Model Framework for Policy Action on the Care Economy: Concept Paper

ESCAP
Economic and Social Commission for Asia and the Pacific

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

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The ESCAP secretariat supports inclusive, resilient and sustainable development in the region by generating action-oriented knowledge, and by providing technical assistance and capacity-building services in support of national development objectives, regional agreements and the implementation of the 2030 Agenda for Sustainable Development.

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This publication serves as the second 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 the first publication in the series '**How to invest in the care economy: a primer**'. For practical guidance on operationalizing the model framework, please consult '**Designing Policymaker Training to Address the Care Economy: A Facilitator's Manual**' and '**Valuing and Investing in the Care Economy: A Policymaker's Guide**', the third and fourth publications in the series respectively.

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

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Introduction

The United Nations Economic and Social Commission for Asia and the Pacific (henceforth ESCAP) has commissioned research to highlight the crucial importance of the care economy in building resilient, sustainable and equitable societies (ESCAP, 2021b). The COVID-19 pandemic was an important wake up call for countries around the world on the need to enhance investments in building infrastructure, services, and policies that support the needs of both care givers and care recipients. However, research on policy responses in the wake of the pandemic demonstrated that out of a total 746 policy measures adopted across Asia and the Pacific region, only 28 per cent (208) could be identified as care-sensitive. Of these 208 measures, only 12 per cent (90 measures) entailed actions that specifically addressed women's gender differentiated needs (ibid, p.27). These findings suggest gaps in accounting for the care economy in policy design and programming.

This failure to incorporate the care needs of those who provide care and those who receive care impedes efforts to achieve the Sustainable Development Goals (SDG). SDG 5 on gender equality specifically sets a target 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".[1] Research on the social organization of care attests to its gendered, classed, and racialized performance. Women and girls bear a disproportionate load of unpaid care and domestic work, which intensified further during the pandemic (ILO, 2018; UN Women, 2020a). The lack of universal healthcare and universal social protection resulted in women being more vulnerable to gender-based violence and more likely to fall into poverty on account of their care responsibilities (ESCAP, 2020). Inequalities of income, geography, ethnicity, race, and other marginalized identities leave women further vulnerable to exploitation, owing to lack of legal protections, unsafe working conditions, and no recourse against exploitative employers. Tenuous access to care-sensitive infrastructure, care services, and policy support in many countries serves to exacerbate inequalities and marginalization. Inattention to the gender and care differentiated needs of people, limit the transformative potential of policies across a number of sectors.

1 Sustainable Development Goal 5.

In recent years, efforts to address the care economy have intensified, reflecting a growing understanding of its critical importance in shaping equitable and inclusive societies. In October 2023, the Human Rights Council adopted Resolution 54/6 (United Nations Human Rights Council, 2023) on the centrality of care and support from a human rights perspective. This was followed by the adoption of Resolution V concerning decent work and the care economy (ILC 112/ Resolution V) (ILO, 2024) during the International Labour Conference's 112th Session on 14 June 2024. In July 2024 , the UN System policy paper "Transforming Care Systems in the Context of the Sustainable Development Goals and Our Common Agenda (United Nations, 2024)" called for coordinated, UN system-wide collaboration to transform the care systems.

ESCAP's work on the care economy advances the case for valuing and investing in care-sensitive policies as a means of sustaining economic growth. Caring labour creates, nurtures, and sustains the future productivity of the labour force. It is therefore itself an investment in human capital. The old paradigm of viewing education alone as social investment must give way to acknowledging the role of healthcare, eldercare, childcare, and domestic work also as economic growth opportunities. Research notes that increased public spending on social care infrastructure has the potential to drive economic growth in sectors through enhanced employment opportunities (Ilkkaracan and others, 2020; Oyvat and Onaran, 2020). This report builds on existing conceptual frameworks – as defined in the first publication of this Toolkit **'How to invest in the care economy: a primer'** and empirical work on addressing the care needs of people. It proposes a Model Framework for Policy Action on the Care Economy (henceforth referred to as MFA) for Asia and the Pacific region. This MFA guides policymakers and development practitioners in countries of the region to ask critical questions and seek out relevant data that can translate into evidence-led care-sensitive and gender transformative policies.

This concept paper begins by reviewing the literature to identify key conceptual building blocks towards fleshing out the model for policy action. It advances four components for the model framework premised on assessing – *policy categories of care, political economy of care, normative principles of care, and levers of change*. The care-sensitive policy categories draw on the framework put forth in prior reports by ESCAP[2] that delineate four policy categories – care infrastructure, care-related social protections, care services, and employment-related care policies. Next it lays out the scope and intention behind a political economy analysis of care, outlines the levers of change identified in prior ESCAP work, and proposes defining normative principles of care that must undergird any care policy actions. The paper also sets forth assessment criteria against each of these components to enable policy leaders to operationalize an ideological commitment to a Right to Give and Receive Care.

2 Two key reports outlining ESCAP's approach to the Care economy are: *COVID-19 and the Unpaid Care economy in Asia and the Pacific* (ESCAP, 2021b) and *Addressing Unpaid Care work in ASEAN* (ESCAP, 2021a).

The flexible nature of these assessment questions allows for policy actions to be tailored to national, regional, and local needs. Finally, this paper concludes with setting out steps for implementing the MFA in member States committed to valuing and investing in the care economy.

Further to this MFA, ESCAP commissioned work to develop a manual that facilitators could use for the implementation and training of relevant staff in their Ministry or department which has been published as the 'Designing Policymaker Training to Address the Care Economy: A Facilitator's Manual'. The final publication in the Toolkit speaks to policymakers as they seek to build alliances with other stakeholders/ policymakers from other line ministries. This inter-ministerial guide for implementing the MFA has been published as the 'Valuing and Investing in the Care Economy: A Policymaker's Guide'.

Section 2

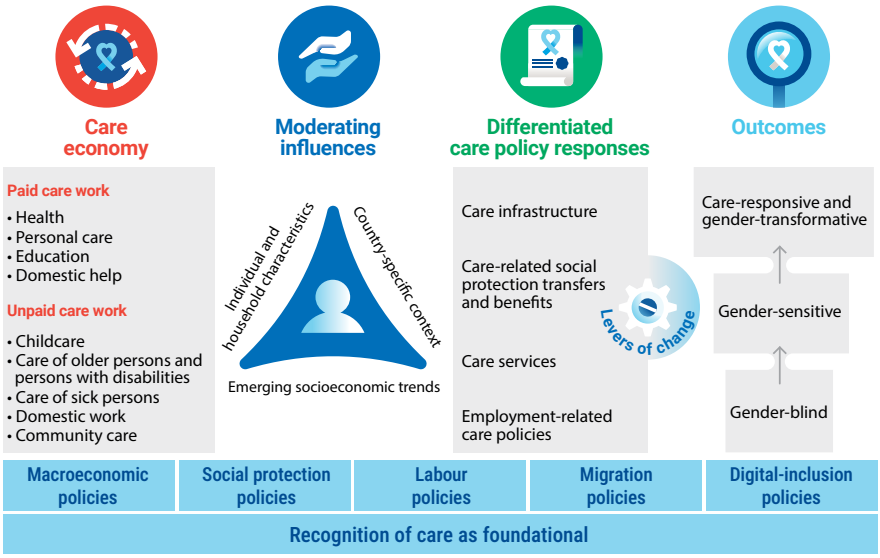
Conceptual building blocks

This section reviews some of the recent theoretical frameworks addressing the needs of the care economy. ESCAP's care-sensitive policy framework developed during the COVID-19 pandemic is depicted in Figure 1. This framework identifies both the unpaid and paid components of the care economy. Unpaid care and domestic work include care of dependents such as young children, older persons, the sick, and persons with disability along with domestic and household work and voluntary community care activities. Paid care sectors include education, childcare services, institutional healthcare, personal care, and paid domestic work. A comprehensive approach to addressing the differentiated terrain and diverse needs for care calls for investments across four key policy categories – care infrastructure, care-related social protections, care services, and employment-related care policies. The framework also emphasizes foundational care principles, the need for enabling political economy factors, and the importance of levers of change. Research on the care economy among ASEAN countries explicates this framework in greater detail (ESCAP, 2021a).

Policy outcomes can range from gender blind or gender sensitive to care responsive and gender transformative, based on the extent to which they incorporate a care perspective and challenge entrenched ideas about the gender division of care work. Policy choices and investments in care either reinforce existing gender stereotypes of care as women's work or create transformational outcomes by redistributing care to other actors such as men, market, community, or state provision. Research on COVID-19 policy measures in Asia and the Pacific highlights that care-related social protections are the preferred policy tool of governments, with the highest number of gender-differentiated measures relating to mothers as recipients of social protection programmes. However, this tends to reinforce women's identities as mothers and carers, by focusing on them as beneficiaries of childcare and maternity related benefits (ESCAP, 2021b). A commitment to transformative change requires care to be recognized as foundational but with a redistributive element that involves other stakeholders of society such as men, the State, and businesses or communities.

Feminist policy thinkers have articulated different visions and pathways for incorporating care concerns into public policy. Early work by feminist ethics of care scholars emphasized the need for a political theory of care in which a caring democracy would be premised on principles of inter-dependence, reciprocity, relationality, context specificity and trust (Tronto, 2013). Similarly, feminist economists advanced

FIGURE 1 Care-sensitive policy framework



Source: ESCAP, 2021b, p. 14.

the idea of a new economic order such as the purple economy (complementary to the green economy), based on a vision of a gender-egalitarian, caring and sustainable economy (Ilkkaracan, 2016). Acknowledging our dependence on caring labour, the purple-caring economy is built on four pillars: a) universal public provisioning of social care services, b) regulation of labour market policies to reconcile paid work with care responsibilities, c) investment in time-saving physical infrastructure especially in rural areas, and d) regulation of the macroeconomic environment through a gender- and care-budgeting lens that focuses on decent work and sustainable jobs (Ilkkaracan, 2013). Another framework is suggested by the International Labour Organization (ILO). This articulates a High-Road-to-Care by extending the Triple R[3] framework of recognition, reduction, and redistribution of unpaid care work to 5Rs adding rewards and representation of paid carer workers (ILO, 2018). Post the pandemic, the Commission on a Gender-Equal Economy in the UK emphasizes creating a caring economy by prioritizing gender equality, sustainability, and well-being concerns (Women's Budget Group, 2020). This MFA draws on all these theoretical frameworks in its design.

3 The 3R framework for addressing the lopsided distribution of unpaid care work is proposed by Diane Elson (2008) building on the work of Nancy Fraser (Fraser et al., 2004).

Work from other regions of the world has been instructive in developing this MFA. The United Nations Economic Commission for Latin America and the Caribbean (ECLAC) reports many strides made in advancing the care agenda as part of the Regional Gender Agenda of the region since 1994 (Scuro et al., 2022). Significant work has been done in getting governments to adopt agreements toward the recognition, measurement, financing and implementation of care policies. These agreements "reaffirm the principles of universality and progressivity in access to quality care services, the importance of co-responsibility between men and women, and among the State, the market, communities, and families, as well as the importance of promoting the financial sustainability of public care policies aimed at achieving gender equality" (ibid, p. 5). The redistribution and social co-responsibility of care provision among the four institutional actors of the Care Diamond (Razavi, 2007) – the state, markets, households, and the community – is critical, and emphasizes the need for a multi-pronged approach. In addition to the principles of universality, progressivity or access and social co-responsibility in financing care systems, the ECLAC report also outlines the principle of solidarity. This is defined as the resource allocation by central governments to subnational governments and the design of policy instruments bearing in mind families' ability to pay for access to services.

BOX 1 **Strategic priority areas on care economy in ASEAN**

Strategic Priority 1: Promoting Healthy Ageing and Leveraging Opportunities in Ageing Societies in Southeast Asia

Strategic Priority 2: Enhancing the Role of the Care Economy in Building a Disaster Resilient ASEAN

Strategic Priority 3: Accelerating Technology Innovations and Digital Transformation of the Care Economy in ASEAN

Strategic Priority 4: Building Stronger and Resilient Families as the foundation of the Care Economy

Strategic Priority 5: Enhancing Social Protection / Leaving No One Behind

Strategic Priority 6: Resilience and Care for the Environment

Source: ASEAN Comprehensive Framework on Care Economy.

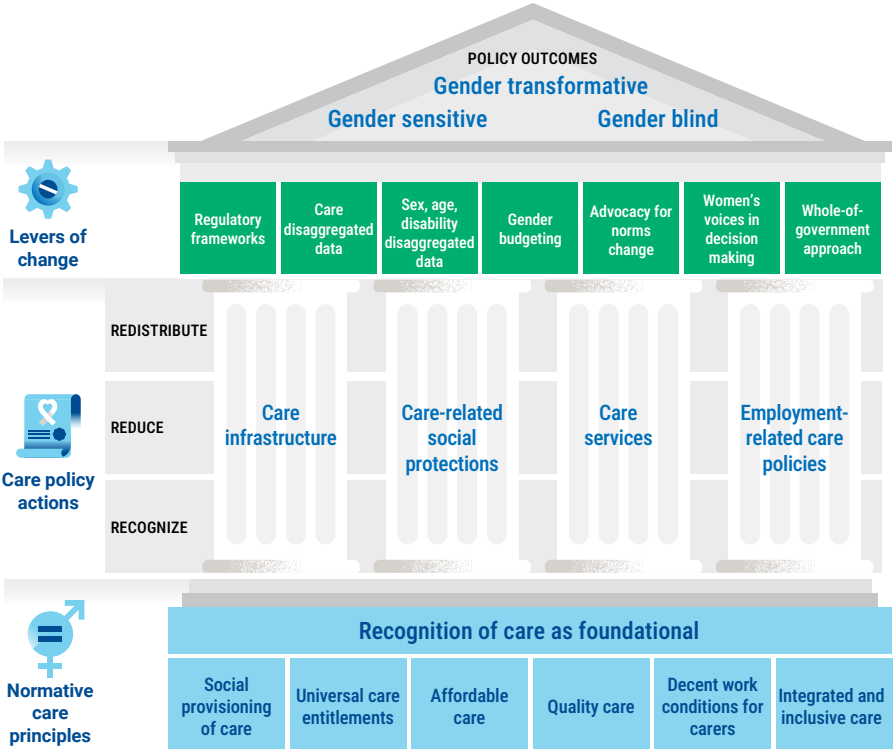
An assessment of the care economy in Arab States identifies the need for coordinated national strategies, collection of national time-use data, the importance of professionalization and job quality for paid caregivers, and changing entrenched gender norms (UN Women, 2020b). What is notable in the policy recommendations is identification of strategic priority areas.[4] For the Arab region these are identified as – introduction of maternity leave policies, early childhood care and education and long-term care options. A similar approach is adopted by the Association of Southeast Asian Nations (ASEAN) region. Setting the trend for countries in Asia and the Pacific, ASEAN has adopted the ASEAN Comprehensive Framework on the Care Economy to coordinate and guide the policy actions of its member states. Box 1 lays out the strategic priority areas adopted by the ASEAN framework on care economy.

The ASEAN framework goes beyond direct and relational care and domestic work provided within the paid or unpaid context, to incorporate a wider definition of care economy including reskilling and upskilling for employability in sectors that are crucial in the context of a care economy, embracing new technologies towards lifelong learning; development of hospitality, tourism, creative industry and encouraging social entrepreneurship as well as smart cities and smart homes (ASEAN, 2021). This broad commitment shows how the care economy encompasses numerous economic sectors and therefore requires coordinated inter-institutional collaboration across government departments and line ministries. Progress towards care-sensitive goals requires high-level policy commitment and grassroots-level support. Toward this end a care economy platform has been endorsed in March 2021 to coordinate and conduct sector-specific reviews and research to ensure that existing initiatives and activities comprehensively meet care economy challenges of ASEAN Member States. The current MFA retains a focus on the unpaid and paid care sectors of the economy within its definition of the care economy while acknowledging the importance of labour market, macroeconomic, digital inclusion, and migration policies as shaping the care economy.

Chopra and Krishnan (2022) develop a single comprehensive framework incorporating several of the aforementioned conceptual anchors and building on research findings of ESCAP. Titled a '*7-4-7 framework of action for operationalizing the Triple R*', these authors focus on unpaid care work making the critical argument that care is not a burden. Moving away from the positioning of care as a barrier or impediment to women's labour force participation, they take the view that increasing the quantity and quality of care can liberate the potential of the care economy to contribute to economic growth and sustainable development. Figure 2 provides a depiction of how the authors operationalize the Triple R of recognize, reduce and redistribute for unpaid care. They expand on seven underlying normative care principles and seven levers of change that act as implementation drivers. Their model stresses the importance of governance, citizenship and social accountability in ensuring the recognition of care as foundational to life.

4 In the case of Arab States these strategic priority areas are introduction of maternity leave policies, early childhood care and education and long-term care options.

FIGURE 2 The 7-4-7 framework for realizing the Triple R for unpaid care work



Source: Chopra & Krishnan, 2022, p. 41.

Three omissions in Figure 2 are worth mentioning. First is the importance of addressing the paid care economy simultaneously as the unpaid care economy. Paid care enables redistribution of care work from within households to state or market-based services and has been shown to benefit women's employment prospects as many of these paid care jobs remain highly feminized (Ilkkaracan & Kim, 2019). The 7-4-7 framework intentionally restricts itself to the unpaid care economy, while this MFA seeks to address the care economy as a whole, including paid care and unpaid care.

Second is the need to acknowledge the wider political economy which provides a conducive ecosystem within which care policies can be adopted and implemented. A case in point is the debate over fiscal space in light of multiple crises of the past few years. High inflation, low growth, increase in debt, and new demands on public financing for subsidizing the primary food basket or fuel have placed new pressures

on government budgets. Reduced capital flows to developing countries, higher costs of debt servicing, and depreciation of local currencies have further exacerbated the adverse effects on the ability of governments in low and middle-income countries to expand the public purse (Scuro et al., 2022). This MFA seeks to shift the narrative of investments in care policies from that of 'increase in social spending' to that of 'fiscal redistribution and investment'. The new narrative repositions investments in the care economy (through care infrastructure, institutional and paid care services, and better employment linked social protection policies) as a policy decision to generate high growth in paid care sectors that can generate decent employment and human capital formation, but also one of reprioritizing and raising focus on gender equality and care responsiveness in existing policies and programmes.[5]

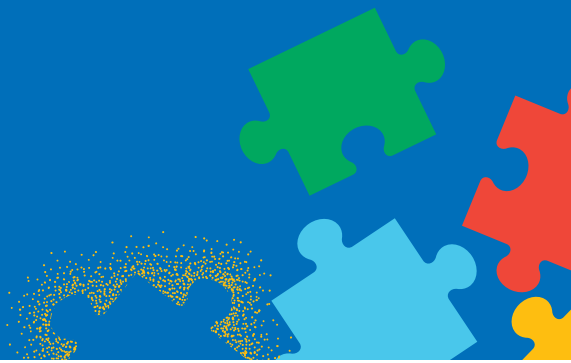
Third, the MFA intentionally brings intersectionality into all its praxis. While gender is a primary analytical lens to examine care practices, there is a need to broaden this view as gender intersects with other social vectors such as race, disability, and class (Raghuram, 2019). Research on COVID-19 responses has shown that only a focus on sex or gender differences is incomplete in understanding the disadvantages and exclusions embedded within global health emergency response. Critical factors including age, geography, ethnicity and indigeneity, refugee status, migration status, matter in addition to race, class and disability (Hankivsky & Kapilashrami, 2020). Increasingly attention to structural conditions such as precarious housing, informal employment, political conflict, natural disasters and other environmental and climatic stressors need to be factored in while developing care policy responses. For example, women living in climatically sensitive locations are more vulnerable to loss of livelihood and income, exacerbating their own and their families' food security and health in the absence of reliable public programmes and services, finally intensifying the burden of care on them on account of illness, disability, or lack of institutional support for domestic work.

Based on the above conceptualizations, the next section lays out a Model Framework for Policy Action to guide member States of the ESCAP region in addressing the care economy within their national contexts.

5 It may be noted a similar argument is advanced by proponents of the Purple Economy which emphasizes decent employment generation, sustainable and inclusive growth fiscal policy supportive to public investments in a purple and green economy as core objectives of macroeconomic policy (Ilkkaracan, 2016). This MFA underscores the importance of not only expanding fiscal space but also redistributing the allocation of existing fiscal resources. As Kabeer and Natali (2013) have shown the relationship between gender equality and economic growth is an asymmetrical one, where gender equality generates more growth outcomes rather than the reverse. Therefore, there is a need to put in place redistributive measures that ensure that men and women benefit more equally from growth but also that more resources are allocated to care responsive policies and programmes.

Section 3

Model framework for action on the care economy

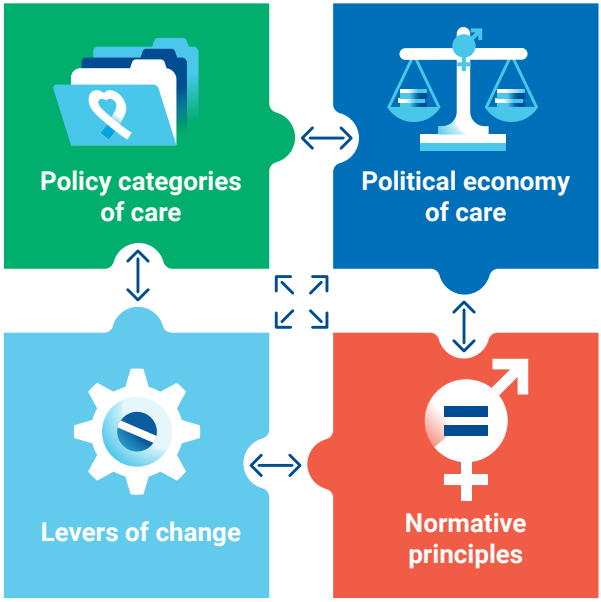


The MFA systematically spans the breadth of macro, meso, and micro contexts within which care occurs. It takes into account the social, economic, political, and normative aspects of policy making. Figure 3 presents a visual diagram of this MFA that aims to support policymakers, development practitioners, and researchers working on the care economy in Asia and the Pacific, to focus attention on each circle of influence. The central core of this model is protecting the Right to Give and Receive Care.

The human right to receive and to provide care and exercise self-care has been discussed within an ethics of care approach (Kittay, 2009), a capabilities approach (Busby, 2011), and a rights-based approach (Garcia & Vaeza, 2023). Tracing the timeline of the articulation of a right to care within international human rights instruments, Garcia and Vaeza note the formative role of the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), the Convention on the Rights of Persons with Disabilities (2007), ILO's Workers with Family Responsibilities Convention (1981) and Social Protection Floors Recommendation (2012), and the Inter-American Convention on Protecting the Human Rights of Older Persons (2015). The conception of a right to care, whether through formalization in law or as an implicit human right, recognizes the inherent value of care work. It legitimizes claims-making by both care givers and care receivers on the State as the guarantor of rights. It also makes provision for clear delineation of the roles, duties and obligations of various institutional and individual actors in the provision of care, free of its gender stereotypical content.

Each element of the MFA is described in detail in the following sub-sections, followed by a set of assessment criteria in section 4, that is intended to assist in operationalizing the model to the country context and execute a national care agenda.

FIGURE 3 Model framework for policy action on the care economy



Source: Authors' own depiction.

3.1 Policy categories of care

The four care policy categories that comprehensively address care needs have already been referred to in Figure 1. These categories can be divided into sub-categories based on the sectoral and issue types. Table 1 sets out the cluster of sub-policies that each category of care policies entails.

It is important to acknowledge that none of these policies areas stand in isolation. Several overlap, coincide, and require a multi-sectoral and whole-of-government response. How actors and institutions relevant for each policy area are identified and how care and gender disaggregated data is used to identify policy priorities is discussed in subsequent sections.

TABLE 1 Issue specific coverage of care policy categories

Policy category of care	Issue specific areas to consider
 **Care infrastructure**	Access to water
	Sanitation
	Safe transport
	Cooking fuels
	Food procurement
	Utilities and housing
	Time- and energy-saving devices, technologies and domestic appliances
	Physical infrastructure for social care provision - schools, hospitals, nursing and care homes, health clinics
 **Care-related social protections**	Social assistance in the form of unconditional cash transfers, cash-for-care, vouchers, tax benefits or universal basic income
	Social welfare schemes such as public works programmes, subsidies, vouchers and school meals for children of income-poor households
	Social insurance programmes include universal health coverage, pension systems and disability or sickness allowances
 **Care services**	Childcare
	Long-term care
	Care for older persons
	Care for multiple vulnerable groups
	Reproductive and healthcare services
	Paid domestic work
 **Employment-related care policies**	Maternity, paternity, parental leave policies
	Leave to care policies
	Flexible working policies
	Childcare facilities
	Paid sickness and healthcare policies
	Recognition and formalization of migrant and informal sector workers
	Decent working conditions for paid care workers
	Other policies such as career breaks, sabbaticals, severance pay, employer funded or contributory social protection schemes

What is noteworthy here is that a basket of policies across the different categories provides a segway to developing "comprehensive care systems". A comprehensive care system can be "defined as a set of policies aimed at implementing a new social organization of care with the purpose of caring for, assisting and supporting people who require it, as well as recognizing, reducing and redistributing care work —which, currently, is mostly performed by women" (Scuro et al., 2022, p. 7). A comprehensive or integrated care system is a policy innovation that has gained ground more recently in the ECLAC region. Such comprehensive care systems take a human rights and intersectional approach by acknowledging and targeting the multiple socioeconomic identities of individuals and families over the life course. They provide not only a bouquet of policies from the suite offered in Table 1, but also encourage a new distribution of care across actors of the Care Diamond. Thus, care work that is unpaid and performed by women within the household must shift to men within the households or to publicly funded or market based paid care services or community-based services performed by women or men within institutional settings.

Governments and policymakers are encouraged to select and prioritize (initially, one or more) policy areas depending upon local, regional, and national priorities in order to have the maximal effect in relieving the onus of care on women. At the same time policymakers must think about the interconnections between these policy areas such that no aspect of care needs is ignored. For example, childcare may be identified as an area of policy attention in countries with young and growing populations. However, childcare policies alone will not redress women's time poverty or care responsibilities unless attention is given to other care needs such as for piped water, sanitation, cooking fuel or healthcare for the sick and elderly. Thus, a graded approach is encouraged such that policy actions under one issue are prioritized as a starting point, and yet a comprehensive care agenda focusing on several care issue areas is needed to further the cause of redistributing care and enhancing gender equality.

3.2 Political economy analysis

Political economy analysis has often missed a focus on women's or gender issues let alone attention to care and life making activities (Cohen & Hartmann, 2023). As Cohen and Hartman argue, there is no such thing as women's economic issues. There are simply economic issues. A political economy of care perspective brings this necessary corrective into policymaking by positioning care policies as fundamental for all members of society. A political economy approach takes into account the range of actors, interests, institutional contexts, ideas, and power relations that determine how our economies and societies are socially and politically organized. A gendered political economy approach draws attention to the gendered nature of these actors, interests, institutions, and ideas, while adding the element of care emphasizes the orientations and ideas of these actors and institutions with respect to the care economy. It is also important to engage in this political economy analysis at multiple levels – the national macro political economy analysis, a sectoral level

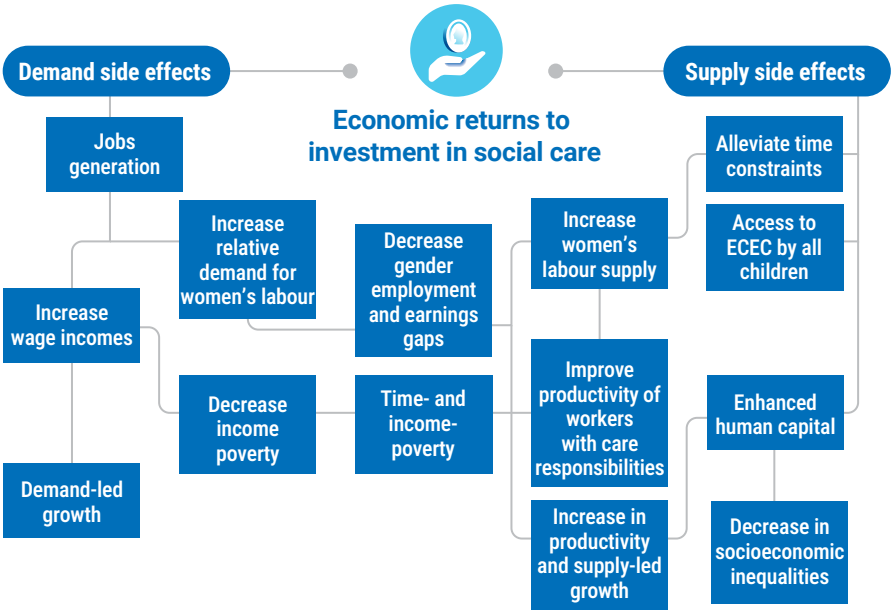
political economy analysis or a policy and issue area specific political economy analysis. At all levels the attention to care relevant actors, ideas, institutions along intersectional lines need to be undertaken.

To conduct political economy analysis policymakers need to map relevant actors and key stakeholders (including political leaders, civil servants, political parties, business associations, trade unions, civil society organizations, and external actors like foreign aid agencies, regional organizations, donors and multinational corporations), identify their driving interests and incentives, list down formal and informal institutions operating in the form of formal or informal social norms, practices and codified laws and rules, and lastly, understand the ideas and discourses that shape public and political views. Different actors – either individual or institutional – have their own set of interests when it comes to trade, capital, labour, or technology use. For example, traditional economic measures such as the GDP do not include measurement of the value of unpaid care work. This presents a likely arena of opposition to valuing unpaid care from ministries of finance or economy if they are not sensitized of the value and importance of the care economy. Another example of the crucial role the broader political economy play in care provision can be surmised from the presence of global care chains and the role of migrant labour from developing countries of the global South in sustaining care economies of families in the global North (Raghuram, 2016; Yeates, 2012). This suggests that the political economy of care is not only national but transnational in character. Governments need to account for the short-term and long-term impacts of transnational inflows of labour, capital, trade, and technology on their policy environments.

In addition to its gendered dimensions, the political economy of care is also impacted and guided by macroeconomic policy, labour market policies, migration policies, social protection policies, and digital inclusion policies to name a few (see Figure 1). The content and intent of each of these policy domains has a direct bearing on the investments in social provisioning of care – be it through infrastructure, services, or programmatic interventions. To illustrate the effect of macroeconomic policy aimed at reviving economic growth and boosting jobs after the pandemic, input-output analysis shows that care-led recovery has superior growth outcomes than investments in construction (De Henau & Himmelweit, 2021). The labour intensity, low material and machinery input, shorter working hours, and lower wages allow for higher employment returns from investment in care sectors. Even prior to the pandemic, simulation studies showed that a stimulus package that favoured social care spending would likely generate more jobs for women and narrow gender gaps in employment and earnings (Ilkkaracan et al., 2020). Another simulation on social care expansion through public investments in education, early childhood care, and healthcare sectors in 45 countries, estimated 33 per cent increase in employment generation over the status quo (Ilkkaracan & Kim, 2019).

Building an ecosystem of enabling political economy factors by paying attention to a care-sensitive and care-responsive institutional climate across all sectors of the economy has the potential to yield triple dividends, by provoking a virtuous circle that generates economic and social returns while meeting the goals of gender equality and care responsiveness. For example, investing in social and physical care infrastructure and services generates this virtuous cycle as depicted by a UN Women and ILO study in Figure 4. These investments are possible through (re)allocation of public resources and spending. This requires interventions in the design of public budgets and fiscal stimulus packages from a gender and care budgeting perspective. While monetary policy is not necessarily a macroeconomic entry point to promoting gender equal growth, it is also not gender-neutral. Monetary policy can have gender differential outcomes through the availability (or lack) of credit, which can improve (or worsen) job creation and business enterprise, hence promote (or discourage) women's entry into labour markets. The conventional approach of Central Banks has been one where there is an exclusive focus on price stability and inflation targets set at single digits. Extensive analysis shows that such exclusive focus has often been at the expense of lower growth and weak job creation, which disproportionately hurts women. Figure 4 emphasizes the reprioritization of budgetary investments into social care services and infrastructure generates both supply side and demand side known-on effects that enhance economic growth, job creation, access to care provisions, human capital formation and real incomes.

FIGURE 4 Economic returns to investing in the care economy: supply and demand-side channels



Source: UN Women & ILO, 2021, p. 6.

Monetary policy can have gender differential outcomes through the availability (or lack) of credit, which can improve (or worsen) job creation and business enterprise, hence promote (or discourage) women's entry into labour markets. The conventional approach of Central Banks has been one where there is an exclusive focus on price stability and inflation targets set at single digits. Extensive analysis shows that such exclusive focus has often been at the expense of lower growth and weak job creation, which disproportionately hurts women. Figure 4 emphasizes the reprioritization of budgetary investments into social care services and infrastructure generates both supply side and demand side known-on effects that enhance economic growth, job creation, access to care provisions, human capital formation and real incomes.

This MFA calls for - a) understanding the gendered political economy factors in a country, b) relating these to care, as well as c) building an enabling political economy geared towards gender transformation (thereby inherently including care responsiveness), rather than towards merely gender responsive, or at worst, gender blind or even averse to gendering the policy formation (and implementation).

3.3 Levers of change

The selection, design, and composition of a basket of care policies would be determined by priorities of care within each policy area – these priorities can be identified through 'levers of change' which are elaborated in Figure 5. Each 'lever of change' feeds into identification of strategic priority areas as well as in setting out policy goals, policy design and policy implementation.

FIGURE 5 Levers of change

Source: Author's own depiction.

Cohesive policy ecosystem – this lever of change encompasses two critical components: legislative and regulatory frameworks, and gender budgeting and financing.

a. **Legislative and regulatory frameworks** – Making the right to care justiciable increases the effectiveness of policy design and implementation. Hence, the MFA suggests that countries ensure legislation and put in place regulatory frameworks for each chosen policy area/s (in section 3.1). The European Union and ECLAC are two regions that lead the world in the depth and scope of national legislations for care provisioning. Within the ESCAP region, Box 2 provides an example of the Philippines on how laws can ensure that women's unpaid care and paid care work is made visible and prioritized. These laws dictate that priority be given to particular policy areas, national standards be provided, legal protections be available to citizens in the event of non-implementation, etc. For example, domestic workers often lack any recourse against exploitative employers in the absence of laws regulating the hours of work, fair wages, and decent working conditions for domestic work within households.

BOX 2 Promising practice on regulatory frameworks from the Philippines

The Philippines illustrates how constitutional, regulatory and judicial frameworks can support the recognition and value of care work. It ranks high in the gender gap index and has a number of enabling laws and policies that acknowledge women's role in care.

- The Women in Nation Building Act, 1995, makes provision for social security coverage for married persons, who devote full-time to managing the household and family affairs upon the working spouse's consent.
- The Solo Parents' Welfare Act, the Early Childhood Care and Development Act, the Expanded Exclusive Breastfeeding in the Workplace Law, and the Responsible Parenthood and Reproductive Health (RPRH) Act address aspects of social reproduction and childcare.
- The Batas Kasambahay (Domestic Workers Act), and the Magna Carta of Women directly address the gender and care components of policies.

Source: Chopra and Krishnan (2022)

b. Gender budgeting and financing – Investing in the care economy requires financial resources to build the necessary infrastructure, set up services, train service providers, and manage information and communication systems. Latin America and the Caribbean region have identified three models of financing care systems – a) models based on general revenues using public budget resources, b) insurance-based public insurance with mandatory contributions or private insurance, and c) models based on solidarity funds, similar to social security or health funds (Scuro et al., 2022, p. 30). Financing policies from public funds require adequate general revenues in the exchequer. In the current economic scenario, many countries of the region are facing revenue decline and raising taxation in particularly informal economy contexts is difficult. Selective taxation (e.g. taxing rich individuals and corporations) and progressive taxation are potential alternative options. Insurance based models are contributory in nature either through private or social insurance. These can take the form of obligatory social security programmes. However, in contexts of precarious employment, high informality, and adverse selection of the neediest segments of people being unable to afford the contributory payments, making such insurance-based funding of care policies sustainable presents a unique set of challenges. Box 3 provides a set of practices adopted in the area of long-term care financing.

The emphasis of a gender and care responsive financing model is to primarily regard financing of care policies as an investment in economic growth and human capital rather than as a development cost or social spending. This mindset shifts attention from the current neoliberal growth paradigms that promote a 'There is No Alternative' mentality which has hurt efforts to expand macroeconomic fiscal and monetary policy that can support growth, employment, the care economy, and reduce inequalities. Feminist economists have argued for reforming taxation systems, controlling illicit financial flows and implementing progressive taxation policies as a means to reduce wealth inequalities and generate higher revenues for public spending. Innovative sources of raising development funds through diaspora communities, sovereign bonds, gender bonds, and pay-for-success social impact bonds (where private investors provide funding for care programmes and government repays them if certain predetermined outcomes are achieved) are being experimented with. The model of public private partnerships for investments, especially in large care infrastructure projects, is another potential source of financing the care economy. Rebalancing and shifting the composition of fiscal spending matters as much as expanding the fiscal space for care policy investments.

Box 3 offers some promising practices in Asian countries relating to the financing of long-term care systems. Women are often disadvantaged in insurance coverage on account of their intermittent labour market engagement and lack of decision-making regarding household income. Policies covered by

insurance funding may also leave out critical costly components of care which raises the spectre of out-of-pocket expenses despite having insurance. Mixed funding relies on diversification of the funding landscape to tap all possibilities of public revenues, social insurance, specific taxes, and direct payments by families in the form of user fees. Countries must assess the alternative funding channels available to arrive at a mix dictated by the target beneficiary segments and nature of care provision.

BOX 3 Promising practices on financing long-term care systems

Population ageing in Asia-Pacific countries has major economic and social implications, raising concerns about who provides care for a growing number of older people. Long-term care (LTC) refers to the support provided and the activities undertaken by informal caregivers (including family, friends, or neighbors) or by public, for profit and nonprofit service providers to ensure that an older person can optimize his or her functional ability and maintain the highest possible quality of life. In the majority of developing member countries of the region, public financing of LTC tends to be very limited.

Countries with ageing populations have instituted long-term care insurance systems. Japan and Republic of Korea pay a care allowance to families to purchase services from the market. Some local governments in the Republic of Korea run their own care centres for older persons. The Fiji Government runs several care homes free of charge for older persons without a family.

Approaches such as "pooling" and "purchasing" are recommended by policy experts. Pooling enables financial risk to be spread across a population as well as protecting individuals from catastrophic costs. Social insurance schemes and tax-based systems have a strong pooling element. Means-testing limits the risks of pooling. Strategic purchasing helps drive efficiency and access to services within LTC systems. This includes directing service provision, setting prices, using service level agreements and competitive tendering, and adopting capitated budgets. Expanding eligibility criteria, expanding services, and reducing co-payment are some aims of LTC systems in the region.

Source: (ESCAP, 2021a, p. 54; Wyse & Walker, 2021)

This MFA stresses the importance of thinking of the fiscal space in redistributive terms, in addition to efforts at expanding the fiscal allocation for social spending. Reprioritization and reallocation of the spending portfolio is called for in the face of a growing acknowledgement that care is central to human life and furthers gains in gender equality, sustainability, and well-being. Investments in care must be seen as self-financing in the extent to which they generate positive economic and social outcomes. Reporting on care-specific expenditures as part of the gender responsive budgeting exercise becomes an important means to maintain focus on the critical aspect of resource generation and allocation.

Stakeholder mapping – this lever of change encompasses inter-institutional mechanisms, and adequate representation of transformative voices in decision-making.

c. **Promote whole-of-government thinking on care economy** - Just as the productive economy is a sum of its inter-connected parts, the care economy too requires wholistic thinking and inter-ministerial co-ordination and co-operation. Care predominately affects women and girls' life changes and hence has a tendency of being siloed within women's state machineries and championed by women's rights movements. As the range of issue areas across the four policy categories of care shows in the section 3.1, policy responses require cross-sectoral efforts. A whole-of-government approach emphasizes the need for care to be mainstreamed within department plans and priorities by accounting for the gender differentiated needs for caregiving and care receiving. Working together creates synergies, bridges gaps and ensures coherence and accountability (United Nations, 2020). This is equally true if any one chosen policy areas – by taking a whole-of-government approach (including generating buy-in and support from other ministries), the chances of successful outcomes for the policy area/s is much higher. The ASEAN Comprehensive framework on care economy discussed in Box 1 presents an example of how member States of ESCAP can devolve regional commitments across a number of strategic priority areas by identifying the multi-sectoral nature of policies, programmes, and actors involved. Cambodia offers another example of National Healthcare Policy and Strategy for Older People that was launched by the Ministry of Health, while the Ministry of Social Affairs, Veterans, and Youth Rehabilitation anchors community-based and family-based older people development in collaboration with the Cambodian National Committee for the Elderly and other line ministries (Ministry of Women's Affairs, Cambodia, 2019).

d. **Represent intersectional gendered perspectives in decision making** – Substantive representation in the form of voice in decision making has been found to be more effective than mere formal representation in legislatures or political bodies when pursuing gender equality. The politics of

representation be it conservative-led or progressive must allow for feminist processes of deliberation based on values of responsiveness, inclusiveness, and egalitarianism (Celis & Childs, 2018). Women and men in all their diversity need to be represented within discourses on care. Redistributing the current institutional arrangements of care requires partnership among and across genders and other intersectional identities at which people sit. This MFA places high importance on understanding and operationalizing intersectionality markers such as geographies, age, caste, class, gender, sexual orientation, disability, race, marital status, education, and ethnicity to name a few within both decision-making structures, as well as in gendered assessments regarding needs. The ILO underlines the need for representation of the concerns of paid caregivers through social dialogue and ability to collectively bargain for better benefits and work conditions (ILO, 2018). These are some ways in which women and their care work can gain visibility in policy processes. Leadership roles are another avenue through which women or people of marginalized genders can influence decision-making. Box 4 indicates to the positive effects of including greater voice from women and other marginalized groups in policy responses.

BOX 4 Promising practice from the Philippines on role of women leaders in gender-responsive COVID recovery

UN Women set out a call to women leaders for making women and girls' needs visible in intervention plans responding to crisis. This is possible only through women's participation in decision-making processes. Bringing voices of women into local and national level decision-making mechanisms ensures more inclusive decisions and yields better and sustainable results for the whole community. Women leaders play a crucial role by including the needs and expectations of women and increasing their access to social protections and care services.

In Asia and the Pacific, UN Women identified three results domains for transformative leadership: safe and meaningful participation, collective influencing and advocacy, and partnership, capacity and funding. The Study by Henty et al found good evidence of partnership capacity and funding, moderated evidence of safe and meaningful participation and collective influencing and advocacy and only limited evidence that diverse women and WROs have transformative leadership impact in COVID-19 response planning and implementation in the Philippines.

Source: Henty et al., 2021; UN Women, 2020a.

Research and advocacy – this lever of change includes data on needs assessment and advocacy for norm change.

e. Care disaggregated data – The aim of such data is to conduct a gap analysis of care deficits across all areas of care provisioning and inform policy decisions with evidence that can be used for the design and implementation of each chosen policy area. Statistical silence perpetuates a situation where the care work of women and girls remains invisible and assumed to need no policy attention. National time use surveys are a crucial source of information on the gendered intensity of care work. Time use statistics show that women's time spent on unpaid care and domestic work as a ratio of men's time in unpaid care and domestic work varies widely across the region, from as high as 10 times in Pakistan and Cambodia to just 1.7 times in Australia and New Zealand (ESCAP, 2021b). However, less than 15 countries in the Asia and Pacific region have such time use survey data available.[6] Data on the gendered patterns of time use between women and men on paid and unpaid care activities immediately highlights the discrepancies and inequalities that the State must address and redistribute through care-sensitive policy and programming. The absence of official surveys means policymakers may need to rely on informal studies or incorporate care work assessments into existing household, consumption, and expenditure surveys. Reliability of data, accessibility of data and comparable analysis of the data is crucial (ESCAP, 2021a). Box 5 highlights a key action item that has been considered by the government in Cambodia. Collecting care disaggregated data, especially with an intersectional lens directly informs the priority setting of care policies by identifying where greater investments are needed (for example, in particular geographical locations or for particular low-income households of persons with disabilities). Or taking a life stage approach over the entire human life cycle has the advantage of recording information of care needs as people go through the various stages from infancy to old age, allowing governments to anticipate future care needs as demographic transitions occur with respect to their populations.

BOX 5 Promising practice on care disaggregated data collection from Cambodia

1 Conduct national time-use surveys and generate more evidence to measure and value unpaid care and domestic work

2 Collect data on the intersection between care, environmental issues, ageing populations, long-term ill, and people with disabilities.

Source: Ministry of Women's Affairs, Cambodia (unpublished).

6 Countries with time-use survey data available: Armenia (2004), Australia (2006), Azerbaijan (2012), Cambodia (2004), China (2008), India (2019), Islamic Republic of Iran (2009), Japan (2016), Kazakhstan (2012), Kyrgyz Republic (2010), Mongolia (2011), Pakistan (2007), Republic of Korea (2014), Turkey (2014) and New Zealand (2009).

f. Data on intersectional identity markers – Care is intimately connected to other gender inequalities. This makes it imperative to collect and analyse gender disaggregated data across a variety of parameters that can provide insight into women's domestic and market production. Intersections between women's location across geographies, age, class, race, ethnicity, disability, informality, marital status, and number of children are some of the axes that impact the nature and extent of unpaid care work (Chopra & Krishnan, 2022). The lack of data affects the ability of policymakers to institute concrete reforms despite a commitment to change. Box 6 demonstrates the importance of gender statistics among countries of ASEAN and the Pacific region, and steps taken by these countries to improve their evidence base. Data on intersectional identity markers can help policy areas identify needs and gaps, thereby orienting policy priorities and scarce resources to those that most need these interventions.

BOX 6 Promising practice of gender disaggregated data from ASEAN and the Pacific

The ASEAN Gender Outlook jointly published by ASEAN and UN Women provides a snapshot of progress for women and girls against each of the 17 SDGs. Availability and quality of microdata determines what can and cannot be inferred about inequalities in ASEAN Member States. Individual-level microdata collated from survey samples, demographic and health Surveys or Multiple Indicator Cluster Surveys (MICS) provide evidence that inform the development of inclusive policies. However, ASEAN Member States have data on only 41 per cent of all gender-related SDG indicators.

Source: ASEAN & UN Women, 2021.

In a review of gender data statistics across countries of the Pacific region, 78 per cent of the region was found to be missing gender data. National statistical systems often have limited capacity to disseminate and communicate data. ESCAP and the Pacific Community are supporting select Pacific Island countries to implement a "Roadmap to Enhance the Production and Use of Gender Statistics in the Pacific".

Source: UN Women, 2019.

BOX 7 Promising practices from the Philippines on shifting gender norms

OXFAM We-Care programmes in the Philippines and Zimbabwe found that despite the use of time- and labour-saving devices such as electric cooking stoves, women's time in unpaid care work increased instead of going down, unless there were strong social norms interventions to increase the participation of men in these care tasks.

Source: Oxfam International, 2020.

A social norms, attitudes, and practices (SNAP) survey conducted in 2020 across Indonesia, Philippines, and Viet Nam reported each new generation of couples expects to share childcare and breadwinning more equally than the previous one. However respondents with conservative religious beliefs also tended to support a more traditional division of responsibilities related to care and income earning.

Source: Investing in Women, 2020.

Oxfam Philippines runs a series of webinars "Usapang Gawaing Bahay sa Panahon ng Pandemya" ("Talks on Housework in the Times of a Pandemic") alongside a #FlexYourHouseband Challenge to encourage men to respond to the call for equality in doing unpaid care work with their partners. The challenge honours men who stand for equality and empowers them to talk about their experiences and learnings as husbands and fathers. Celebrating Fathers' Day is another effort to create a positive shift in the way people see gender roles and norms around unpaid care work within the home.

Source: Oxfam (2021).

g. **Advocate social change in gender norms to bolster policy efforts** – While a section of economists and policy thinkers argue that changing economic imperatives, labour market demand, and investments in social care provisions that encourage female labour force participation can redress the lopsided gender division of care work, this MFA argues that gender norms often play a mediating effect on how women engage in the labour market. Research from India and Nepal testifies to the bi-directional relationship between childcare and women's economic engagement (Chopra et al., 2020). Consequently, mindset and belief change must be seen as an equally critical driver of policy action as much as fiscal resources or legislative commitments. Despite the growing awareness on the importance of redistributing care work between

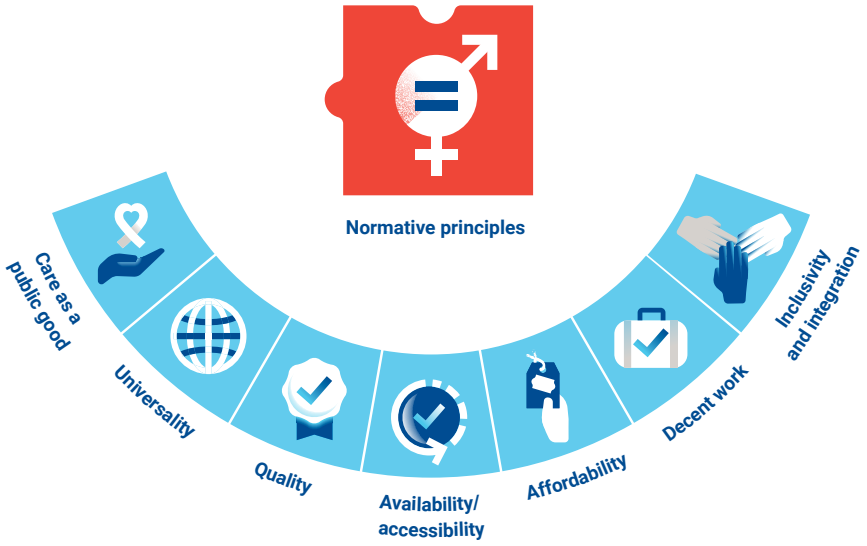
the sexes in order to free women to pursue their full potential, restrictive gender norms of 'male breadwinner and female caregiver' prevail in most countries of the region. While younger generations appear to support more gender egalitarian norms and equal sharing of care responsibilities, ideas about childcare being women's 'natural' skill continue to persist. Raising awareness on the value of unpaid and domestic work, not only shifts the norms within private households but also eliminates stigmas attached to these tasks when performed for pay. This allows greater opportunity for paid care workers to receive both respect and decent working conditions. Policy design and implementation efforts are often stymied by the presence of stubborn gender norms and ideas that prevent families from adopting new gender equitable care practices. In some countries, the use of digital and social media, campaigns on TV, radio and online platforms have been leveraged in addition to community-based activities to advocate for behavioural change. Box 7 showcases the importance of multiple strategies in the Philippines to promote men's participation in care. This lever of change insists on governments paying attention to and addressing gender and care-regressive norms, such that the design and implementation of the chosen policy areas aims at transforming inequitable gender relations.

3.4 Normative principles

Capitalist societies run the risk of overemphasizing market production at the cost of social reproduction leading to a crisis of care (Fraser, 2016). The relegation of care to the private domain has led to its being undervalued and underinvested in. The COVID-19 pandemic has demonstrated that lack of attention to the infrastructure and services needed to provide care to all groups of a population across the life course. This runs the risk of derailing the sustainability and viability of national wealth and health. Drawing on a feminist ethics of care approach, Chopra and Krishnan (2022) make the case for foundational normative commitments and principles to guide the design and implementation of care policies. These normative principles not only serve as evaluative standards of care delivery, but also provide a guidepost for service levels, coverage, range of services, availability, and financial resourcing decisions. Comparable efforts in other regions of the world, such as Latin America and the Caribbean have emphasized the principles of universality, progressivity in access, solidarity in financing, social and gender co-responsibility, and promotion of autonomy as crucial for ensuring care as a right (UN Women & ECLAC, 2021, pp. 25–27). These principles signify an ethical orientation that acknowledges the importance of care as a public good. Despite the mushrooming of privatized care services and employment linked care policies offered by private sector employers; the value of the care economy can be realized only when care is treated as a social good rather than a profitable venture.

This MFA adopts a fine-grained set of seven normative principles as the ethical criteria to guide all care economy policies for ESCAP member States – and is especially relevant for guiding the making and implementation of the chosen policy area/s. The MFA stresses the need to explicitly acknowledge underlying normative principles for the care agenda as a whole as well as to set normative standards in chosen policy categories. The right to give and receive care sits at the centre of this normative stance. Figure 6 conveys the seven principles that need to be ensured in order to deliver policies that value the care economy, create gender transformative social change, and sustainable economic growth.

FIGURE 6 Seven normative principles to guide policy action



Source: Authors' own depiction.

The explication of each normative principle in box 8 highlights the interconnected nature of normative criteria in designing individual care policies as well as thinking holistically about comprehensive care systems. Inevitably all care policies must embody the highest normative standards that respect the value of human life and dignity and acknowledge that all humans are dependent on the care of others as well as are caregivers to others.

BOX 8 Explanations of seven normative principles

Care as a public good: Refers to a focus on public provisioning of care related goods and services by the State through public finance that especially pays attention to the needs of the vulnerable and marginalized who cannot afford to access or buy care from the market. This allows care to, emerge out of the private sphere of the family into the public domain where the State becomes responsible as a guarantor of rights.

Universality: There is no differentiation between care provision along income, class or privilege lines, especially who could be easily left behind, especially during crises.

Quality: A crucial component but very difficult to define, measure and set norms for. Perceptions of quality vary based on the needs and expectations of users and care recipients. Absence of high-quality care erodes trust of users in the service, negating policy goals on account of poor implementation.

Accessibility/availability: Defined as a household's ability to easily locate information about care services, reach suitable care centres, and use care services that match their specific and differentiated needs. It focuses attention on the needs of the most vulnerable irrespective of their socioeconomic locations.

Affordability: Availability of affordable care services so that care costs can represent a major component of many households monthly expenses. This is mediated by a number of individual and household characteristics as well as a country's political economy context and level of development.

Decent work: Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all care workers, ensure a safe, attractive and stimulating work environment for both women and men care workers, and enact laws and implement measures to protect migrant care workers. This dovetails closely with the affordability and quality principles.

Inclusivity and integration: Giving due consideration to the intersectional identities and social location of caregivers and care recipients, making sure each policy response is differentiated as per the care needs of different groups. The specific intent is to ensure marginal groups and persons are adequately incorporated. Practical conditionalities, coverage and service limitations should not exclude large number of intended beneficiaries.

Section 4

Assessment questions and criteria

The main components of the MFA are depicted in Figure 3, with bi-directional arrows highlighting the dynamic and interrelated nature of these elements. This illustrates that any component could serve as an entry point for identifying the care policy agenda. This suggests that any component could become the entry point for identification of the care policy agenda. Some countries might have specific policy areas that they want to focus on and begin with, while others could prioritize examining underlying gender and care norms and principles, while still others could conduct an intersectional political economy analysis or begin evidence-based policymaking from ground level data and advocacy for care provisions. Whichever pathway a country chooses, the MFA exhorts policymakers to assess each of the four elements critical to ensuring the care agenda is set and implemented in a manner that serves the need of all members of society. In order to support this enquiry and reflection, this section offers a detailed set of assessment questions and criteria to guide policymakers at national and sub-national levels to systematically interrogate each element of the care economy MFA and operationalize the MFA for their national context. These questions are intended to open up the policy discussion and debate and are neither exhaustive nor limiting. They are designed to allow decision-makers with guidelines that ensure they give due consideration to all significant aspects of women's gender differentiated care needs – both as caregivers and care recipients – when designing policies.

Table 1 in section 3.1 set out the four care-sensitive policy categories outlining different sub-policy areas that need to be addressed when developing care policies for care infrastructure, care-related social protections, care services, and employment-related care.

Table 2 offers a set of assessment questions to support policymakers to evaluate the nature of the political economy factors that can support or hinder the chosen gender and care policy area/s. It covers aspects of the political economy such as actors, formal and informal institutions that have a bearing upon care policy provision.

TABLE 2 Assessment questions for political economy of care

Political economy of care	Assessment questions
 **Relevant Actors and interests**	Who are the relevant actors and stakeholders to establish a national care agenda?
	Who are the key stakeholders to be consulted and included in design and implementation of the care policy area/s?
	What are the main interests of these key stakeholders - including line ministries and government departments at appropriate levels of governance, women's rights organizations etc.?
	To what extent do these relevant stakeholders understand and support gender and care concerns in the policy area?
	Which stakeholders are champions for the cause of gender differentiated care policies? Where is the opposition and why?
 **Legislative and regulatory frameworks on gender and care**	Which policies at national, regional and local levels incorporate international standards and conventions addressing care and gender equality?
	What is the legal basis for any gender policy? What are the regulatory mechanisms supporting/ opposing the policy?
	Which line ministries have adopted formal gender differentiated and care-sensitive policies and goals?
	How do line ministries and government departments incorporate gender and care policy concerns into their existing policies and programmes?
	Which formal committees, teams, or sub-departments have been created to monitor gender differentiated care policy design and implementation?
	What are the coordination mechanisms between concerned departments and Ministry of women's or gender affairs?
 **Informal norms, rules, practices and discourses on gender and care**	What are the social norms and informal practices in policies that disadvantage women or care needs of citizens?
	What are the discourses around gender and care as promulgated by relevant actors and/or institutions?

Table 3 provides a series of questions to establish the levers of change that identify the gaps in current policy and programming by analyzing the available evidence across several parameters. Based on inputs from a number of different sources these help inform the design of target beneficiaries, nature of provisions, cost of provisions size of budgets, scale and spread of implementation etc. This evidence-led approach to policymaking will ensure maximum value is delivered for the fiscal investment in care policies.

TABLE 3 Assessment questions for levers of change

Levers of change	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?
	Which policies at national, regional and local levels incorporate international standards and conventions addressing care and gender equality?
	How far do laws or policies demonstrate an explicit statement of intent to recognize and value care work? How can this be strengthened?
	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)?
 **Gender budgeting and financing**	How do current macroeconomic policies, patterns of fiscal spending, monetary policy and taxation structures affect the distribution of (unpaid) care work?
	How can existing budgets be spent on care responsible policies?
	To what extent are care policies included in the gender responsive budgeting plans of government ministries and departments?
	What are the opportunities for gender and care responsive budgeting?
	Where are the opportunities to allocate new funds or reallocate existing funds towards gender differentiated care policies in a sector?
	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?

Levers of change	Assessment questions
Research and advocacy	
 **Care disaggregated data**	What intersectional care disaggregated data is available for evidence-based policymaking?
	What are the relevant markers of intersectionality in the country (at national and/or sub-national levels)?
	How can the availability of intersectional care data be improved and strengthened?
	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?
	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?
	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?
	Which groups emerge as the most marginalized in being able to benefit from different care policies?
 **Data on intersectional identity markers**	What gender disaggregated and intersectional data is available for evidence-based policymaking?
	How can this data be improved and strengthened?
	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)?
	Which women providing unpaid care work are particularly vulnerable due to their particular socioeconomic identity markers of age, income, ethnicity, race, marital status, etc?
	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?

Levers of change	Assessment questions
 **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)?
	How can different stakeholders of society be reached to generate awareness in tackling entrenched gender norms around care?
	Which policies, campaigns and activities have been most effective in involving men in care and shifting gender norms of care?
	To what extent do care policies challenge the gendered division of labour in both policy design, and in policy implementation?
	Which policies have conditionalities or provisions that reinforce women's carer roles as wives and mothers instead of redistributing care to husbands and fathers?
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?
	What platforms are available for inter-ministerial coordination on care policies established, utilized, and monitored for planning, resource allocation, and implementation?
	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?
	How is a review of care policies conducted at sub-national and national levels to ensure laws and regulatory frameworks are being implemented?
	How effectively do all ministries collaborate with the ministry for women's or gender affairs at national and sub-national levels?
 **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?
	How are the intersectional identities of these leaders considered in improving/ encouraging their 'active' participation?
	How are the needs of both caregivers and care receivers incorporated in policy deliberations?
	How are voices and ideas of women and other marginalized gender identities incorporated into the care policy process?
	What are the accountability mechanisms to ensure all policies are reviewed from a care-sensitive and gender-differentiated lens?

Finally, the policy must meet the normative principles and standards that enshrine the value of care as central and fundamental for human life and sustainable societies. The State must play a regulatory role for market provision of care infrastructure, services, and policies to remain true to the intent of providing care that meets the principles of universality, accessibility, affordability, quality, decent work and inclusion. Collectively this normative focus can enable integrated care systems to develop in societies that meet the needs of human wellbeing and flourishing. Table 4 provides a list of questions that decision makers must endeavour to answer satisfactorily to ensure that each chosen care policy area/s reflect the standards of what is considered right and good for society.

TABLE 4 **Assessment questions for normative principles of care**

Normative principles of care	Assessment questions
 **Care as a public good**	To what extent is care recognized and valued as foundational to human life, sustainable economies, and resilient societies?
	What are the current responsibilities of the four institutional actors of the care diamond in the chosen care policy area?
	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?
	For which groups does the government provide publicly funded care policies and why?
 **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?
	How is the principle of 'leave no one behind' incorporated into existing care policies?
	How are the targeting criteria defined for care policies? Who is included and who is left out? Why?
 **Accessibility/availability**	When, where, how and to whom are care provisions accessible and under what conditions?
	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?
	How are the needs of care receivers accounted for in the design and implementation of care policies?
	How far are persons from vulnerable and marginalized groups such as children with special needs, persons with disabilities, women from discriminated backgrounds able to access relevant care provisions?

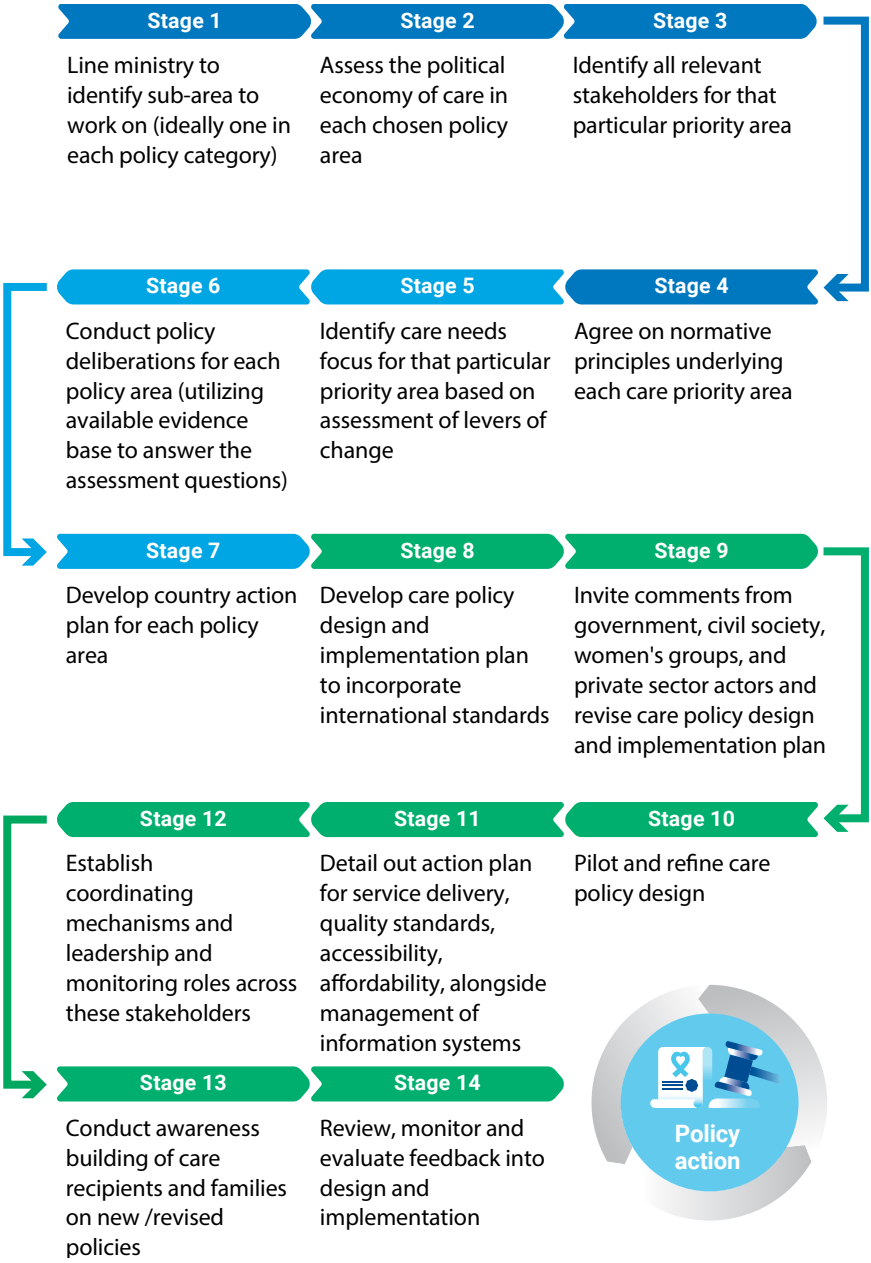
Normative principles of care	Assessment questions
 **Affordability**	How is the cost of care provision made affordable for majority of users through either public funding, private investment, or combination of financing approaches?
	Which different financing models are found to be most suited for different user groups – pay for use, part contributions, subsidies, private or society led initiatives, etc?
	How much out of pocket expenses do families incur to avail care provisions?
 **Quality**	How can care policies meet regulatory standards of safety and quality of delivery?
	What is the caregiver to care receiver ratio? How far are they based on international guidelines?
	How can skill building of caregivers be linked to delivery of high-quality care services that meet the needs of different care recipients?
	How does the care provision ensure positive interactions with care recipients to maintain their respect and dignity?
 **Decent work**	How/ to what extent are paid caregivers provided secure employment and decent work conditions?
	How/ to what extent are paid caregivers provided nationally appropriate levels of remuneration and social security/ social protection benefits?
	How/ to what extent are paid caregivers provided opportunities for training and professional advancement?
	How often/ to what extent are paid caregivers able to participate in collective action and make their needs and voices heard in decision making on their conditions or service?
	Which groups of workers can access care policies that help them combine paid work with family care responsibilities? Which groups are left out?
 **Inclusivity and integration**	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?
	How inclusive is the care policy of the needs of caregivers and care receivers based on intersectional identities and social location (such as geographical location, class, income status, marital status, ethnicity, educational level, etc.)?
	How are care policies integrated and linked to other policies in design and implementation offering a wholistic approach to care over the life cycle?
	How are care policies linked to other gender differentiated policies in policy goals, design and implementation?
	How are the vulnerabilities and needs of *both* caregivers and care recipients addressed simultaneously in the goals, design and implementation of care policies in a comprehensive manner?

Section 5

Plan for implementation

This MFA concept paper has systematically reviewed the literature of care policy design, adoption and implementation in order to draw out the key conceptual anchors that should inform a country's efforts to address the care economy. Building on the existing concepts, Section 3 offered an iterative and evolving model for policy action on care economy that encourages policymakers and decision makers to address four key components that impact care policymaking – policy categories for care provision, political economy factors impacting the care economy, priority setting levers for change in care policies, and principles that set the normative standards that must be provided for care to meet the needs of recipients. Section 4 established a series of questions that can help decision makers to assess the state of art in their national, regional or local contexts within each of the four components. This section provides an overview for implementing the process of undertaking care policy reform outlined in Figure 7. It sets out the steps that policy officials championing care policy adoption can follow in order to systematically and comprehensively address all aspects of the policy process to ensure effective design of gender-differentiated care-sensitive policies that meet the needs of their national context.

FIGURE 7 Proposed plan for implementing policy action on care economy



Source: Authors' own depiction.

Section 6

Conclusion

ESCAP has significantly enhanced and strengthened its technical advisory to member States on the care economy in the last two years. It offers research on the role of women in the care economy across Asia and the Pacific, and the deleterious effects of a lopsided gender division of labour in care on women's economic and social empowerment (ESCAP, 2019, 2021b, 2021a; ESCAP & UN Women, 2020). The care-sensitive policy framework put forward in previous work offers a macro view of the various elements that impact the care economy.

This MFA moves the conversation from conceptualization and empirical data to policy action. It asks the question of what factors decision-makers need to bear in mind while developing care-sensitive policies that recognize and value women's care work. It offers a model framework for policy action that comprehensively assesses the four care-sensitive policy categories, the political economy of care, the levers of change, and normative principles of care. Actions under each and all categories in concert will move a country closer to setting up a comprehensive care system. Assessment questions offered in this MFA allow decision makers to reflect upon the current and desired outcomes, identify gaps and focus investments into new care policy programming. Finally, the MFA charts the sequence of activities needed for policy champions to undertake a step-by-step process to operationalize and implement a care economy agenda in their own national contexts.

Annex: Example of the Philippines MFA

TABLE A1 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 fueling 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.
Cooking fuels	The Philippines does not have a clean cooking policy in place, and nearly 70 per cent 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).

Policy category of care	Issue-specific areas to consider
Food procurement	The Magna Carta of Women addresses women's right to culturally acceptable food free from unsafe substances. According to Corral (2015), 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 gender-sensitive approach in addressing food insecurity
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/women-managed-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 is nothing short of a dream come true, as it alleviates them from the physically demanding and time-consuming chore of doing laundry.

Policy category of care	Issue-specific areas to consider
Physical infrastructure for social care provision - schools, hospitals, nursing and care homes, health clinics	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 Centers 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 protections	
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.
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.

Policy category of care	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.
Care for multiple vulnerable groups	N/A

Policy category of care	Issue-specific areas to consider
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).
 **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.

Policy category of care	Issue-specific areas to consider
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, there are no policies or laws related to leaves to take care of elderly parents or relatives in the Philippines.
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.

Policy category of care	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 A2 Questions for assessing the political economy context for care

Assessment questions

Political economy of care: 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, UNESCAP and UN Women.
Which stakeholders are champions for the cause of gender-differentiated care policies? Where is the opposition?	PCW, Oxfam, UNESCAP 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.

Assessment questions

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.

Political economy of care: 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 sub-departments 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.

Assessment questions

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 per cent 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 non-compliance.

Political economy of care: 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 A3 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.

Assessment questions

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 UNESCAP 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 labor 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.

Assessment questions

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 labor 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 labor subcontracting or outsourcing, as well as the use of contingent employment (like hiring casual part-time, temporary, and contractual workers), as the most adopted labor 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 labor 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.

Assessment questions

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?	Senate Committee Report No 42 (2023)
What are the areas of gap in addressing care needs of social protection beneficiaries?	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.

Assessment questions

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 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.

Assessment questions

How can existing budgets be spent on care responsible policies?	The Magna Carta of Women provides specific provisions on day care centers 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 centers 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 gender-responsive 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 gender-related 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.

Assessment questions

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 gender-based 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 and programme, care infrastructure, social protection for carers and dependents.
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.

Assessment questions

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.
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 protections, 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 protections. **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 evidence-based policymaking?	Sex disaggregated data is available but has not been consistently collected over the years,

Assessment questions

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.

Assessment questions

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.

Assessment questions

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 favourable to women and girls.
To what extent do care policies challenge the gendered division of labour in both policy design, and in policy implementation?	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?	Republic Act No. 6972, an Act Establishing a Day Care Center in Every Barangay, Instituting Therein a Total Development and Protection of Children Programme, Appropriating Funds Thereof and For Other Purposes has a specific provision that only mothers can bring their children to day care centers. There is no mention of fathers in the law. This particular law was criticized as reinforcing women's traditional role as mothers and primary caregivers. It also does not distribute caring duties to male family members or fathers. While the Expanded Maternity Leave provided longer days (105) for mothers to care for their infants, the fathers are only provided a total of 14 days. This means that mothers are left most of the time to care for the babies.

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.

Assessment questions

What platforms are available for inter-ministerial 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 researches." 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

Assessment questions

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. 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 care-sensitive 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 A4 Evaluative questions to assess adherence to normative principles of care

Evaluative questions	
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 recognized by the state, but the Magna Carta does not go beyond this recognition. Private sector has limited care-related provisions - some private-run creches but are not accessible to everyone. Corporations provide day care centres (at workplaces) for their employees - but because of lack of efficient transport system, it is challenging to go from one place to another and thus becomes inaccessible, especially for children to go to these centres. In the family, most of the work is done by women - mother, aunt, grandmothers, older sisters. There is very little community provision for care - for example the Mayor in a city (Iloilo) established a childminding center near the market to help mothers but the provisions were inadequate. There were financial constraints. There were not rules established among users. Hence, some mothers just left their babies/young children there without provisions for food, milk, and diapers. So, the operations were discontinued.
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.
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.

Evaluative questions

How is the principle of 'leave no one behind' incorporated into existing care 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?	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.
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.
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 access relevant care provisions?	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).
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.

Evaluative questions

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?	A lot of expense borne by families who send their children to childcare centres. But for LGU run child development centres, the out of pocket expenses are low, contingent on local government support and available funding.
Quality	
How can care policies meet regulatory standards of safety and quality of delivery?	The Early Childhood Care and Development Council established the Standards and Guidelines for Center-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 high-quality care services that meet the needs of different care recipients?	Capacity-building programs for child development workers and teachers exist, but there's 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 centers for caregivers but they are directed towards those who want to work abroad because they get a much higher monetary rewards abroad. TESDA has a list of accredited caregiver training centers. https://tesdaonlineprogramme.com/caregiver-training-centers/ TESDA has an online caregiver course for elderly care https://e-tesda.gov.ph/course/index.php?categoryid=786

Evaluative questions

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.

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.

Evaluative questions

How are paid care givers provided nationally appropriate levels of remuneration and social security benefits?	See above. 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. One of the challenges facing them is the amount of necessary in order for them to have regular plantilla items. Again, it is about economics and the annual budget of the LGUs. Giving more than 70,000 CDWs regular items and benefits would require significant financial investment.
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.

Evaluative questions

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 gender-specific 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 community-based 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.

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The *Model Framework for Policy Action on the Care Economy Concept Paper* is the second publication in the Policymaker's Toolkit for Valuing Unpaid Care and Domestic Work and Investing the Care Economy. The concept paper aims to provide the theoretical base by introducing the Model Framework for Policy Action on the Care Economy (MFA), developed by ESCAP in collaboration with IDS. The framework provides a strategic road map for evidence-led, care-sensitive, and gender-transformative policies. Informed by theoretical frameworks and empirical work, the MFA offers a comprehensive approach to address care-related challenges, incorporating policy categories, political economy analysis, normative principles, and levers of change. By recognizing care as foundational, the MFA aims to guide member states towards inclusive and equitable care policies aligned with regional needs and contexts.