global demand for care workers. However, there is limited data on internal migration, where poor mothers move to cities for work. Republic Act 1036 addresses the rights of all domestic workers in the Philippines, yet many domestic workers still face abuse and exploitation from their employers.

Are there policies in place to support social services and cash transfers to families left behind? The Overseas Workers Welfare Office (OWWA) provides programmes and services for OFWs and their families. Please see the link below for the list of OWWA benefits.

Do policies promote digital access and inclusion in health, education and industry in a gender differentiated manner?

The Philippine Development Plan 2023-2028 emphasizes digital transformation as a key strategy for national development. In his 2023 State of the Nation Address (SONA), President Marcos directed the government to digitize essential public services, aiming to improve connectivity, streamline business registration, integrate online services, enhance internet and mobile services, and promote cloud computing through the Cloud First Policy. Micro, Small, and Medium Enterprises (MSMEs) are being encouraged to embrace digitalization and innovation. According to the Philippine Statistics Authority, over 50 million Filipinos, or 56.1% of households, have internet access. However, internet connectivity remains a significant issue in the country. During a recent CSO consultation for the 68th session of the Commission on the Status of Women on January 31, 2024, representatives from women's organizations emphasized that the digital divide continues to disproportionately disadvantage poor and marginalized women. They also raised concerns

session of the Commission on the Status of Women on January 31, 2024, representatives from women's organizations emphasized that the digital divide continues to disproportionately disadvantage poor and marginalized women. They also raised concerns about the prevalence of cyberbullying and online sexual exploitation affecting many women and girls. In many parts of the country, particularly in geographically isolated and disadvantaged areas (GIDA) and indigenous communities, access to the internet and modern technology is limited. Poor cellular signal remains a prevalent issue in many parts of the Visayas and Mindanao.

Are there adequate investments in information, communication and technology infrastructure for access by vulnerable groups (including women with care needs)?

Insufficient information

#### Gender budgeting and financing

Are there policies
to promote digital
skills among the
more vulnerable and
marginalized population?

Section 3 of Republic Act No. 11927, enacted on July 30, 2022, emphasizes digital inclusion as a critical component. Digital inclusion is defined as ensuring that all members of society, especially those from disadvantaged and marginalized groups, have access to and are empowered to utilize and benefit from state-of-the-art information and communications technology (ICT).

The Act establishes an Inter-Agency Council for the Development and Competitiveness of the Philippine Digital Workforce. This council is tasked with enhancing the competitiveness of the Philippine digital workforce through various initiatives, including the promotion of digital skills among marginalized populations. By focusing on digital inclusion, the Act aims to bridge the digital divide and empower disadvantaged groups by providing them with access to ICT resources and opportunities.

### How can existing budgets be spent on care responsible policies?

The Magna Carta of Women provides specific provisions on day care centres but not for elderly care. Because care work can be considered a gender issue, the GAD budget could be utilized on care responsible policies. Some Local Government Units in the country use their GAD Budget in funding child development centres which provide 2 to 3 hours of care services for children 3 to 4 years old. Salaries of child development workers, supplies and other materials are charged against the GAD budget. Some State Colleges and Universities like the University of the Philippines and the Department of Social Welfare and Development Main Office provide at least 7 hours of care services for children 5 years old and below. The budget is charged against their GAD Budget.

# What are the opportunities for gender and care responsive budgeting?

This could be under the provision of genderresponsive budgeting as mandated under the Magna Carta of Women.

Where are the opportunities to allocate new funds or reallocate existing funds towards gender differentiated care policies in a sector?

This could possibly be done under the provision of the Magna Carta of Women where all government agencies and LGUs are mandated to allocate at least 5 % of their annual budget to Gender and Development. Are there multiple or alternative financing models that can be deployed to generate revenues/ new fiscal space for care policies? Which ones are more feasible?

None at this point.



#### Research and advocacy

#### Care disaggregated data

What intersectional care disaggregated data is available for evidence-based policymaking?

Currently, there is no available disaggregated data specifically focused on care responsibilities in the Philippines.

What are the relevant markers of intersectionality in the country (at national and/pr sub-national levels)?

The collection of sex-disaggregated data and genderrelated information in the Philippines faces challenges and inconsistencies, hindering comprehensive understanding of gender dynamics. The Philippine Commission on Women lacks a centralized database on women, further complicating the availability of intersectional gender-related data.

How can the availability of intersectional care data be improved and strengthened?

To address these issues, it is crucial for all government agencies and local government units to prioritize consistent and accurate sex-disaggregated data collection methods. It involves implementing clear and standardized protocols, providing training for data collectors, and regularly auditing and validating the collected data to ensure its reliability. Additionally, promoting transparency in reporting and encouraging collaboration between data collectors, policymakers, researchers, and advocacy groups can contribute to more effective and meaningful use of gender-specific data.

Which care needs are emerging as critical at national or sub-national levels based on the intersectional care needs assessment based on data on time and activity patterns of care across gender and other socioeconomic markers?

The Philippines is affected by the twin effects of high birth rate and low mortality rate. According to the Philippine Statistics Authority, while children's population has been declining over the past decades, in 2023, children 15 years old and below were 30% of the country's total population. In 2020, Filipinos 60 years old and above make up 8.5 per cent of the total population. That year also marked the doubling of the country's elderly population since 2000, POPCOM Executive Director Juan A Perex III stated in 2022 that "The high fertility levels of the last two decades were projected to create a bulge of young people entering the workforce up to 2035. This could prove to be a boon for the country if they become effective workers, or a lost generation if they are not employed or are underemployed, which will create a socioeconomic burden for a smaller, employed population" Given the traditional role of women and girls as carers of their families, they will more likely than men to provide simultaneous care for both children and elderly family members. This situation may result in women participating less in the workforce, which often lead to poverty or economic poverty and put them at a higher risk of experiencing genderbased violence, anxiety, stress and various mental health issues. The lack of a comprehensive national care policy in the Philippines poses challenges in instituting care differentiated policies, programmes

Which care needs are emerging as critical at different intersections of socioeconomic identity markers of care receivers such as young children, children with special needs, persons with disabilities, older persons, etc?

Unfortunately, there is no specific data available on this subject. The Commission on Human Rights report on women in the informal sector may offer insights into how intersectionality can inform policy and programmes.

and programme, care infrastructure, social protection

What are the care needs emerging at different intersections of socioeconomic identity markers of caregivers such as income, number of dependents, geographical location, sex, race, ethnicity, age, etc?

No available data.

for carers and dependents.

Which groups emerge as the most marginalized in being able to benefit from different care policies? Unpaid Care Workers: Despite efforts like Senate Bill 486 in the 18th Congress aimed at recognizing and supporting unpaid care workers (such as domestic workers and caregivers), this group lacks formal policies granting them benefits and privileges. They often face challenges such as lack of legal protection, access to social security, and recognition of their significant contributions to society.

Informal Economy Workers: Workers in the informal economy, including street vendors, home-based workers, and those in casual or temporary employment, often struggle to access care policies. They typically lack formal employment contracts, social security coverage, and healthcare benefits, leaving them vulnerable to economic instability and inadequate support during times of need.

Persons with Disabilities: Despite legal frameworks such as the Magna Carta for Disabled Persons (RA 7277), persons with disabilities continue to face barriers in accessing inclusive care policies that meet their specific needs.

Elderly Population: With an ageing population, elderly individuals encounter challenges in accessing adequate healthcare, social support, and long-term care services.

Migrant Workers: Migrant workers face unique challenges in accessing care policies due to their transient status. Many migrant workers are themselves employed as domestic workers, facing additional vulnerabilities and barriers to accessing care and social protection.

Rural and Remote Areas: Residents in rural and remote areas often face barriers to accessing essential care services, including healthcare, education, and social protection. Infrastructure limitations, geographical isolation, and inadequate resources contribute to disparities in care access between urban and rural populations.

#### Data on intersectional identity markers

What gender disaggregated and intersectional data is available for evidencebased policymaking? Sex disaggregated data is available but has not been consistently collected over the years,

# How can this data be improved and strengthened?

One of PCW's tasks is to "act as a clearing house and database for information relating to women."

All government departments, attached agencies, bureaus, offices, state colleges and universities, government-owned and controlled corporations, regional line agencies, and local government units are mandated under the Magna Carta of Women Chapter VI 3C to "develop and maintain a GAD database containing gender statistics and sex-disaggregated data that have been systematically gathered, regularly updated, and subjected to gender analysis for planning, programming, and policy formulation." Every year, as mandated, they shall submit a GAD Accomplishment Report to PCW, which contains the achievement of the agency based on the GAD performance indicators identified by the agency and the activities conducted to achieve the GAD plan and at least 5% of its total annual budget for the year has been allocated to GAD initiatives. Meanwhile, the Commission on Audit is mandated to promulgate accounting and auditing rules and regulations prescribing the guidelines in the conduct of audit of GAD funds and activities in government agencies.

With this setup, PCW has access to all sorts of data related to women in all government entities. However, the lack of a comprehensive national policy on care makes it difficult to collect specific data on unpaid care work. The 2020 time-use survey conducted by Oxfam is the most recent one related to care.

While PCW uses progressive language such as intersectionality, social inclusion, diversity, and gender-responsive in its materials, website, memoranda, discussions, and consultations with various stakeholders, it must intensify its initiatives for training and sensitization among these government agencies on gender-responsive programming, intersectionality, and ethical consideration in data collection related to gender-differentiated care needs of various intersectional markers. Likewise, additional training using the mixed methods approach in data collection to capture a fuller picture of the intersectional care needs and to identify disparities and specific care needs of various groups would lead to more targeted and inclusive care policies and programme interventions.

PCW also coordinates with other agencies, such as the National Development Authority and the Philippine Statistics Authority, and consults various stakeholders, including CSOs, grassroots women, and the academe.

Which women are particularly disadvantaged as care receivers on account of their multiple and intersecting vulnerabilities (such as elderly women, women with disabilities, women living in rural areas etc)? In the Philippines, legislators and program administrators often overlook the diverse vulnerabilities faced by women in care recipient roles, failing to address these complexities in legislation. For instance, while the Philippine Constitution mandates family care for older members, the Senior Citizens Act primarily benefits institutional care settings, neglecting familial caregiving dynamics (Tongson, 2018). This legislative gap underscores the need for nuanced policy frameworks that encompass the intersectional vulnerabilities of Filipino women engaged in both paid and unpaid care work.

Which women providing unpaid care work are particularly vulnerable due to their particular socioeconomic identity markers of age, income, ethnicity, race, marital status, etc?

There is no available official government data on the intersectional impacts of unpaid care work on women and girls. The Philippine government, through the Philippine Commission on Women in collaboration with other government agencies like the National Economic Development Authority, Philippine Statistics Office, etc., and CSOs like Oxfam, Pambansang Koalisyon ng Kababaihan sa Kanayunan or the National Rural Coalition of Women, Women's Legal and Human Rights Bureau (WLB), and Homenet Philippines, is investigating and documenting the intersectional impacts of unpaid care work on women and girls.

These women's groups believe that women in the informal economy as well as low-income, poor women in both rural and urban areas are most vulnerable, along with adolescent mothers.

Which women engaged in paid care work jobs are particularly vulnerable due to their particular socioeconomic identity markers of age, income, ethnicity, race, marital status, type of employment contract, working hours, etc?

Official government data does not currently address the vulnerabilities faced by women in paid care work jobs in the Philippines. However, similar vulnerabilities can be inferred based on existing research, indicating that women in the informal economy and those from low-income backgrounds face heightened risks related to employment contracts and working conditions.

#### Advocacy for norm change

What evidence of changing gender norms is available, where are the gaps, and how can this data be collected (e.g. through attitude and perception surveys)?

Over the years, the Philippine Commission on Women, CSO, academia, government agencies, businesses, and the private sector have been working and implementing initiatives on changing gender norms through gender sensitivity training/orientation, campaigns such as Women's Month Celebration every March, 18-day campaign to end VAW from November 25 to December 12 of every year. Republic Act 10398 or the Act declaring November 25 of every year as the National Consciousness Day for the Elimination of VAWC, government agencies are mandated to raise awareness on the problem of violence and the elimination of all forms of violence against women and girls.

However, systematic data collection (quantitative and qualitative methods) regarding changing gender norms needs to be improved and done consistently. Oxfam Philippines only conducted a national survey on unpaid care work in the Philippines in 2020.

How can different stakeholders of society be reached to generate awareness in tackling entrenched gender norms around care? Women's movements in the Philippines have been very active in raising awareness and tackling entrenched gender norms around care through various activities such as fora, webinars, workshops, campaigns, and publication of popular and scholarly materials. Multi-sectoral partnerships are continuously renewed, and new partnerships are forged to address power imbalances, creating a healthy policy environment conducive to pro-poor growth and inclusive, accountable, and responsive governance.

Which policies, campaigns and activities have been most effective in involving men in care and shifting gender norms of care? Shifting gender norms is a long and slow process. While various women's organizations and individuals are working towards involving men in care and shifting gender norms on care, women and girls continue to share the biggest bulk of unpaid care work at home. Even during the pandemic, when men had more time at home, women and girls spent more time doing unpaid care work compared to men and boys. There is still a long way to go before the norms are shifted to make it more favorable to women and girls.

To what extent do care
policies challenge the
gendered division of
labour in both policy
design, and in policy
implementation?
impicincination.

More research and consultations are needed to gather evidence on this item/question. No comprehensive national care policy in the Philippines.

Which policies have conditionalities or provisions that reinforce women's carer roles as wives and mothers instead of redistributing care to husbands and fathers?

Several policies contain provisions that reinforce women's traditional roles as primary caregivers, rather than promoting an equal distribution of care responsibilities with husbands or fathers:

- 1. Republic Act No. 6972 (Barangay Day Care Law): This law mandates the establishment of a day care centre in every barangay, with a provision specifying that only mothers can bring their children to these centres. The absence of any mention of fathers or other male family members reinforces the societal expectation that women are the primary caregivers.
- 2. Expanded Maternity Leave Act: While this law provides 105 days of maternity leave for mothers, it only allocates 14 days of paternity leave for fathers. This significant disparity leaves mothers responsible for the majority of infant care during the early months, reinforcing the traditional role of women as caregivers. Both policies emphasize the mother's role in caregiving, either through legal provisions or unequal leave entitlements, without encouraging the redistribution of care responsibilities to fathers or male family members.



## Stakeholder mapping

# Whole-of-government approach

how effectively do all ministries collaborate with the ministry for women's or gender affairs at national and sub-national levels? The Philippine Commission on Women and the Commission on Audit are responsible for collaborating with all government line agencies and local government unit on women and gender matters.

What platforms are available for interministerial coordination on care policies established, utilized, and monitored for planning, resource allocation, and implementation?

There is no comprehensive national policy on care at this point.

What are the consultation mechanisms for line ministries to include other ministries and specifically the ministry for women or gender affairs on care policy design and implementation?

The Philippine Commission on Women often partners with United Nations entities, CSOs, academia and other organizations for consultations. It has a pool of experts and resource persons under the National Gender and Development Resource Programme or NGRP. Specifically, the conducted a series of consultations in partnership with UN ESCAP, Oxfam and UN Women Philippines for the crafting of a comprehensive national care policy.

How is a review of care policies conducted at sub-national and national levels to ensure laws and regulatory frameworks are being implemented?

While the Magna Carta of Women specifies care provisions for children, there is no comprehensive care policy in the country.

The National Gender and Development Resource Programme or the NGRP is responsible for the

- delivery of technical assistance to requesting NGAs and LGUs for capacity development interventions on GAD;
- setting up mechanisms for the regular updating and sharing of information and resources as well as a referral mechanism for suitable resource persons, trainers, and other technical assistance providers on GAD;
- development and/or updating tools, learning materials, and other knowledge products on GAD and conduct of GAD research."

Enhancing the National Gender and Development Resource Programme could facilitate systematic policy reviews and updates.

How effectively do all ministries collaborate with the ministry for women's or gender affairs at national and sub-national levels? No information

#### Represent intersectional gendered perspectives in decision making

How many women and members of marginalized genders occupy leadership positions in various government departments? To what extent are these leaders able to participate in the decision-making process?

The representation of women and marginalized genders in leadership positions within various government departments in the Philippines remains limited, reflecting broader societal challenges. Specific data on the exact number of women and members of marginalized genders in leadership roles across all government departments is not readily available in the sources provided. However, insights from studies and articles highlight the underrepresentation of women in high-level government and industry positions.

How many women and members of marginalized genders occupy leadership positions in various government departments? To what extent are these leaders able to participate in the decision-making process?	However, notable figures such as Geraldine Roman, a trans woman who authored the Anti. SOGI Discrimination Act, and Jennifer "Limpayen" Sibug-Las, Chairperson of the National Commission on Indigenous Peoples, represent important strides towards diversity in leadership roles. Their presence underscores efforts towards inclusivity and the recognition of marginalized voices in decision-making processes.
How are the intersectional identities of these leaders considered in improving/ encouraging their 'active' participation?	Women in leadership roles in the Philippines often come from influential, educated backgrounds, yet broader representation of marginalized groups remains limited. Ensuring intersectional perspectives are integrated into leadership frameworks is critical for promoting more inclusive policy outcomes.
How are the needs of both caregivers and care receivers incorporated in policy deliberations?	Current policy discussions in the Philippines frequently neglect the needs of caregivers and care receivers, reflecting broader societal undervaluation of care work. Deliberate efforts are necessary to prioritize care-related policy dialogues and enact substantive reforms.
How are voices and ideas of women and other marginalized gender identities incorporated into the care policy process?	No information
What are the accountability mechanisms to ensure all policies are reviewed from a caresensitive and gender-differentiated lens?	The primary accountability mechanism in the Philippines for ensuring good governance throughout the bureaucracy is implemented by the Commission on Audit, which examines how much each government line agency and local government units all over the country is allocating at least 5% of their annual budget to gender and development. However, specific mechanisms focusing on care-sensitive and gender-differentiated perspectives require further development and implementation.

# TABLE 4 Evaluative questions to assess adherence to normative principles of care

#### **Evaluative questions**



#### Principle of care: Care as a public good

How has care been recognized and valued as foundational to human life, sustainable economies, and resilient societies?

Care work, whether paid or unpaid, is often undervalued and unappreciated in the Philippines. Despite the efforts of various organizations, such as the Philippine Commission on Women and Oxfam, to initiate a comprehensive national policy on care work, progress has been slow and there is still much work to be done.

What are the current responsibilities of the four institutional actors of the care diamond in the chosen care policy area/s?

Care work is acknowledged by the state, but the Magna Carta offers little beyond recognition. The private sector's care-related provisions are also limited, with only a few companies offering day care centres for employees. However, due to inefficient transport systems, these centres are often inaccessible, particularly for children, making them less effective.

Within families, women—mothers, aunts, grandmothers, and older sisters—bear the majority of caregiving responsibilities. Community-level care provisions are minimal. For instance, in lloilo, the city mayor established a childminding centre near the market to support working mothers, but the initiative was hampered by inadequate resources. Financial constraints and the absence of clear guidelines led to some mothers leaving their children without essential supplies like food, milk, and diapers, ultimately causing the centre to close.

On the healthcare front, local government units (LGUs) offer primary healthcare services through the Rural Health Unit and Barangay Health Centres, where common illnesses like coughs, colds, and fevers can be treated. However, broader and more structured support for care remains limited. SRHR services are also being provided there where women are provided pills and other contraceptives and family planning advice. However, SRHR programmes are inconsistently implemented. This is basically dependent on how local chief executives view SRHR. Some groups oppose the use of artificial family planning methods on religious grounds and often express concerns to local officials, including mayors, barangay captains, and health professionals at rural health units, advocating against their promotion.

What are the current responsibilities of the four institutional actors of the care diamond in the chosen care policy area/s? continued

Prenatal care and infant immunizations are offered at Barangay Health Centres on a regular basis. Some Barangay Health Centres, especially in high income municipalities also serve as maternity clinics

Under the supervision of the Municipal/City Doctor, Barangay Health Workers (BHWs) are primarily responsible for the provision of primary healthcare services at the local level. Together with Barangay Nutrition Scholars (BNS), BHWs are responsible for the identification of pregnant women, infants and young children who are malnourished. When not at the health centre assisting the registered nurse or midwife, they move around the community conducting health and nutrition education discussions and providing simple health and nutrition advice to families.

Older persons also tend to be cared for by women in families and strong social norms against nursing homes or homes for the elderly prevail. There are only a handful of homes for the elderly all over the country, and only four of them are maintained by the Department of Social Welfare and Development (DSWD)

To what extent is there commitment to publicly funded care provision for a broad segment of society as compared to reliance of market mechanisms, community options, or households and families to provide care? There is no commitment at this point from the state on this except from the series of consultations on care work conducted by the PCW in cooperation with Oxfam, UN ESCAP and UN Women

For which groups does the government provide publicly funded care policies and why? Limited care provision for children (for a few hours). Limited provision of care services for the sick - but they are also usually taken care of at home.



# Principle of care: Universality

How universal is the coverage of existing care policies? Which groups of women are excluded or marginalized (what are the intersectional markers of those excluded or marginalized?)? The Philippines currently lacks a comprehensive national care policy, and efforts are underway to develop one. Unfortunately, rural women, those in the informal sector, women with disabilities, and indigenous women face limited access to state-funded care services. They often rely more on community-based care.

How is the	principle of
'leave no o	ne behind'
incorporat	ed into
existing ca	re policies?

The principle of 'leave no one behind' is not explicitly addressed in current care policies.

How are the targeting criteria defined for care policies? Who is included and who is left out? Why?

access relevant care provisions?

Care policies primarily target women under the Magna Carta of Women. Women working in the formal sector or corporations and those living close to workplaces have better access to care policies. Conversely, women in the informal sector often lack access to childcare services, contributing to their informal employment status.



## Principle of care: Accessibility

When, where, how and to whom are care provisions accessible and under what conditions?	Care provisions are generally accessible to those who can afford them, creating barriers for low-income families and marginalized groups.
What is the profile of households and persons which can access existing care policies? And which households and persons can't access these care policies?	Rich households, women who are working in formal sector or corporations, women who live close to their workplace - are able to access care policies.  Women working in the informal sector are not able to access childcare. In fact, it is often because they are not able to access childcare, they work in the informal sector.
How are the needs of care receivers accounted for in the design and implementation of care policies?	Current policies do not adequately recognize the diverse needs of care receivers, highlighting a gap in policy design and implementation.
How far are persons from vulnerable and marginalized groups such as children with special needs, persons with disabilities, women from discriminated backgrounds able to	These groups are largely not able to access these care provisions. It depends on the income level of the family. Barangay health centres are not accessible for example, to persons with disability (no lifts, lack of facilities for those with disability).



#### Principle of care: Affordability

How is the cost of care provision made affordable for majority of users through either public funding, private investment, or combination of financing approaches?

Public funding for care services is limited, impacting affordability for many families. The amount of public funding dedicated to care services is not fixed so each local government will decide the level of funding for various care provisions.

Which different financing models are found to be most suited for different user groups – pay for use, part contributions, subsidies, private or society led initiatives, etc.? There are private led childcare centres but there is no subsidy. Some local government units (LGUs) fully fund early childhood education programmes, while others rely on community donations and small parental contributions.

How much out of pocket expenses do families incur to avail care provisions?

Families often bear significant costs when sending their children to private childcare centres. In contrast, Local Government Unit (LGU)-run child development centres typically have lower out-of-pocket expenses, depending on the level of local government support and available funding.

At the national level, there is no specific policy dedicated to budget allocations for Early Childhood Development at the LGU level. Funding is usually embedded within broader education budgets. These budgets are sourced from various avenues, including the Gender and Development Budget, the Special Education Fund from the Local School Board, and the Local Council for the Protection of Children (LCPC).

Some government offices do provide childminding or day care centres for their employees at a minimal monthly fee, offering 6 to 8 hours of quality, affordable care for employees' young children.

However, privately-run child development centres do not receive any government subsidies, leaving families to cover the full costs.



#### **Principle of care: Quality**

How can care policies meet regulatory standards of safety and quality of delivery? The Early Childhood Care and Development Council established ECCD Council Standards and Guidelines for Centre-based Early Childhood Programmes for 0 to 4 Years Old Filipino Children in 2015. These standards aim to ensure access to quality health, nutrition, and early learning services in a safe environment. However, awareness and implementation of these standards vary among local government units (LGUs), particularly in low-income municipalities (4th and 5th class), where they are perceived as difficult and costly to achieve. Monitoring these standards is also challenging due to limited resources and absence of regional and local offices under the ECCD Council.

What is the caregiver to care receiver ratios maintained? How far are they based on international guidelines? The ECCD Council mandates minimum caregiver to child ratios: 1:10 for most programs, with provisions for 1:25 when necessary, supplemented by teacher aides or volunteers. For infant and toddler programs involving parent training, a minimum ratio of 1:5 is maintained. These ratios generally align with international guidelines for early childhood education.

How can skill building of caregivers be linked to delivery of highquality care services that meet the needs of different care recipients? Capacity-building programs for child development workers and teachers exist, but there is no universal standard for their implementation nationwide. Efforts are underway in partnership with UNICEF to develop National Competency Standards for Child Development Workers and Teachers. However, many LGUs are unaware of these standards, leading to inadequate training programs that fail to address specific local needs effectively.

In terms of elderly care, capacity-building programmes or training are available in private run training centres for caregivers but they are directed towards those who want to work abroad because they get a much higher monetary rewards abroad.

How does the care provision ensure positive interactions with care recipients to maintain their respect and dignity?

Child protection laws, such as Republic Act No. 7610, safeguard against abuse and exploitation, with trained workers implementing these safeguards. Local mechanisms like Barangay Child Protection Desks further support these efforts, ensuring a responsive environment for addressing grievances. However, challenges remain in consistent application and accessibility, especially in remote areas.



# **Principle of care: Decent work**

How are paid care givers provided secure employment and decent work conditions?

Not all caregivers benefit from secure employment and decent work conditions, with notable exceptions such as healthcare providers and domestic workers.

Republic Act No. 10361, commonly known as the Kasambahay Law, outlines protections for domestic workers including drivers, cooks, and nannies. Under this law, they are entitled to a basic salary, social security coverage, sick leave, and vacation leave. However, challenges persist as only middle-income and affluent households can afford to hire kasambahays. Some families do not contribute to social security, viewing domestic workers as part of the family unit. Some employers provide assistance when workers fall ill or have family emergencies. Additionally, some families support their kasambahays by sponsoring vocational training or college education for them or their children. Government data exists on the extent to which these benefits are extended to domestic workers.

For child development workers (CDWs) in barangays. their employment conditions vary significantly based on how local government units (LGUs) perceive their roles. In some LGUs, mayors fully provide for their salaries and benefits, ensuring more stable work conditions. However, in other areas, both the LGU and the mayor share responsibilities, leading to more precarious employment terms. There is no standardized salary or benefits structure for CDWs and child development teachers (CDTs). Despite being a major provider of early childhood education nationwide, with approximately 70,000 CDWs/CDTs across the country, these workers often lack job security. While they should theoretically be protected under the Labour Code, compliance varies widely among LGUs. Moreover, opportunities for career advancement are limited, typically only occurring when someone retires.

In contrast, professional teachers under the Department of Education enjoy significantly better conditions. They receive salaries above the minimum wage, comprehensive benefits including social security and retirement packages, access to health benefits through PhilHealth, and various loan opportunities such as educational and housing loans. There are also clear pathways for career progression within the Department of Education.

How are paid care givers provided nationally appropriate levels of remuneration and social security benefits?	The remuneration and benefits for caregivers differ widely across LGUs, with no universal qualifications or salary grades established. Nurses under the Department of Health have clearer guidelines compared to CDWs and elderly care workers. The lack of comprehensive policies leaves many caregivers without mandatory training or social security benefits, depending solely on local practices and employer provisions.
How are paid care givers provided opportunities for training and professional advancement?	Nurses, doctors, grade school and high school teachers, guidance counselors and other care professionals are regulated by the Professional Regulation Commission (PRC). After obtaining their bachelor's degrees from reputable higher educational institutions, they are required by law to take the board or licensure exam in order to obtain the necessary license to practice and required to renew their license cards every three years.
	While regulated professions like nurses and teachers undergo professional licensing and ongoing training through the Professional Regulation Commission (PRC), child development workers and kasam bahay lack such national standards. Some LGUs offer localized training, but these efforts are inconsistent and often inadequate.
How often are paid care givers able to participate in collective action and make their needs and voices heard in decision making on their conditions or service?	In hospitals, nurses have unions. Teachers in both private and public schools have unions and cooperatives. However, child development workers at the LGU level do not have security of tenure, hence they do not have unions and cannot participate in collective bargaining agreement. There have been attempts to unionize with support from the Dept of Labour, but their lack of security of employment status prevents them from making unions.
	CDWs have local organizations and elect their officers on a regular basis. They even have a national president who represents them in many fora related to their plight.
	There is also a bill in the Senate and the House of Representatives to promote the rights of Child Development Workers but the bill would only cover those with plantilla positions. Hence, the bill does not cover all Child Development Workers in the country. There is an ongoing negotiation to include all Child Development Workers in the bill.
Which groups of workers can access care policies that help them combine paid work with family care responsibilities? Which groups are left out?	No specific policies for care workers to access care policies.



#### Principle of care: Holistic policy outcomes

Is the quantity
and quality of care
provisions across
the four policy
categories sufficient
to ensure well-being,
gender equality and
sustainable human
capital formation?

Service provision is inadequate and insufficient to meet the needs of the population.

How are care policies integrated and linked to other policies in design and implementation offering a wholistic approach to care over the life cycle?

Care policies in the Philippines lack systematic integration and linkages with other policies, resulting in fragmented support. While the Magna Carta of Women complements laws like the Solo Parents' Welfare Act, there is no deliberate effort to connect these policies for a holistic approach to care throughout the life cycle.

How are care policies linked to other gender differentiated policies in policy goals, design and implementation?

Care policies in the Philippines intersect with genderspecific policies such as the Expanded Maternity Leave Law, which grants 105 days of full pay mandated by the government. Additionally, the Magna Carta includes provisions for daycare services. However, despite these legal frameworks, the practical implementation faces challenges. There is a notable scarcity of communitybased childcare centres, compelling many women returning to work post-maternity leave to rely on informal caregivers, often unpaid female family members. This situation arises due to the limited accessibility (lack of transport) and affordability (high costs) of available childcare facilities. Furthermore, complementary legislation like the Breastfeeding Law aims to support maternal and infant health but is hindered by insufficient infrastructure and support services in many areas.

How are the vulnerabilities and needs of both care givers and care recipients addressed simultaneously in the goals, design and implementation of care policies in a comprehensive manner?

Current care policies fail to address the dual vulnerabilities of caregivers and care recipients comprehensively.

# POLICYMAKERS' TOOLKIT FOR VALUING UNPAID CARE

Valuing Unpaid Care and Domestic Work and Investing the Care Economy: A Policymaker's Guide is the final publication in the 'A Policymaker's Toolkit for Valuing Unpaid Care and Domestic Work and Investing in the Care Economy'. Specifically designed for policymakers, particularly those within ministries of women and affairs and related governmental departments, the guide facilitates the design and implementation of national consultations focused on the care economy. Drawing from insights gained through executive consultations and training sessions held in Cambodia and the Philippines, it offers a structured approach to enhance understanding among stakeholders and develop cohesive action plans, utilizing the Model Framework for Action Plan on Care Economy developed by the United Nations Economic Commission for Asia and the Pacific and the Institute of Development Studies. The guide integrates theoretical frameworks with practical exercises, focusing on understanding, discussing, and actioning care-related policies, enabling line ministries to identify policy entry points, establish shared principles, and develop cohesive action plans tailored to their contexts.

