INSPIRING GOVERNMENTS TO BE CARE CHAMPIONS

HOW ADVOCATES ARE STRENGTHENING CARE SYSTEMS AROUND THE WORLD

OXFAM Canada

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Inspiring governments to be care champions

Oxfam is a global movement of people working to end injustice and poverty. Our mission is to build lasting solutions to poverty and injustice while improving the lives and promoting the rights of women and girls.

Authors

This report was written by Dr. Leva Rouhani and Divya Hariharan (Hwéfa Consulting) and Rebecca Boyce (Oxfam Canada), with support from Ian Thomson and Diana Sarosi (Oxfam Canada)

Hwéfa Consulting, uses intersectional feminist approaches to conduct research on complex development challenges worldwide. They work in over 25 countries, serving organizations in Africa, Asia, Europe, Latin America and the Caribbean, the Middle East, and North Africa. Their research covers 8 practice areas including the Care Economy, Economic Growth, Education, Empowerment, Gender, Health, Migration, and Youth. Their work includes Data collection, Analysis, and Reporting; Knowledge Translation and Mobilization, Program Evaluation, Assessment, and Impact.

Hwéfa Consulting www.hwefaconsulting.com

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Oxfam Canada
39 McArthur Avenue,
Ottawa, ON K1L 8L7

1-800-466-9326

www.oxfam.ca

oxfamcanada

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Territorial Acknowledgement

Oxfam Canada acknowledges the historical and ongoing oppression and colonization of all Indigenous Peoples, cultures and lands in the place we now know as Canada.

Our office is located on the unceded, unsurrendered territory of the Anishinabe Algonquin First Nation. We recognize the longstanding relationship the Algonquin have with this territory that has been nurtured since time immemorial.

We also pay respect to all First Nations, Métis, and Inuit on the lands that we now know as Canada. We acknowledge the historical and ongoing oppression and colonization of the people and the loss of culture and land.

We recognize the valuable past, present, and future contributions of First Nations, Métis, and Inuit as customary keepers and defenders of this territory. We honour their culture, knowledge, leadership, and courage. As settlers, we recognize this first step in a long journey toward decolonization and move towards reconciliation.

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1

Overview

Paid and unpaid care work is essential to both our economy and society. This encompasses a wide range of activities, including childcare, elder care, support for individuals with disabilities or illnesses, and initiatives aimed at safeguarding the health of both people and the planet. Collectively, these efforts form the foundation for all other work and are vital for human well-being. The COVID-19 pandemic underscored our societies' reliance on care work and the infrastructures supporting it, bringing much-needed attention to this often-overlooked female-dominated sector. Some governments and policymakers are beginning to develop holistic policies to support the sector in a holistic manner. Advocates for childcare, domestic workers' rights, social protections, elder care, and disability rights are actively pushing for more inclusive and gender-responsive policies across the globe.

Regional advocacy wins in recent years have moved the needle on care policy frameworks. A number of countries in the Americas have taken steps to design and implement public policies on women's economic rights and autonomy that include aspects of care work. The Inter-American Model Law on Care could pave the way for states to develop legal frameworks for the right to care.[1] The ASEAN community has endorsed a comprehensive framework on the care economy and some member states are on their way to affirming their national level commitments to support it.[2] Since its adoption by the African Union in 2003, the Maputo Protocol's Article 13 paved the way for member states to enact national level legislation that guarantees women's equal participation in economic opportunities.[3]

Josh Appel

This paper explores major advocacy wins on care policy in six countries: Canada, Kenya, Mexico, the Philippines, Uruguay, and Zimbabwe. In every case, these wins resulted from the efforts of national and local women-led civil society organisations, feminist networks, international NGOs, and academics. This paper discusses some of the important elements that contributed to the wins, including the political and socio-economic contexts, enablers and challenges that slow the process. It also discusses how governments were engaged, names the key actors, describes strategies and tactics that worked and specific messaging and narratives that galvanized support. In all of the care advocacy wins covered in this study, gaps still remain in terms of scope, scale, and investment. Some of the cases covered show a win in a narrow conception of care (Canada only covering child care for example), others discuss a win at sub-regional level while national roll out remains elusive (Mexico, Philippines, Zimbabwe), others demonstrate political will without full implementation (Kenya). All the cases, however, point to progress on care policy outcomes and offer insight on how to move the dial and push for greater recognition, reduction, redistribution, rewarding and representation for care workers and care work.

Finally, we offer some key learnings from the case studies, as starting points or inspiration for other advocates along their journey, grant makers looking for the right investment, governments seeking policy solutions and better engagement with civil society.

- **Building Multi-Stakeholder Partnerships:** Engaging with a diverse range of ecosystem players, including policy makers, feminist and care work associations, civil society organizations and individual community-level champions, is crucial to driving change and ensuring buy-in at various levels. Deep commitment and strong facilitation are essential for building multi-stakeholder partnerships.

- **Maintaining Focus and Momentum in Advocating for Care Economy Outcomes:** Advocating for improvements in the care economy is an intentional and time-consuming process that requires shifting attitudes, behaviours and practices at different levels. The most effective and impactful work often spans over half a decade or more and is able to bridge changes in government, as showcased in the advancements in care economy discourses within the case study countries. Providing decision makers with detailed approaches and clear pathways for care economy development is key to gaining support and commitment.

- **Using Participatory Approaches:** Participatory approaches, particularly ones that engage local stakeholders, can shift the care paradigm by involving caregivers and care workers in the research, planning, implementation and advocacy stages. This ensures that their voices are heard and remain central throughout conversations and decision-making processes. Likewise, participatory approaches – like participatory data collection in the form of time-use surveys – complement top-down mechanisms that may not have the bandwidth (or the mandate) to reflect the nuanced needs and challenges faced by specific groups of caregivers.

- **Identifying Strategic Points for Political Engagement:** Making the most of key political moments, cause action days as well as leveraging existing relationships, can facilitate more positive and long-term change. Events such as elections, budget-making processes, crises (like the COVID-19 pandemic) and legislative reforms provide opportunities to infuse care economy principles and approaches into public policy processes. Additionally, leveraging international conventions and drawing upon successful international examples can help advocate for and design more comprehensive care economy solutions. Ramping up advocacy when favourable political parties come into power is also shown to be successful like in the case studies where a feminist or socialist government came to power. Conversely, challenging political contexts may be more of a moment to protect gains made rather than continue with ambitious advocacy strategies.

- **Adapting Advocacy to a Given Context:** Developing advocacy approaches and strategies in a specific context often means emphasizing both the economic and social value of care work. These might include leveraging other socio-economic motivations that build a business case for the care economy. For instance, the case study examples have focused on increased GDP, better water, sanitation and hygiene infrastructure, and improved women's economic empowerment as ways to advocate for care economy measures. Further, in politically challenging contexts, the focus should be on generating local interest and buy-in for care issues, despite obstacles at the national level. Also leveraging large-scale development and private sector investments that have a care angle can encourage governments to adopt more care favourable policies.

- **Introducing Data-Driven Approaches:** Using data-driven approaches to advocacy can create a paradigm shift. Evidence can help key stakeholders realize the value of unpaid care work more concretely, design care policies more effectively and measure progress during their implementation. Communicating the data effectively and in a relevant and compelling way at a key moment (during an election, a pandemic or during economic hardship) is critical for leveraging evidence into policy action. Time-use surveys are a critical first step in many of the case studies and provided the evidence needed to advocate for policy solutions.

- **Being Guided by Feminist Principles:** Focusing on empowering women by involving them in advocacy, program design and delivery is key. This should be done alongside challenging traditional gender norms that undervalue unpaid care and domestic work, engaging men and boys and encouraging transparency and accountability of local government decision makers. Recognising difference among women and contexts is also key, examples of care policies on sub-national scales in this study point to the benefits of community level participation to recognise difference, embrace cultural and contextual preferences and practicalities, and avoid one-size-fits-all solutions.

Acronyms

ASEAN	Association of South Eastern Nations
CCGD	Collaborative Centre for Gender and Development
CSO	Civil Society Organization
GAD	Gender and Development
GDP	Gross Domestic Product
GSRG	Gender Sociology Research Group
IMF	International Monetary Fund
ILO	International Labour Organization
LGU	Local Government Units
NCCS	National Council for Children's Services
NICS	National Integrated System of Care (in Uruguay)
OECD	Organisation for Economic Co-operation and Development
SSA	Sub Saharan Africa
UCDW	Unpaid Care and Domestic Work
WE-Care	Women's Economic Empowerment and Care

2

Introduction

The care economy is a vital yet grossly undervalued part of the global economy. It keeps households, workplaces, individuals, families and communities fed, clean, healthy and nurtured. It allows for the development and fulfillment of human capabilities and, ultimately, it makes all other forms of work and well-being possible. As such, care work is an important aspect of economic activity and an indispensable factor in contributing to the well-being of individuals, families and societies.

Care work provides essential services for the chronically ill, children, elderly people and persons with disabilities. Domestic work includes routine duties such as cleaning, cooking, fetching water, laundry and maintenance or repair of a household. An extended definition of care includes caring for the community and the environment.[4] Care work is time-consuming and labour-intensive, especially in countries where care infrastructure is lacking and public services are limited or non-existent.[5] Although critical for the well-being of societies and the overall function of their structures, care work is often undervalued, underpaid or completely unpaid; and falls disproportionately on women and girls rather than being distributed equitably amongst all members of a household or community, or provided by the state. Current global estimates show that women carry out 76% of unpaid care work, which amounts to over three times more than their male counterparts.[6] The impact of unpaid care work is four-fold:

Sandra Seitamaa

THE IMPACT OF UNPAID CARE WORK

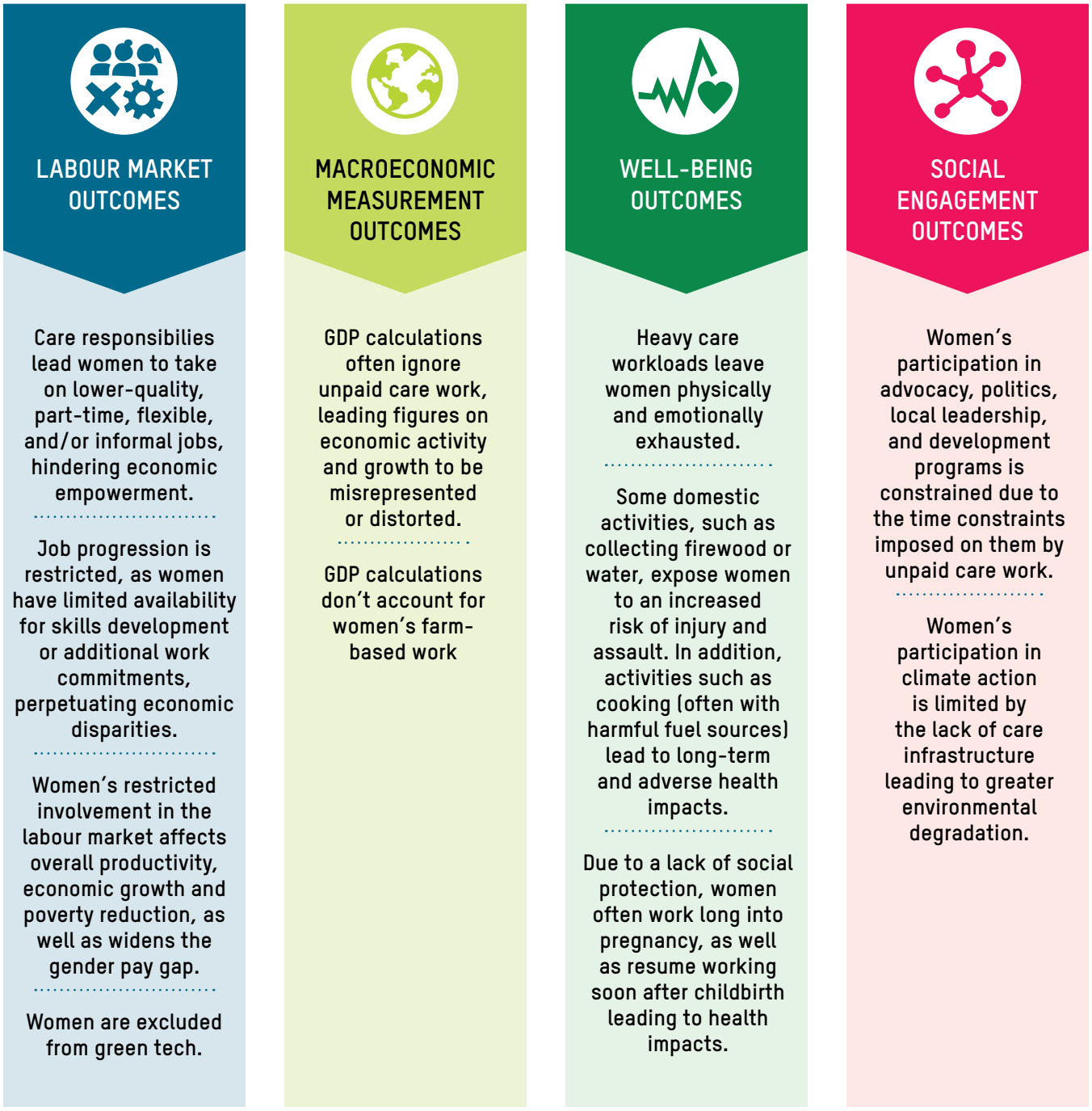


FIGURE 1: THE IMPACT OF UNPAID CARE WORK[7]

Gendered norms entrenched in many societies situate women in the domestic sphere, holding them "naturally" responsible for unpaid care work. As a result of their unpaid care work responsibilities, women have limited time available to engage in market activities, often relying on low-paying, insecure, part-time, informal and home-based work as a means of reconciling unpaid care work and paid employment.[8] In tandem, unpaid care work often undermines women's health and well-being.[9] These issues are more apparent in low-income countries in Africa, Latin America, the Caribbean and Asia, due to the limited access to basic infrastructure and public services, the insufficient levels of public and private investment in the care sector, and the labour-intensive nature of care work for rural populations. The undervaluing of care work also results in domestic workers typically earning less than half, and sometimes no more than 20%, of the average prevailing wage in any given country.

Evidence routinely shows how building care systems at the national level leads to greater economic growth, increased workforce participation by women and overall reductions in gender inequality. The McKinsey Global Institute estimates the current value of unpaid care work at $10tn USD, or 13% of global gross domestic product (GDP).[10] Further, a recent International Labour Organization (ILO) report on the social organization of care reports 2.1 billion individuals – including children, seniors and persons with long-term illnesses or disabilities – still have an unmet need for care. The report warns of a looming global care crisis if governments do not invest in the care sector.[11] To avoid this, governments must commit to relevant, concrete and time-bound actions focused on increasing the number of households with access to reliable infrastructure and affordable care services. Domestic water and electricity supplies, community-based health services, childcare centres and support for those with long-term illnesses or disabilities are all examples of required infrastructure and services. Care investments, likewise, contribute to national policy priorities, such as increasing economic growth (through increased participation in the labour force), reducing aid dependency, increasing social and political participation, and enhancing the general well-being of society.

The challenges that remain in advancing gender equality include the lack of financial investment, limited recognition of unpaid care work as a driver of gender inequality, and the male dominance of policy-making spaces. This paper documents advocacy wins in six countries where national governments overcame some of these challenges and decided to invest in care systems. Examining care advocacy in Canada, Kenya, Mexico, the Philippines, Uruguay, and Zimbabwe reveals the important elements that contributed to favourable policy outcomes on care. Each country case study describes the advocacy process and various stakeholders involved in evidence-building, developing effective narratives and framing, social movement support, public campaigning, economic arguments and partnerships. Finally, the paper provides recommendations and some key take-aways for care advocates, policy specialists and decision-makers.

Case Studies

3

CASE STUDY

Canada

For decades, researchers, policy makers and advocates have called for transformative change to Canada's social organization of care – moving away from the market-based approach that has resulted in unaffordable and poor-quality care services. Paid care work in health and education alone is a key engine of the economy, generating at least 12% of GDP and 21% of jobs. Yet these feminized care sectors have remained consistently underfunded or neglected, which has led to shortages in services, long wait times for care and inadequate support for both care recipients and providers. Decades of neglect have undermined Canada's care systems and compromised the rights and well-being of its workforce, which is overwhelmingly female (80% of healthcare workers are women[12]), leaving the care sector in a constant state of burnout and therefore in a recruitment and retention crisis. The COVID-19 pandemic exacerbated and exposed the serious consequences of this neglect. It highlighted Canada's inability to adequately deal not only with the care emergencies of a pandemic but also the long-standing gaps and deficiencies in other care services that preceded this crisis, including elder care and childcare. The pandemic shed light on the pervasive inequities in Canada in terms of access to health care and other forms of care, especially in relation to areas such as paid sick leave, access to health services and medications, affordable housing, and decent, safe working conditions, all of which disproportionately impacted women, elderly people and racialized, 2SLGBTQIA+ and Indigenous people. For example, during the pandemic, Canadians living in ethnically diverse neighbourhoods, with lower levels of education and in economically disadvantaged contexts had higher death rates.[13] One reason for this is that low-income earners often work in conditions that expose them more to illness or are in situations where they are unable to take paid sick leave. Likewise, people living in smaller dwellings or congregate settings – like prisons, shelters or housing for migrant farm workers – were more exposed to illness.[14]

Care work is largely invisible, underpaid and undervalued. However, efforts by Statistics Canada to show just how much care contributes to Canadian society valued unpaid care work between $516.9bn CAD and $860.2bn CAD in 2019.[15] By 2021, the inadequacies and failures of Canada's care systems were so evident that a public outcry for solutions incited the government to make some bold investments in care. This case study demonstrates how the Canadian government was successfully influenced to invest in a national childcare system.

WHAT WAS THE ADVOCACY WIN?

In 2021, the Canadian government committed $30bn CAD over five years to build a pan-Canadian public childcare system. This system was modelled, in part, after a similar initiative in the province of Quebec that started 25 years ago, where families pay approximately $9 per day for government-subsidized childcare.[16] Up until 2021, childcare in the rest of Canada was based on a market approach that left families paying childcare expenses often higher than their housing costs. Close to a million children were living in "childcare deserts" where 3 to 4 children vied for each available spot.[17] Early learning and childcare workers were some of the lowest paid workers in any sector, causing many of them to leave the sector after a few years.[18]

With the childcare sector at the brink of collapse during the pandemic, the federal government's injection of public funds was critical but required the cooperation of the 13 provincial and territorial governments with jurisdiction over social programs like childcare. Since not all provincial governments were ready to do their part, the federal government developed the Multilateral Framework on Early Learning and Childcare[19] and negotiated bilateral agreements with each province and territory that outlined clear targets for the transfer of resources.[20] Working with the provinces and territories, the federal government sought to build an affordable, accessible, high-quality, inclusive childcare system for all. They aimed to create over 250,000 new childcare spaces and reduce the cost for families to $10 per day for children under age six by 2026, starting with a 50% reduction in average fees by the end of 2022. A portion of this investment ($2.5bn CAD) was earmarked specifically for the Indigenous Early Learning and Childcare Framework to be implemented by First Nations, Métis and Inuit governments with a focus on enhancing access to high-quality and culturally appropriate early learning and childcare for Indigenous families.[21]

WHAT HAS THE GOVERNMENT DONE?

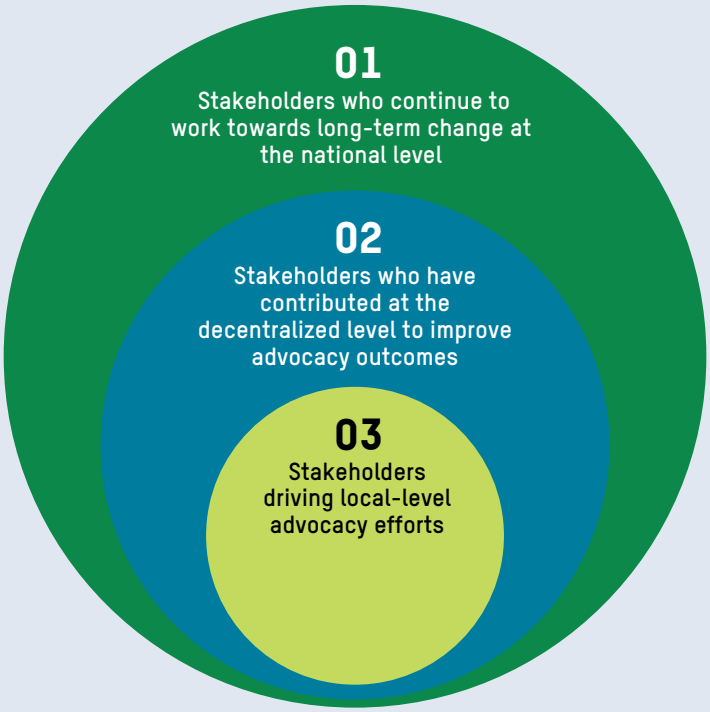
The federal government negotiated bilateral agreements with each of the 13 provinces and territories to provide funding for the creation of over 250,000 new childcare spaces and reduce costs. These spaces are set to provide affordable childcare options to families and, as a result, support parents' increased participation in the labour force. The government went a step further and introduced legislation. In February 2024, the Canadian Parliament adopted Bill C-35,[22] which enshrines into law the Government of Canada's commitment to building a primarily not-for-profit and public system of early learning and childcare that provides accessible, inclusive and low-fee childcare services for all in Canada. The passage of the legislation is a significant victory for childcare advocates who have been calling for federal childcare legislation for over 50 years. The law also establishes the National Advisory Council on Early Learning and Childcare, which provides expert advice and engagement on sector-specific issues and challenges.[23]

WHO WERE THE KEY ACTORS ENGAGED IN THE POLICY MAKING PROCESS?

This enormous advocacy win was the result of concerted efforts by a broad coalition of childcare advocates from academia and civil society, as well as the childcare sector and parents themselves, bringing a multitude of expertise and advocacy to the table. The childcare sector and parents were focused on changing the public narrative around childcare, making clear the need for public investment. Academics and civil society actors provided the necessary research and evidence to demonstrate the benefits and return on investment of accessible and affordable childcare, and heavily lobbied the government. Together, their advocacy created the right mix for the federal government to make this large investment. It is no coincidence that this investment was part of the first budget tabled by Canada's first female finance minister, who was supported by other feminists around the cabinet table. Several key actors including academics (e.g. University of Toronto), civil society organizations (e.g. Childcare Now, Oxfam, Association of Early Childhood Educators of Ontario, Coalition of Childcare Advocates of British Colombia, Canadian Childcare Federation) and labour unions collectively advocated for the federal government to take a leadership role in addressing the childcare crisis, which successfully led to the government of Canada's commitment to build a Canada-wide childcare system. Together, these actors were key in developing Canada's comprehensive, accessible and affordable childcare system, aimed at supporting families, fostering gender equality and promoting economic growth.

As demonstrated in Figure 2 below, diverse stakeholders in Canada were engaged across the national, provincial, and local levels. These groups were engaged in advocacy through different mediums detailed below.

STAKEHOLDERS ENGAGED ACROSS THE NATIONAL, PROVINCIAL AND LOCAL LEVELS



01 NATIONAL

Government of Canada; Prime Minister's Office; Finance Minister; Minister of Families, Children and Social Development; Feminist and children's rights advocacy groups and CSOs.

02 SUB-NATIONAL

Premiers from each province and territory; First Nations, Inuit and Métis governments, leaders and Elders.

03 LOCAL

Academics, practitioners, caregivers, labour unions, First Nations, Inuit and Métis communities, families, early childhood educators, and service providers.

FIGURE 2: STAKEHOLDERS ENGAGED IN CANADA

WHAT STRATEGIES AND TACTICS CONTRIBUTED TO THE WIN?

The COVID-19 pandemic presented a once-in-a-lifetime opportunity for childcare actors in Canada to underscore the indispensability of childcare as a public service. The shutdowns left families to cope with the double burden of working from home and caring for their children, while essential workers who could not work from home were scrambling to arrange care for their children. Female workforce participation dropped to a 30-year low, with many women leaving their jobs to care for children.[24] Advocates used this context to call for a feminist economic recovery from the pandemic, considering the disproportionate impact it had on women, which the government adopted.

Alongside this momentum, key stakeholders used every possible opportunity to influence positive change. They provided decision makers with detailed reports on the economic and social benefits of childcare, articulating what it would take to build a public childcare system accessible to all who need it and the leadership role required by the federal government to make it happen. This extended across a range of critical avenues, including the electoral, legislative and budget-making processes. For example, stakeholders successfully lobbied the Liberal Party of Canada to commit to childcare in its 2019 election campaign. Similarly, those involved in the childcare movement actively followed international debates and drew on successful examples from around the globe to advocate for their cause more effectively. Advocates in Ontario

posited evidence from Quebec to demonstrate that for every public dollar the province invests in childcare, the Quebec government recoups $1.05 CAD and the federal government receives a 44-cent windfall.[25] Furthermore, advocates were able to use studies and recommendations aimed at Canada from the IMF[26] and OECD that pointed to the need for Canada to invest in childcare to bolster female labour participation and economic growth. The movement also leveraged international conventions pertaining to labour[27] and gender rights[28] to which Canada is a signatory to bolster their positions. This evidence-based approach enabled stakeholders to advocate for comprehensive childcare solutions, informed by both unique domestic goals and demonstrated global best practices. Much of this evidence was reflected in the narrative explaining Canada's investment in childcare in the 2021 federal budget.[29]

WHAT MESSAGING OR NARRATIVES WERE MOST EFFECTIVE IN PERSUADING DECISION MAKERS?

The childcare advocacy movement in Canada was successful because it adapted its narratives to fit the needs of different audiences and the context of the time. The economic fallout of the pandemic was termed a "she-cession"[a] due to the fact that women's labour force participation dropped to 55%, the lowest level in the last 30 years.[30]

This widely used term provided the backdrop for an advocacy narrative calling for a feminist economic recovery with childcare as a cornerstone. When speaking with government officials, the potential impacts of increased female labour participation on economic growth was key in the narratives. Advocates stressed that childcare is not merely a social support service, but that it ties directly to infrastructure creation and enhanced economic growth. In concert with allies in the government of Canada's department of finance, efforts were made to communicate data projections that affordable childcare could raise Canada's real GDP by as much as 1.2% over the next two decades.[31]

Public-facing narratives focused on how childcare advances gender equality and enables broader societal benefits (e.g. reduced time poverty and improved mental health for women, a better start for children). Two demands were amplified: affordable childcare and better pay for childcare workers. The messaging was clear that both would only be possible through public subsidization. Public support for a national childcare system grew and several notable Canadians voiced their support in the media. Strategic communications campaigns and media engagement were critical to growing public support for such a large public investment.

a This term was coined by C. Nicole Mason, a women's policy researcher and economist.

BUSINESS

‘Don’t mess with moms. Get it done’: 50 prominent Canadian women urge party leaders to prioritize child care

In an open letter in advance of the federal election, Canadian women demand party leaders make national child care a priority, warning the country won’t return to pre-pandemic prosperity unless moms have better child care that allows them to work.

ECONOMY

Advocates, organizations call for provincial plan to end Ontario’s ‘she-cession’

By Caryn Lieberman • Global News
Posted October 26, 2021 2:28 pm · Updated October 26, 2021 5:34 pm · **5 min read**

‘Historic moment’ in Canada as Ontario strikes deal for $10-a-day childcare

Trudeau promises fees will fall to just C$10 a day by 2026, but program still must contend with shortages of staff and spaces

» Media engagement was critical to growing public support for such a large public investment, print, radio and TV ran the story of childcare gaps throughout the covid 19 pandemic and recovery phases and did so with a business and economics lens.

CASE STUDY

Kenya

The care economy landscape in Kenya is multifaceted and deeply intertwined with the country's social, economic, political and gender dynamics. Unpaid care work, which is primarily shouldered by women and girls and takes up 20% of their time,[32] plays a significant but often unacknowledged role in Kenya's social and economic development. Women constitute slightly more than half of Kenya's working population, yet most cannot enter the formal labour market due to the absence of affordable, high-quality and reliable childcare. This creates a situation where women are forced to work informally or bring their children to work. Findings from a recent household survey conducted in informal urban settlements in Kenya show that, on average, women spend 5 hours per day on primary care.[33] This is compared to an average of 1 hour spent by men. Despite the significant amount of time women spend on unpaid care work, it remains largely absent from both national and county-level social and economic development plans and policies. This situation has been recognized by the Kenyan State Department for Gender as a substantial barrier to achieving gender equality and women's empowerment within the country.[34]

Since 2021, the government of Kenya has deployed measures to address these challenges, notably through the development of a national care policy[b] and the completion of the first-ever national time-use survey.[35] The survey aims to provide a clearer understanding and valuation of unpaid care and domestic work, so governments could use these insights in development planning and policy making. This initiative reflects a broader commitment to gender-responsive policy making, seeking to mitigate the impacts of unpaid care work on women's and girls' ability to participate in paid work, education, political life and leisure.[36] Through these initiatives, Kenya is taking steps towards recognizing, addressing and valuing the critical role of unpaid care and domestic work in achieving gender equality, economic development and social well-being.

b At the time this report was written, this national care policy has not been launched yet.

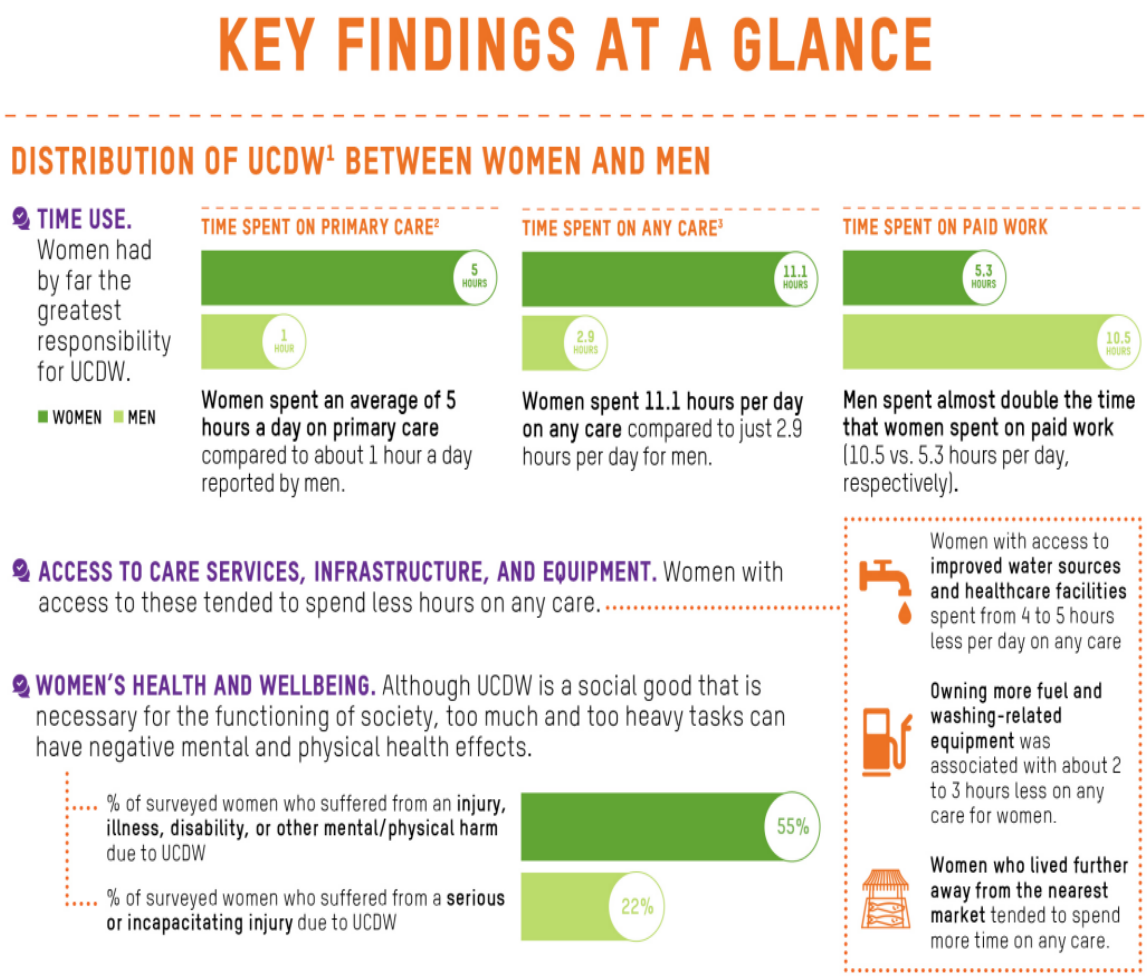


FIGURE 3: OXFAM KENYA'S HOUSEHOLD SURVEY KEY FINDINGS PRESENTED IN 2019 TO SUPPORT GOVERNMENT INFLUENCING LINK.

WHAT WAS THE ADVOCACY WIN?

In 2023, the Kenyan government began the process of developing a National Care Policy.[37] The policy development process is a result of nearly 20 years (2003–2023) of international and national efforts to further the care discourse in the country. This process is currently being coordinated by the State Department for Gender and Affirmative Action and is the direct result of the consistent advocacy efforts of diverse stakeholders. The National Care Policy in Kenya is expected to facilitate the recognition, redistribution and remuneration of unpaid care work by providing a comprehensive framework for mitigating the disproportionate impact of unpaid care and domestic work on women. Along with these mitigation measures, the policy's implementation between now and 2030 will include the provision of public services, infrastructure and social protection policies.

WHAT HAS THE GOVERNMENT DONE?

The government of Kenya is currently in the process of finalizing the National Care Policy.[38] Before starting the drafting process, it carried out extensive data collection on unpaid care work. This included the implementation of a national time-use survey[39] through the Kenya National Bureau

of Statistics, in partnership with Oxfam and other actors, and a National Care System Assessment.[40] Next, it will develop a reform strategy.[41] The aim of the strategy is to shift, by 2031, from a care system where children are unaccompanied or separated from their families, to one that enables them to live safely, happily and sustainably within family and community-based care environments.[42] This reform strategy has informed the National Care Policy, which at the time of writing this report is awaiting county validation by stakeholders within the care ecosystem. The priority action areas laid out in the National Care Policy are:

- "[Ensuring] the availability of accurate and timely data on time spent on care activities by men, women, boys and girls [...]
- "[Promoting] family friendly employment policies and regulations that recognize and seek to reduce the additional responsibility of care work on men and women [...]
- "[Improving] the livelihoods and reduce vulnerabilities of those in need of care (including children, elderly, persons with disability, the sick) [...]
- "[Ensuring] adequate care for children especially those below three years who are not catered for within the existing early childhood development centres."[43]

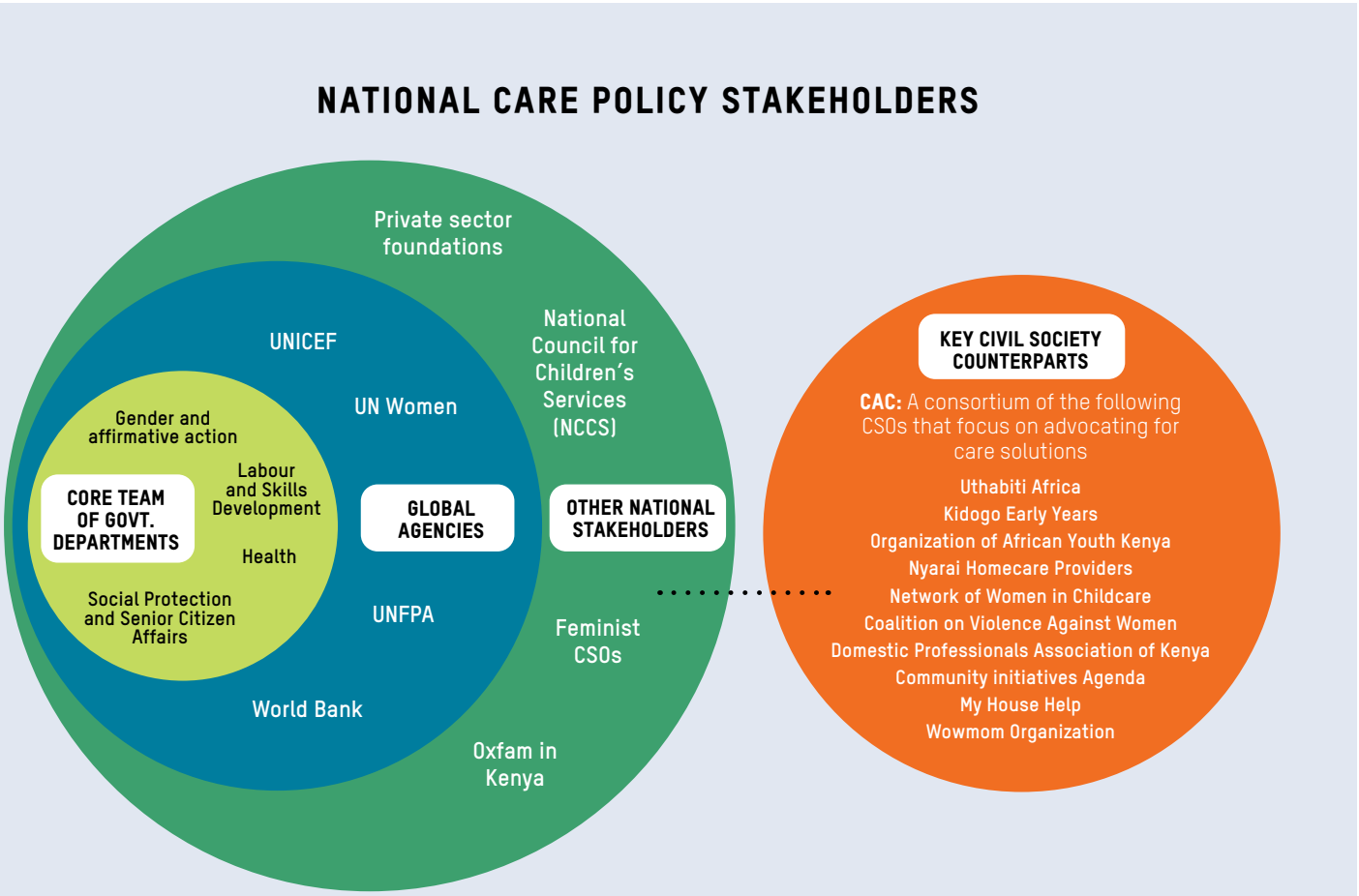


FIGURE 3: NATIONAL AND INTERNATIONAL STAKEHOLDERS ENGAGED IN THE DEVELOPMENT OF THE NATIONAL CARE POLICY IN KENYA

WHO WERE THE KEY ACTORS ENGAGED IN THE POLICY MAKING PROCESS?

Many key national and international actors were engaged in the process of developing the National Care Policy in Kenya. The Collaborative Action for Childcare (CAC), an initiative by Uthabiti Africa, led the advocacy movement and brought together stakeholders focused on advocating for childcare solutions to accelerate quality, affordable childcare for all.[44] Key actors within the collaborative include civil society organizations, government institutions, research agencies, childcare enterprises and other institutions that play an active role in enhancing a suitable childcare operating environment.[45]

WHAT STRATEGIES AND TACTICS CONTRIBUTED TO THE WIN?

For more than 20 years, key stakeholders have continuously highlighted how unpaid care work is disproportionately done by women and girls, while highlighting the lack of recognition and resulting lack of measurement and documentation of care work in national statistics.[c] In 2020, however, support for the care agenda in Kenya gained momentum. As in the case of Canada, the mitigation measures deployed during the COVID-19 pandemic presented a key advocacy opportunity. The pandemic amplified existing inequalities within the country, bringing to the forefront the fact that women are the primary caregivers and were left struggling to both care for children and work.[46] Further, throughout the pandemic, significant research and pilot initiatives (e.g., the national time use survey,[47] the care assessment,[48] research from the better care network,[49] data collected by CAC and reports drafted by the ILO) were undertaken to measure the impact of quality and accessible childcare on the income earning power of women and girls. This data and the ongoing advocacy from the CAC contributed to gaining government support to address both paid and unpaid care work.

WHAT MESSAGING OR NARRATIVES WERE MOST EFFECTIVE IN PERSUADING DECISION MAKERS?

Through trial and error, messaging solely surrounding gender equality was not found to be successful, due both to entrenched social norms (which situated women and girls as the traditional caretakers of the home) and the thriving informal economy (which made it difficult to position women as needing to be "freed for other work"). Instead, activists focused their messaging on the wider economic costs of the time women and girls spend on unpaid care work, demonstrating how investment in the social organization of care (such as through the provision of childcare) would directly contribute to economic growth and showing the revenue that Kenya would gain in its GDP[50] from the tangible value provided by women. Likewise, advocates held the government of Kenya accountable to the Kenyan Constitution (2010), which explicitly states that it is the shared responsibility of both parents to care for their children: every child has the right to "parental care and protection, which includes equal responsibility of the mother and father to provide for the child, whether they are married to each other or not."[51]

c In 2010, the Ministry recognized what they called the "shadow" economy which contained income that could not be accounted for in formal documented revenue streams, but no specific mention was made to care.

CASE STUDY

Mexico

In Mexico, inequities related to unpaid care persist despite efforts to elevate the issue in prominent political and public arenas. Currently, women provide 71% of the nation's care hours, highlighting the gender divide of care work in the country.[52] In 2019, some 33 million households and over 100 million Mexicans over the age of 12 participated in a national time use survey showing 68% of women's time was spent on unpaid work within the household, compared to 28% of time spent by men.[53]

In 2022, unpaid care work was valued at a staggering 24.3% of Mexico's GDP.[54] A Woman's average household contribution is valued at approximately 77 192 pesos (or $4,487 USD) per year.[55] This shows women's significant contribution to the nation's GDP but also highlights their lack of financial security. The reliance on women's unpaid care work underpins deeply rooted gender inequalities, with profound implications for women's economic autonomy, job opportunities and time for other activities.

Mexican feminists, academics, unions and civil society organisations have been leaders within Latin America on the topic of unpaid and paid care work and domestic work. Some of the advocacy wins in this case study date back to the early 2000's and have evolved over time. The "Yo Cuido" (I Care) march of 2019 was a pivotal moment and ignited feminist civil society actors to organize.[56] However, like in the other case studies featured in this paper, the COVID-19 pandemic was a turning point that exposed the inequities around care and sparked debates and public pressure to improve state-level and national care policies. It was also a time when Mexican feminists re-grouped and evolved their advocacy. This case study shows how complex political landscapes, elections and migration created a non-linear track for care policy wins.

WHAT WAS THE ADVOCACY WIN?

For decades, civil society and academia have put pressure on the Mexican government to adopt policies that would mitigate the disproportionate amount of unpaid care and domestic work done by women. In 2019, the national government proposed the creation of a *Sistema Nacional de Cuidados* (National Care System) to provide support services such as childcare, eldercare and assistance for persons with disabilities. However, this legislative proposal is still awaiting approval by Congress.[61] Additionally, a pilot program was launched by Mexico's *Instituto Mexicano del Seguro Social* (Mexican Social Security Institute) to extend social security benefits to paid care workers,[62] aiming to formalize their employment and grant them access to healthcare and retirement benefits.[63] Another notable measure, which ended with the change in government in 2018, included the provision of childcare services through the *Programa de Estancias Infantiles para Apoyar a Madres Trabajadoras* (Childcare Program to Support Working Mothers).[64] This policy strategy aimed to support childrearing mothers who are already working, looking for work or in school by covering approximately 90% of formal child care fees.[65] With the election of Mexico's first female president, Claudia Sheinbaum, there are promises to bring back some form of the childcare program in support of working mothers.[66] Building upon the Mexican government's ongoing efforts to bring women's care work into the social security fold and to invest in the care economy, civil society advocates continue to push for more wide-reaching and inclusive support for unpaid care and domestic work at the national and state levels.

HIGHLIGHT ON CONTEXT

The Undocumented Labour of Migrant Women in Mexico's Informal Economy

Mexico has experienced a significant influx of migrants, many of whom continue their journey north into the United States. Increasingly, labour migrants are looking to stay in Mexico. The National Migration Institute (INM) reports some 240,185 men (79%) and women (21%) entered through formal processes in 2023.[57] In 2023, the United Nations High Commission for Refugees (UNHCR) documented upwards of 881,152 migrants in various categories, including asylum-seekers and internally displaced persons.[58]

While few studies have statistics on irregular migration, some point to trends in the gendered nature of temporary and transient labour. One category of labour migrants are women and girls from the Northern Triangle (Guatemala, El Salvador and Honduras) who engage in domestic and care work within private households in Mexico, a sector characterized by its informality and abusive working conditions.[59] In Mexico, domestic work is covered by the *Ley Federal del Trabajo* (Federal Labour Law). However, under this law, domestic workers can legally be required to work up to 12 hours daily without overtime pay. Work permits or legal residency applications require employer support, which is ignored by many employers. Additionally, employers are not required to pay social security for domestic workers, which also limits workers' access to other protections, such as benefits, vacation, maternity leave, child care assistance or a pension.[60] This precarity and invisibility poses a significant challenge to efforts aimed at inclusive legal and social protections.

Advocacy efforts around care work in the state of Mexico City (CDMX),[d] dating back to 2017, have led to a key development: a bill that constitutionally acknowledges the right to care in CDMX. In November 2020, the Mexican Chamber of Deputies passed a reform bill to recognize constitutionally the "right to dignified care" and caregiving. This bill involved amendments to Articles 4 and 73 of the Federal Mexican Constitution, mandating the State to encourage shared responsibility between men and women for caregiving activities.[67] Spearheaded by advocacy groups such as *la Coalición por el Derecho al Cuidado Digno* (the Coalition for the Right to Dignified Care), *Tiempo Propio de las Mujeres* (Women's Own Time), and *Red de Cuidados* (Care Network), this bill marked a pivotal shift towards acknowledging and valuing care work at a state level, offering inspiration for the country as a whole to evolve its understanding of care as an essential component of societal well-being. However, the bill did not include any public funding and ultimately the Senate did not grant approval to the bill, so the reform did not pass.[68]

The national government also drafted complementary legislation aimed at supporting a range of caregiving roles. For example, by extending access to the social security benefits for childcare to men, including a mandatory 5-day paternity leave guaranteed by law, the country has begun to dismantle traditional gender roles associated with care work. This policy promotes the concept of "caring masculinities" and supports the paradigm of gender equality in care responsibilities, encouraging a shared approach to caregiving across genders.[69]

» A social media explainer on how the amendments to Article 4 of the constitution directly linked to the cause of the feminist coalition *la Coalición por el Derecho al Cuidado Digno* (the Coalition for the Right to Dignified Care), *Tiempo Propio de las Mujeres* (Women's Own Time),

d Mexico City became the 32nd state of Mexico's federation when Mexico's federal constitution was reformed in January 2016 to create the Mexico City state (CDMX), an entity with its own congress, constitution, local governments and fiscal rules.

Other states, such as Jalisco, have taken proactive steps to create enabling policy environments for local care systems. Since these systems should be tailored to the unique needs of each community, they should embody a multi-level governmental and citizen approach to care that spans from policy to practice. For instance, in Jalisco, a comprehensive participatory process led to developing recommendations to enhance economic, social and cultural policies.[e] One of the topics discussed was the importance of self-employed workers' access to social security. The objective of the discussion was to provide recommendations on the design of a social security scheme for self-employed workers in the cultural sector, which is largely made up of care and domestic workers.[70] The outcome of the participatory process was a series of new public policy recommendations in support of the care needs and care workers of Jalisco's communities.[71] Jalisco passed a law on care work with the primary objective of transforming Jalisco into a caring society. It seeks to build a wellbeing society based on care and co-responsibility between state, family, community and the private sector, which serves as a model for other states.[72]

In 2022, the national Chamber of Deputies approved amendments to the Social Security Law to include domestic workers in the social security program.[73] While the 2019 social security program had only covered domestic workers insurance coverage, these new amendments aim to include a wide range of benefits, such as sick leave, parental leave, disability, retirement and childcare.[74] According to the *Instituto Nacional de Estadística y Geografía* (INEGI), 2.3 million domestic workers in Mexico will benefit from the reform, nine out of 10 of whom are women.[75] These developments emerged as a result of the significant advocacy efforts of civil society, unions, academics and others to ensure social security for domestic workers, who are predominantly women.

WHAT HAS THE GOVERNMENT DONE?

Through dialogue with advocacy groups, both state and local governments have begun to understand the challenges, needs and responsibilities they have as duty bearers when it comes to the provision of care. As mentioned above, some state governments, especially Jalisco and CDMX (Mexico City), spearheaded state-level constitutional amendments toward a more care-centred society. This decentralized approach has enabled community-centric strategies that acknowledge regional differences in caregiving responsibilities while building a governance structure that is responsive to local care needs.

At the national level, the Mexican government through its women's directorate, *Inmujeres*, engaged with advocacy groups by attending and hosting forums on a National Care System. Furthermore, the government sought out opportunities to learn from the experiences of other countries, as demonstrated by *Proyecto Adelante*,[f] a cross-regional collaboration between Latin America and Europe on developing care work policies. This exchange was supported by the European Union and *Red Pro Cuidados* (Pro Care Network)[g] to elevate the care agenda into mainstream discourse. In Mexico, and indeed the Latin American region, there is a growing acknowledgement of the value of care work and a move towards more comprehensive labour protections for domestic workers. In addition, there are signs of efforts to encourage broader engagement from men, towards a more gender-balanced approach to caregiving responsibilities.

e This was supported by the Innovation for Culture initiative, a participatory public innovation program of the Ministry of Culture of Jalisco in collaboration with the British Council of Mexico.

f Proyecto Adelante is the flagship program of the European Union focused on Triangular Cooperation – a collaboration between Latin America, the Caribbean, and Europe. Launched in 2015 with a budget of 10 million euros, its goal is to foster non-hierarchical relationships between these regions to enhance knowledge exchange and create solutions aimed at sustainable development.

g See section on Uruguay for more information

» Gobierno de Mexico : The Mexican government through its women's directorate, *Inmujeres*, engaged with regional counterparts and feminist networks by attending and hosting forums on Care Systems.

» Academics and researchers, civil society, international agencies and regional networks hosted a series of events to engage the government in dialogues on the right to care.

WHO WERE THE KEY ACTORS ENGAGED IN THIS POLICY MAKING PROCESS?

Several stakeholders contributed to evolving the "Yo cuido" (I care) movement in Mexico starting in 2019. It is now led by the *Coalición por el Derecho al Cuidado Digno y Tiempo Propio de las Mujeres* (Coalition for the Right to Dignified Care and Women's Own Time), which is affiliated with the *Red de Cuidados*, a regional network active in several Central and South American countries. The coalition unites diverse stakeholders – including regional policy influencers, researchers, Oxfam Mexico and other civil society organizations, legislative bodies, and international agencies – who played a pivotal role in championing care work in the country.

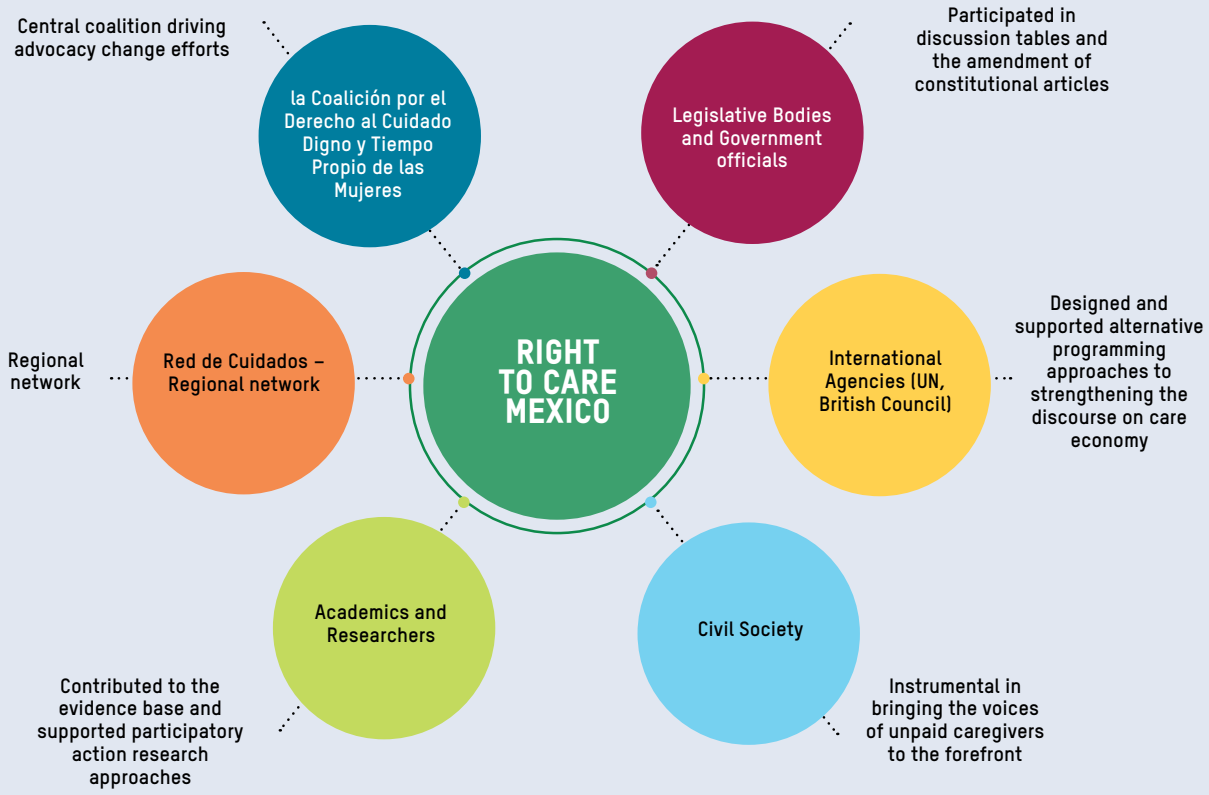


FIGURE 4: KEY STAKEHOLDERS ENGAGED IN MEXICO

WHAT STRATEGIES AND TACTICS CONTRIBUTED TO THE WIN?

Advocates consistently engaged a wide range of stakeholders, particularly in government, over the past decade through a series of dialogues and forums, which facilitated the exchange of ideas and helped build consensus on key care issues and priorities. These dialogues and strategic interventions played a crucial role in shaping policies and recommendations related to both the Social Security Law and the CDMX (Mexico City) bill on the "right to dignified work" that reflect the needs and rights of caregivers.

As in many of the case studies featured in this paper, the COVID-19 pandemic was a critical moment for feminist organizing around care issues in Mexico, as it brought to light the importance and significant gaps in care infrastructure, investment and rights. Education and training programs were instrumental in raising awareness and equipping individuals with the knowledge to advocate for care work. For example, the ILO organized an international technical meeting in 2022 for a group of experts from professional training institutions and ministries of labour in 10 countries in Latin America and Caribbean.[76] This meeting was part of an initiative to formalize caregiving by enhancing visibility, setting regional labour standards and improving the quality of care services. Representatives from the ten countries aimed to establish common quality guidelines and steps to incorporate training services and certification of competencies in care policies nationally throughout the region. Mexico's National Council for the Standardization and Certification of Skills (CONOCER), a state-owned entity attached to the Ministry of Public Education, has put in place eight care competency standards in their National System of Competencies.[77]

In another example, Oxfam used digital media campaigns, such as *#Gente de Cuidado* (People who Care), that included online forums and podcasts, to further socialize the need for addressing paid and unpaid care issues with the broader public. Oxfam along with the *Red de Cuidados* (Network for Care) put together the *Diccionario de los cuidados* (Dictionary of Care) to help establish a common language on care that integrates community, gendered, feminist and human rights perspectives.[78]

Alliances between legislators, civil society organizations and other stakeholders were critical in creating platforms for collective action and provided opportunities to introduce legislative initiatives on care policies. Strategic advocacy initiatives challenged discriminatory laws and practices, setting legal precedents that support care work. Organizations like UN Women, the

» Digital media campaigns, such as *#Gente de Cuidado* (People who Care), that included online forums and podcasts, to engage the broader public on the concept of care and policy issues surrounding care.

Global Alliance for Care and the British Council were instrumental in supporting advocacy efforts for policies to create better support systems for caregivers.[79] Grassroots movements like the Yo Cuido (I Care) collective and later the *Coalición por el Derecho al Cuidado Digno y Tiempo Propio de las Mujeres* (Coalition for the Right to Dignified Care and Women's Own Time) organized demonstrations[80] to mobilize public support and exert political pressure. Moreover, organizations like *Un Salto de Vida* developed local care solutions and provided practical examples to inspire ongoing policy development. Their focus on addressing the contamination of the Santiago River in Jalisco through community mobilization and advocacy promotes a care-based approach to environmental health that prioritizes community well-being.[81]

WHAT MESSAGING OR NARRATIVES WERE MOST EFFECTIVE IN PERSUADING DECISION MAKERS?

Mexico has taken steps toward framing care as a universal right and emphasizing the gendered nature of unpaid care work. The messaging ranged from community benefits to harmful gender norms that impact women's lives. Advocacy efforts included direct engagement and training at the grassroot level, and capacity building for senior government officials. Additionally, care work was positioned as a way to drive economic growth and prosperity. The narratives focused on making care a political issue as opposed to a personal one, promoting critical thinking and community organizing.[82] By highlighting the societal value of care, its importance for the public good and the inequities faced by caregivers, the advocacy efforts successfully positioned care work as a critical component of social infrastructure, deserving of constitutional recognition, albeit at the state level. Additionally, the use of inclusive language in resources such as the "Dictionary of Care" furthered inclusive advocacy efforts by promoting a more feminist, gendered and community rooted conception of care work and care workers.


Danie Franco

CASE STUDY

Philippines

The Philippines has made considerable progress towards gender equity having achieved a nearly 80% closure of the gender gap across the areas of education, health and leadership.[83] Moreover, over the last two decades, the government has formally recognized the importance of care work and enacted extensive legislation to support the care economy. For example, the Philippines' *Magna Carta Act for Women* (Republic Act No. 9710), enacted in 2009, affirms the importance of women's role in nation building and women's human rights and ensures the substantive equality of men and women.[84] Similarly, in order to support informal caregivers and domestic workers, the Batas Kasambahay[85] (*Domestic Workers Act*) was enacted in 2013 following the ratification of ILO Convention 189 on domestic workers – the second country to ratify this landmark convention. This legislation aims to ensure representation and decent working conditions for all domestic workers.

However, despite this significant progress, women's labour force participation remains at 46%, compared to 72% for men,[86] and wage disparities persist. Oxfam research suggests this is likely a result of unpaid care and domestic work disproportionately assumed by women and girls. Women and girls are reportedly twice as likely to be responsible for household chores, childcare and cooking.[87],[h] Another factor contributing to the low labour force participation rates for women is the fact that thousands of Filipina caregivers (e.g. nurses, nannies and personal support workers) leave their home country alone in search of higher paying jobs abroad, with the idea that they will send back remittances. In fact, the Philippines is recognized as one of the top global labour exporters of skilled contract workers and health professionals. In 2020, approximately 240,000 Filipina nurses were estimated to be working abroad. This significant outflow of caregiver talent has contributed to a growing shortage of caregivers within the country itself, which means women and girls left behind have to take up increased caring at home.[88] A significant outflow of caregivers from the Philippines contributes

» Oxfam Philipinas used research and statistics to demonstrate the need to redistribute and reduce care work for women.

h Further solidifying these findings, the National Household Survey Report (2021) found that women spent 6.75 hours of their total care time on "primary care," compared to just 3.48 hours for men.

to a significant "brain drain" where young, skilled individuals leave their country of origin, depleting the workforce and significantly reducing both the availability and quality of services.[89]

The Philippines stands as an example that despite measured progress and the existence of legislation, negative perceptions and uneven gendered division of care work persist and require sustained advocacy measures to drive long-term and sustainable change. The Philippines is also highly exposed to climate disasters which have damaged basic care infrastructure including water and electricity; this makes performing care responsibilities increasingly challenging. To tackle these barriers, Oxfam Filipinas and its local partners launched the Women's Economic Empowerment and Care (WE-Care) project in 2017. The project was implemented in Central Mindanao and Eastern Visayas, and focused on enhancing access to water, one key aspect of reducing women's and girls' care burden, as well as tackling social norms around care.

WHAT WAS THE ADVOCACY WIN?

With support of the WE-Care project, local care advocates brought about the creation and implementation of local legislation, known as the Women's Economic Empowerment and Care or "We Care" Ordinance,[i] that promotes a more equitable division of unpaid care and domestic work (UCDW).[90] This local legislation has been enacted by 28 local government units throughout the Philippines as of 2021, and commits local governments to invest in policies and programs in five areas: 1) data collection; 2) shifting social norms; 3) time- and labour-saving equipment; 4) care services, particularly access to water, childcare centers and healthcare centers; and 5) financial mechanisms to dedicate budgets to this efforts. The legislative processes in dozens of local government units spurred discussions and campaigns on the vital and disproportionate role of women and girls in economic growth and development.[91] It highlighted the need to support households in managing their unpaid care tasks – such as childcare, food preparation and laundry — while investing in public services to promote macroeconomic growth, job creation and other important public policy objectives.

These ordinances mandate the collection of data on unpaid care in all future planning, budgeting, and programming activities and cover a wide range of community issues, such as housing and land use, conflict resolution, and access to care infrastructure and services, as well as initiatives to support increased labour market integration.

i An ordinance is a legal term used to designate a local legislation.

WHAT HAS THE GOVERNMENT DONE?

The Constitution of the Philippines (1987) and the Local Government Code outline the autonomy of local government units to work towards improving the quality of community life.[94] The enactment of the We Care Ordinances has further solidified this commitment through the formal recognition of the care economy by local governments, as well as the introduction of legislation to improve women's economic and domestic well-being.[95] Local government units now allocate funding to care work initiatives, support training and advocacy efforts and strengthen local service delivery. This success is a direct result of civil society partners from the WE-Care project and legislators working together collecting the necessary evidence, engaging community members and developing policy solutions. To ensure the sustainability of the WE-Care program, WE-Care implementing partners have been invited to attend community events facilitated and organized by local government units.[96]

At the national level, the Department of Interior and Local Government has expressed interest in mainstreaming the importance of UCDW by training its Gender and Development (GAD) focal persons who sit at the local government unit level on the issue. Furthermore, the Philippine Commission on Women signed a formal partnership agreement with Oxfam Pilipinas and partners to strengthen ongoing UCDW advocacy efforts. The Commission is also working on the development of a national care economy framework following the National Household Care Survey conducted by Oxfam, the Commission and UN Women in 2021.[97] Complementarily, the Philippine Statistics Authority has committed to including questions on care work in its periodic demographic surveys. Lastly, the Commission on Population and Development and the Department of Social Welfare and Development prioritized the inclusion of care language within its pre-marriage counselling and family development programs.[98]

HIGHLIGHT ON CONTEXT

Reducing the Care Burden and Transforming Water Access in Cagaut

For many years, the residents of Cagaut district in Salcedo, Eastern Samar, Philippines, did not have access to running water in their homes. Further, in 2015, a contamination incident from a nearby mine forced the closure of community tap stands at local water collection points. In 2019, *Sentro para sa Ikauunlad ng Katutubong Agham at Teknolohiya* (Center for the Development of Indigenous Science and Technology), a WE-Care implementing partner focused on disaster risk reduction, supported the installation of a new water system. Residents could request individual water meters, which facilitated access to running water in private residences. The initiative was bolstered by a local ordinance passed by the Salcedo government, mandating "easy access to safe water supplies." The reintroduction of convenient and safe water within homes reduced the burden on women and girls, who undertook the bulk of water collection duties.[92]

Following the success of this initiative, the Salcedo government incorporated questions from the WE-Care Household Care Survey into their local community-based monitoring mechanism.[93] This is a nationally supported process, with surveys conducted every five years to measure poverty levels and inform evidence-based policy making. It also collects data on the status of UCDW and women's time use. In Salcedo alone, the survey reaches more than 5,100 households.

WHO WERE THE KEY ACTORS ENGAGED IN THE POLICY MAKING PROCESS?

In the Philippines example of the WE-Care Ordinances, stakeholders were engaged across three levels: national, local government unit, and household/community. At the national level, engagement involved collaboration with key governmental departments including the Department of Interior and Local Government and the Philippine Commission on Women. These entities were crucial in sustaining and furthering advocacy and programming efforts. At the local government unit level, Gender and Development focal points, civil society leaders and Oxfam-supported implementation partners played significant roles. These stakeholders engaged through both direct and indirect advocacy efforts, facilitating the participation of communities in WE-Care project activities. Individuals of diverse ages, genders and occupations were engaged in advocacy and programming initiatives, ensuring that interventions were relevant and impactful for different people. This multi-tiered approach ensured a comprehensive and inclusive engagement strategy, addressing needs and leveraging support from all levels of society.

STAKEHOLDERS ENGAGED ACROSS STATE, COMMUNITY AND HOUSEGOLD/FAMILY LEVELS

01 STATE

Department of Interior and Local Government; Philippine Commission on Women; Philippine Statistics Authority; Commission on Population and Development; and the Department of Social Welfare and Development.

02 COMMUNITY

Local level leaders, Gender and Development champions and Oxfam supported implementation partners – Sentro Para sa Ikauunlad ng Katutubong Agham at Teknolohiya, Philippine Rural reconstruction Movement, and the Pambansang Koalisyon ng Kababaihan sa kanayunan.

03 INDIVIDUAL AND HOUSEHOLD

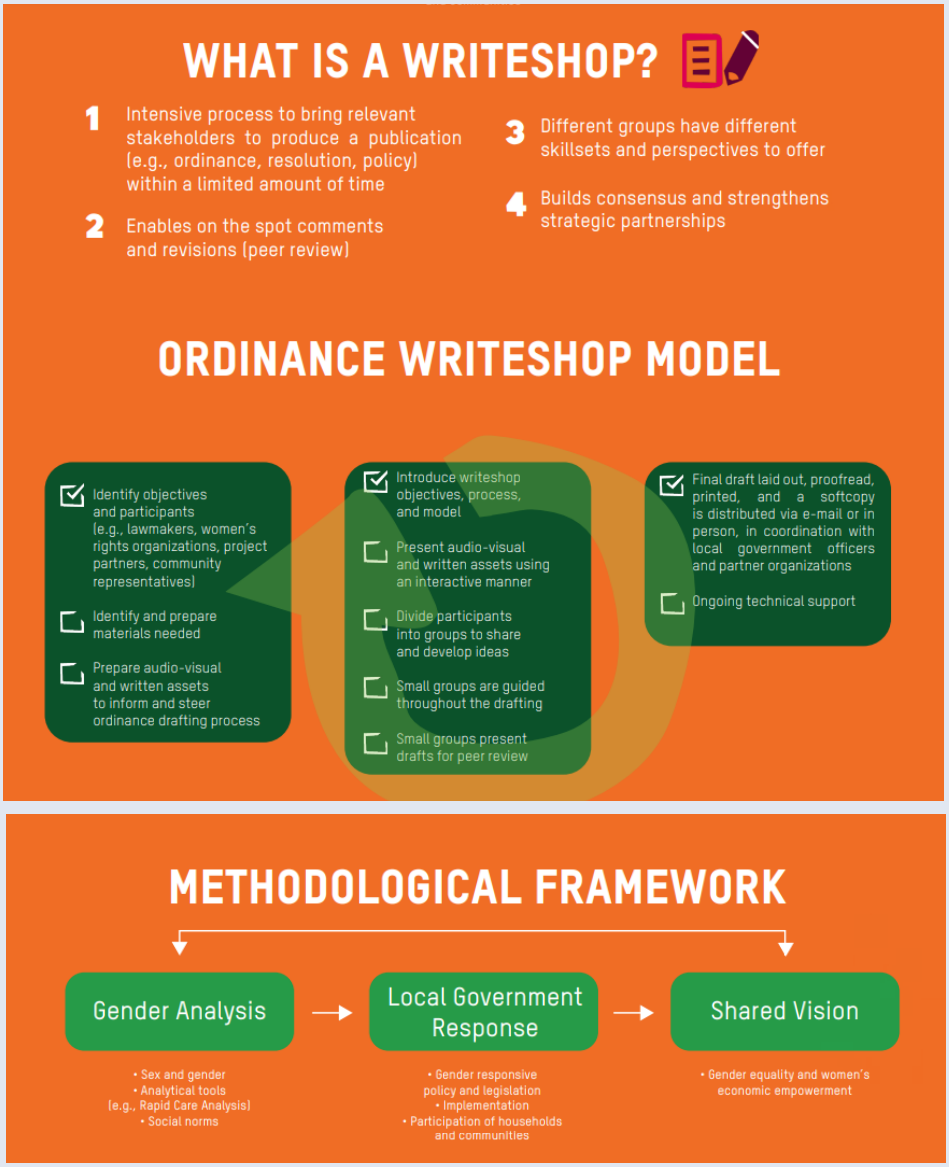
Women, men and children from different types of households (including farmers, fisherfolk, labourers, Indigenous Peoples, internally displaced people and unemployed people).

FIGURE 5: STAKEHOLDERS ENGAGED ACROSS STATE, COMMUNITY AND HOUSEHOLD/FAMILY LEVELS IN THE PHILIPPINES

WHAT STRATEGIES AND TACTICS CONTRIBUTED TO THE WIN?

Oxfam's WE-Care project was launched in the Philippines in 2017 in Central Mindanao and Eastern Visayas, regions heavily impacted by conflict and climate change. The project provided improved access to water to reduce the burden of unpaid care and domestic work on women and girls, and partnered with community champions to model a more equal division of care work. Oxfam also provided policy and technical support to the various local governments. Out of this engagement grew the initiative to legislate unpaid care work at the local level. Through a participatory process, called *Writeshop*, WE-Care project partners brought together a range of key stakeholders from public and private sectors and civil society to collectively draft the legislation. Known as the We Care Ordinance, the process was based on an assessment of gender-specific needs and challenges within the targeted communities. Community members were invited to discussions, led by local WE-Care implementation partners, to identify the issues that were most relevant to them.[99]

» The WE-Care project used a range of participatory processes to engage key stakeholders in public and private sectors and civil society to collectively draft the legislation, this poster explains the *Writeshop* process used.

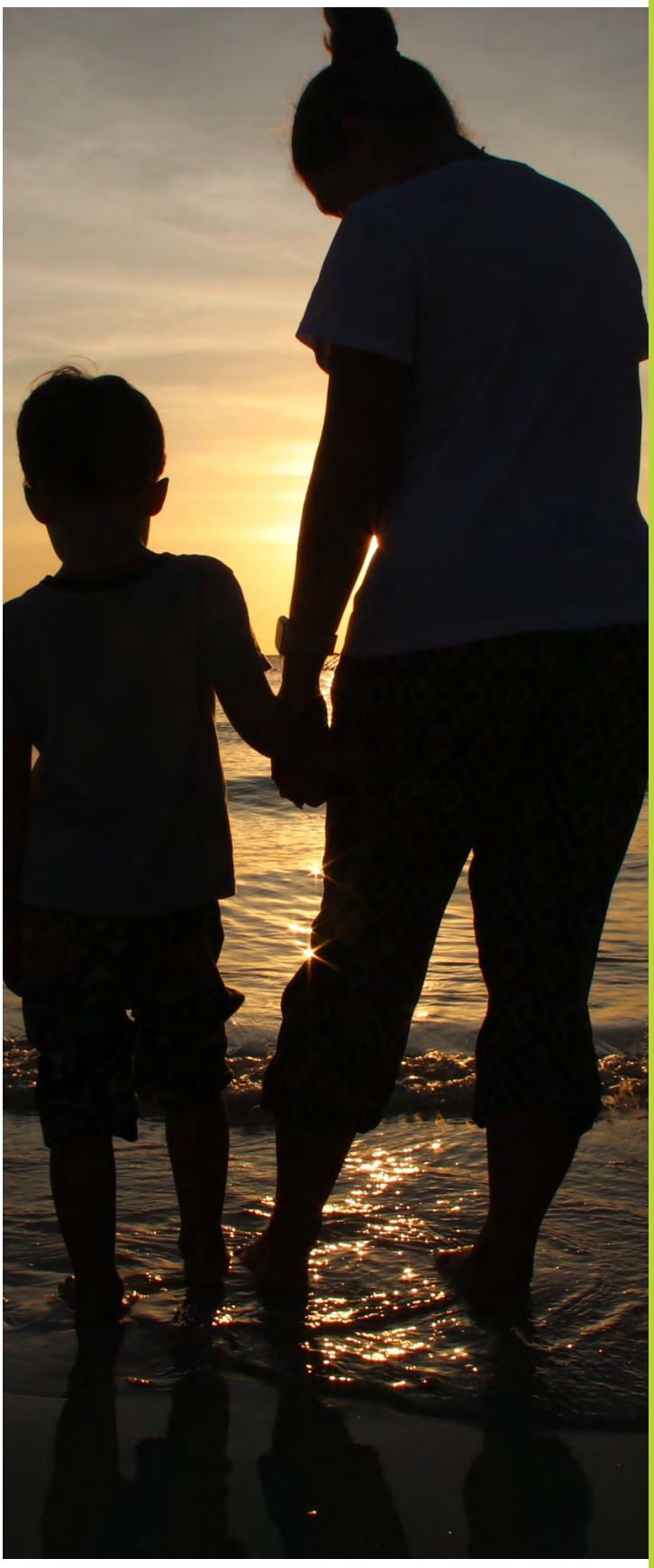


In addition to engaging women and local leaders, WE-Care partners conducted awareness-raising activities with men and boys to deepen their understanding of the gendered needs and roles within households and communities. The initiative also engaged local legislators from various communities, who became early adopters of the WE-Care approach and advocates for "We Care" ordinances.

The five key ways to address UCDW in the ordinances ensured a holistic approach, which aimed to cover the "4R framework" at the time of recognizing, reducing, redistributing UCDW and representing carers. The ordinances issued were a non-punitive or no-penalty measure. Instead, their focus was on increasing access to care infrastructure for all, as well as changing attitudes towards gender roles through efforts that positively reinforced and drove community action.

It is worth noting that the introduction of local "We Care" Ordinances has contributed to increased community awareness and engagement around care issues and to increased women's participation in the budgeting, design and management of local public services.[100] It has also led to a stronger commitment from local governments to include women in the decision-making processes and to inform policies that directly concern them, such as women's access to care infrastructure and services.[101] Another advantage of the local ordinances was that it established a local law, mandating local governments to implement the program and ensure annual funding through government allocations. Finally, the legally binding nature of ordinances ensures their long-term sustainability.

Sustainability and scalability were prioritized throughout the life cycle of the WE-Care initiative. Local government units are empowered to design their budgets autonomously, allowing them to tailor their financial plans to address UCDW issues in ways that are most relevant to their unique local contexts. The ordinances allocate a specific budget



to care services and programs, with initial funding from the Gender and Development budget and a Trust Fund for policy continuity. This approach not only ensures that the initiative is aligned with the country's national and local legal frameworks, but also fosters a sense of ownership and responsibility by local government units. As a result, there is notable national buy-in, with care economy issues and initiatives being prioritized across various government departments.

WHAT MESSAGING OR NARRATIVES WERE MOST EFFECTIVE IN PERSUADING DECISION MAKERS?

WE-Care project partners used a range of messages adapted to various audiences. Data collection and gender analysis were pivotal: collecting information on women's time-use, as well as personal narratives to support community-based interventions and support. At the individual and household level, key messages that highlighted the indispensable role of women's unpaid care and domestic work in maintaining family well-being and societal stability resonated well. The "ordinance writeshop" approach to developing legislation enabled women to share their personal stories and challenges on UCDW with family members and decision makers alike, raising awareness of key community members and generating their buy-in for transformative policy changes.

Other messages focused on the socio-economic value of women's UCDW, but also included messaging to counter (or address) the gender stereotypes that care work is women's work only. Messages that called for a fair distribution of care responsibilities between genders and the need for institutional support to alleviate the burden on women were well received. Those messages took a playful approach to emphasize the benefits of men's engagement in care work. The connection between UCDW and broader economic productivity also proved impactful, as it underscored how these contributions support the overall functioning of the economy.

#iLabaYu

In the Philippines, we encouraged men to step up in doing care work at home. From a nontraditional launch (during a mass wedding) to proactive online engagements, our campaign reached more than 34 million people with positive messages on unpaid care.

» Examples of Oxfam Philipinas social behaviour change ads to promote gender equitable redistribution of care work.

CASE STUDY

Uruguay

Uruguay has established itself as a pioneer in addressing care work by recognizing its significance on economic and societal structures. Over the last 20 years, Uruguay has adopted social policy reforms that make care benefits and systems possible, legislated gender equality through the *Act on Equality of Opportunity and Equal Rights for Men* and Women, rolled out two time-use surveys to capture and analyse data on paid and unpaid care work, and used that data to establish the National Integrated Care System (NICS) and implement two National Care Plans.

The NICS established in 2015 aims to generate an equitable model of care, sharing responsibilities between families, government institutions, communities and the market.[102-] The NICS consists of a National Care Board, the National Care Secretariat and an Advisory Committee.[103] The National Care Board among other things, defines guidelines, objectives and policies. It includes representatives of the Ministry of Social Development (chair), and the Ministries of Education and Culture, Labour and Social Security, Health, Economics and Finance, as well as the Office for Planning and Budget, the National Administration for Public Education, the Social Security Bank, the Uruguayan Institute for Children and Adolescents, the National Care Secretariat and the National Women's Institute.[104] The National Care Secretariat is the Board's executive body which is responsible for NICS' inter-agency coordination. Lastly, the Care Advisory Committee consists of civil society, academics and private sector workers.[105]

FIGURE 6: NICS SYSTEM ARCHITECTURE (UN WOMEN, 2019)

The NICS specifically targets care for children under the age of three and the elderly. The NICS focuses on recognizing, reducing and redistributing care for these priority groups, as well as providing opportunities for the economic empowerment of women. The system consists of five components: services, training, regulation, information and knowledge management, and communication. It has made significant strides in delivering services for children under three and the aging population by providing home care for severely dependent individuals and fostering social and gender co-responsibility in caregiving.[106]

Uruguay based the NICS on the "three Rs" approach: Recognition, Reduction and Redistribution (of unpaid care work). Recognize care work includes measuring and regulating care work and changing social norms. In fact, Uruguay has become a leader in regulating and formalizing domestic workers, setting a precedent as the first country to ratify ILO Convention 189 concerning Decent Work for Domestic Workers.[107]

Despite efforts to promote more gender equitable attitudes in Uruguay, the stereotypes of men as "providers" and women as "carers" persist, forcing women to find flexible work to accommodate their care responsibilities.[108] In an effort to redistribute unpaid care work between men and women, Uruguay has expanded maternity and paternity leave policies, introduced a half-day work schedule for new parents to care for their newborns, and encouraged the inclusion of care co-responsibility clauses in collective bargaining agreements (allocated paid leave provided to parents per month to attend to sick children).[109] However, challenges remain in ensuring that men fully use their entitlement to parental leave, which will require ongoing efforts to promote a cultural shift towards more shared responsibility for care work.

WHAT WAS THE ADVOCACY WIN?

In 2015, the NICS was officially established with the enactment of the *Care Act* (Law No. 19,353). This legislation marked a significant advocacy win, as it institutionalized care as a public responsibility and a right for all citizens. Further, the NICS recognizes the importance of care work traditionally shouldered by women and aims to redistribute this responsibility more equitably across genders and societal structures. The system's comprehensive approach to addressing care needs through the recognition, reduction and redistribution of care work was a ground-breaking step in promoting gender equality and social justice.[110]

Following this, the National Care Plan 2016–2020[111] was developed and adopted by the National Care Board in December 2015. The newer 2021–2025 National Care Plan[112] outlines more concretely the objectives, strategies and actions for the implementation of the NICS – with the chief focus being the promotion of social and gender co-responsibility for care. It continues to prioritize the recognition, reduction and redistribution of care work, while also enhancing opportunities for the economic empowerment of women. The plan covers diverse aspects of care, including services for early childhood, dependent persons and elderly people, and initiatives to promote co-responsibility for care among men and women.[113]

WHAT HAS THE GOVERNMENT DONE?

Changes in the care economy were part of a broader context that began with advocacy efforts in the 1990s. Feminist advocacy at both the national and international levels in the 1990s sparked the first efforts to measure unpaid care work in Uruguay. The data collection highlighted the low participation of women in the paid economy, the gender pay gap, and the aging population.[114] Motivated by the data, the government of Uruguay began fiscal reforms to their social policies in 2005. These fiscal reforms were focused on the health system, the social security system and the tax system, which allowed for the development of a robust social policy.[115] Following the 2005 reforms, the government of

Uruguay enacted the *Act on Equality of Opportunity and Equal Rights for Men and Women* in 2007,[116] which called for the need to quantify women's unpaid work. Thus, Uruguay's national statistics office launched its first time-use module deployed nationally in the form of a household survey. First launched in 2007, and then repeated in 2013 and 2021, the survey collected basic data to quantify Uruguay's "care deficit."[117] With this data, advocacy groups including civil society organizations, academia and larger women's groups lobbied the government to draft the first National Care Plan. National debates, including a dialogue with all sectors of society, led to the Plan's first approval in 2015 and again in 2020.[118] After the Plan had been approved, details were publicized through national tours. The Plan introduced a comprehensive national care system, enhancing services for preschool-aged children, elderly people and individuals with disabilities.[119] It has been officially codified as the "Legal Right to Care and be Cared For," incorporating fiscal reforms to guarantee its ongoing funding and universal application.[120]

CARE ADVOCACY IN URUGUAY SPANS THREE DECADES, HERE IS AN OVERVIEW OF KEY MOMENTS

- **1990s** National feminist advocacy, supported by international agendas (Beijing)
- **2005** Social policy reforms
- **2007** The Act on Equality of Opportunity and Equal Rights for Men and Women
- **2007** First Time Use Survey
- **2013** Second Time Use Survey
- **2015** NICS creation
- **2015** First National Action Plan
- **2021** Second National Action Plan

WHO WERE THE KEY ACTORS ENGAGED IN THE POLICY MAKING PROCESS?

A diverse movement of care advocates, including women's rights groups, feminist advocates, civil society, academics and UN Women collaborated to advance care policies in Uruguay. They monitored the government to ensure the implementation of the policies and the law as well as the financial investments, quite aware of the risk of rollbacks at any time. The actors include the *Red Pro Cuidados* (Pro Care Network), a network of over 30 civil society partners active on care work themes since 1984 and influential in all of the country's advocacy wins on care;[121] the *Universidad de la República* (University of the Republic), specifically the Faculty of Social Sciences; and the *Centro Interdisciplinario de Estudios sobre el Desarrollo* (CIEDUR – the Interdisciplinary Centre for Development Studies).

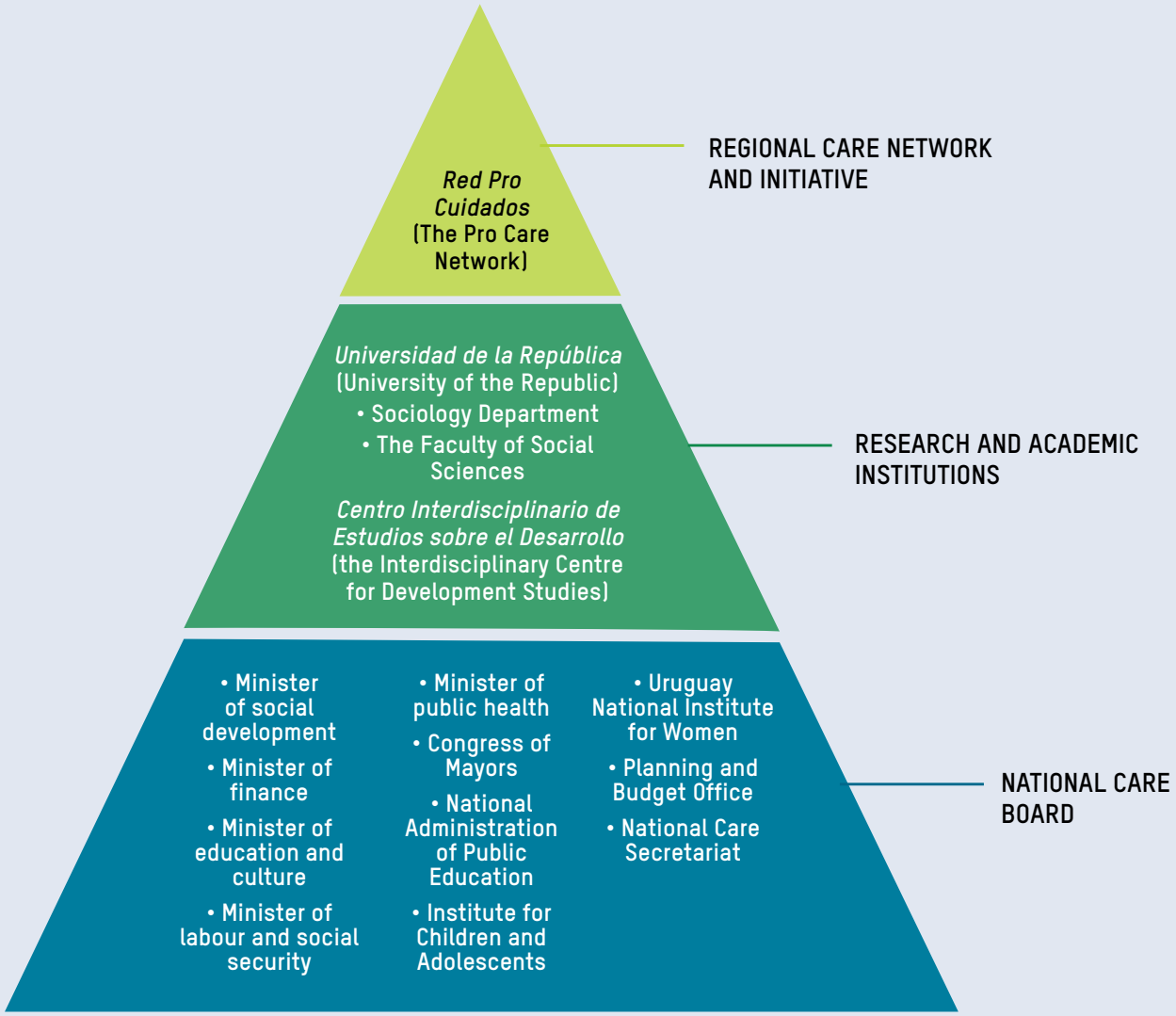


FIGURE 7: STAKEHOLDERS ENGAGED IN URUGUAY

WHAT STRATEGIES AND TACTICS CONTRIBUTED TO THE WIN?

In 2003, the Gender Sociology Research Group designed a draft sample of a time-use survey, which was conducted in the metropolitan area of Montevideo. Based on the quality of the data collected, the research group was able to successfully advocate for an expansion of the draft into an official time-use survey at the national level. Alongside this, local CSOs and feminist activists engaged the public on issues related to the care economy through local dialogue sessions. These evolved into national dialogue sessions (e.g. roundtables, town meetings), which were held between 2007 and 2009, with a focus on government engagement (specifically in the ministries of health, education and social affairs). Following each dialogue session, the Gender Sociology Research Group would publish a synthesis of the main topics discussed. This national advocacy eventually led to the government including the care economy as part of its mandate, allowing for the adoption of the national care policy and other policy recommendations.

A combination of pioneering data, effective communication and a receptive government contributed to Uruguay's success in supporting the care economy. By emphasizing the importance of grounding policy decisions in robust empirical data, as well as ensuring cross-sector collaboration, advocates pushed key government departments to acknowledge unmet care needs in the country and helped them understand how to deploy sustainable responses and ensure the right to care for everyone.

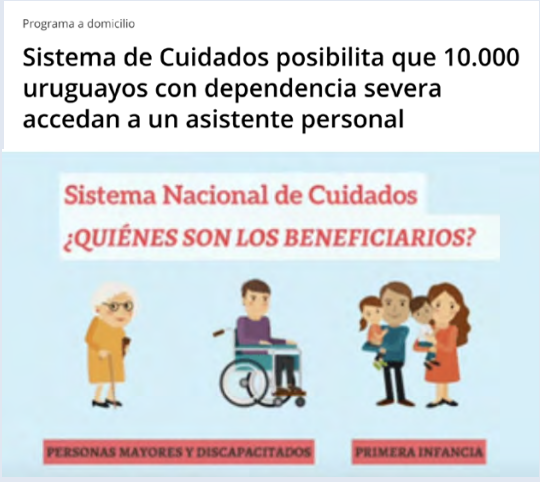
WHAT MESSAGING OR NARRATIVES WERE MOST EFFECTIVE IN PERSUADING DECISION MAKERS?

Data revealing both the economic and social implications of care was critical in making the case for the creation of national care policies in Uruguay. This was primarily achieved through narratives centred on the importance of female labour force participation, as well as the challenges of a demographically aging society. Advocates stressed

» An overview of the policy change and social behaviour change process to provide men with parental leaves and to get them to take it. This from a joint report by International agencies, academics and the national social insurance bank that offers lessons learned on this care policy initiative.

that care work should not be solely women's responsibility, but shared amongst men, families, state institutions, the community and the market. This required challenging traditional gender roles and promoting a more equitable distribution of care responsibilities. Evidence-based arguments, showcasing data on the extent and impact of unpaid care work in Uruguay, reinforced the need for policy intervention. References to international best practices provided models for Uruguay to follow, demonstrating the feasibility of such policies. Personal stories from individuals who benefited from care services or struggled due to the lack of support for care work added a human element, making the issue more relatable to decision makers and the public. Importantly, the messaging also included a focus on elder care, highlighting the need for services and support for the growing aging population, ensuring their well-being and dignity and acknowledging their contributions to society.

» Example of how Uruguay's advocacy efforts got it regional recognition as a leader in elder care services.



» A report on the NICS shows that 10 000 people with severe care needs or dependencies now have access to home care supports and is an example of how specific aspects of the NICS needed to be socialized to the public.

CASE STUDY

Zimbabwe

Zimbabwe has made significant progress in reducing gender inequalities, particularly in the areas of educational outcomes for women and girls, and the design of stronger legal frameworks on gender equality and non-discrimination.[122] Gender equality is a priority issue for the government and is reflected under Section 3 of the country's constitution as one of the founding values and principles.[123] Moreover, the Ministry of Women Affairs, Community and Small and Medium Enterprise Development actively ensures the promotion of gender equality across all government programming, via the National Gender Policy.[124] Finally, the country has provisions to support gender equitable growth, such as the Labour Act (Chapter 28:01), which prohibit gender discrimination with regard to access to employment and makes discrimination on the basis of sex illegal.[125]

Despite these notable successes, support for policies that strengthen women's economic and labour rights remains weak. For example, no provision in the *Labour Act* explicitly protects women if they engage in informal work or if they experience problematic and non-standardized working conditions.[126] This is exacerbated by the fact that, on average, women spend close to 10.4 hours on care tasks, compared to only 3.1 hours spent by men.[127] This directly impacts women's and girls' ability to participate in the workforce or other income-generating activities, as well as poses protection risks such as continued poverty, exploitation, social exclusion and vulnerability to occupational risks.

Recognizing the need for a stronger focus on driving wider economic participation and care economy outcomes for women, Oxfam's WE-Care project (2016-2020) partnered with three local and three national technical partners, covering 17 wards in the districts of Bubi, Masvingo, Gutu and Zvishavane to support women and girls to have more choice and agency over how they spend their time.[128] Their advocacy approach centred around improving social norms by training "care champions" within the community, as well as improving UCDW infrastructure and services locally and nationally.

WHAT WAS THE ADVOCACY WIN?

WE-Care's work in Zimbabwe focused on influencing care activities at the community level. Activities included community-level mapping of care infrastructure, workshops with government stakeholders, and Rapid Care Analysis to understand how and by whom care work is provided. Participatory, advocacy-oriented focus group discussions engaged policy stakeholders at the district, village and ward levels on care needs.[129] Considering the care approach is still relatively new in the Zimbabwean context, much of the work focused on generating interest and buy-in to invest in water infrastructure. The contribution of the WE-Care program, especially in regards to water infrastructure, has been strongly recognized by the local government.[130]

One of the first significant advocacy wins was the engagement of local governments, particularly through the district water supply and sanitation committee (DWSSC) for piped water schemes (PWS) after they were constructed by Oxfam.

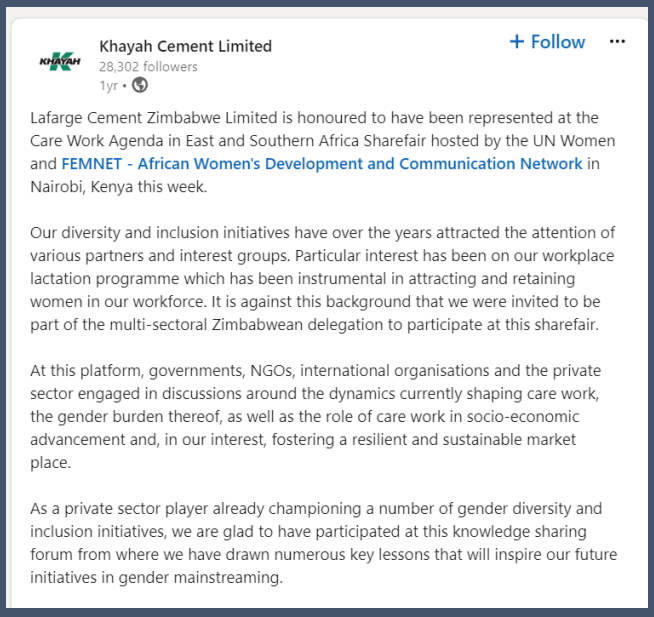
These committees, which initially focused on water and sanitation, were lobbied to recognize care work as a women's economic empowerment issue. This recognition led to the implementation of initiatives aimed at reducing the drudgery of care work for women. For instance, a tangible outcome of engaging with local government was the installation of PWS in rural districts. These schemes significantly reduced the distance women had to walk to fetch water, thereby lessening their care workload, and were designed to serve villages, clinics, and schools. The DWSSC agreed to be responsible for maintaining the PWS at the end of the Oxfam supported projects, thus ensuring sustainability as the state accepted its role as the primary provider of care infrastructure. This outcome provides communities with better access to local, government-supported and maintained water infrastructure – a public demonstration of the importance of domestic and care-related tasks involving water.

Next, advocacy efforts led to a shift in social norms regarding the distribution of care work between men and women. Initiatives like men's groups, cooking competitions and laundry facilities encouraged men to take on publicly a more significant share of domestic tasks. This redistribution of care work was a crucial win, as it challenged traditional expectations and promoted more equitable gender relations within households.

HIGHLIGHT ON CONTEXT

WE-Care's project partnership with Lafarge

Several care-related programs were implemented in partnership with Lafarge to enhance employee welfare and extend positive impacts to the surrounding communities. Successful work-life balance initiatives related to childcare and breastfeeding at Lafarge's operational sites in Zimbabwe were identified and replicated across other locations, incorporating continuous feedback to refine these practices. Further, a significant investment was made in educational programs and support initiatives focusing on breastfeeding awareness, childcare options and work-life balance strategies, aimed at helping employees manage their professional and personal lives effectively. Lastly, the partnership extended its outreach beyond the workplace by engaging with local communities and partnering with community-based organizations to contribute to broader social changes. Their goal was to improve community well-being and support systems for employees outside of work. These comprehensive strategies improved the quality of life for Lafarge's employees and also developed a supportive community environment. They also enhance the company's corporate responsibility efforts.



Beyond the public sector engagements in favour of the PWS, collaboration with private sector stakeholders, particularly Lafarge Cement Zimbabwe Ltd., resulted in care-responsive labour provisions for breastfeeding mothers in the workplace.[131] Notably, the establishment of a state-of-the-art lactating room provided a private and comfortable space for mothers to breastfeed or pump breast milk, equipped with refrigerators for storage. Complementing this, Lafarge also set up a modern childcare centre, allowing mothers to access on-site child care during work hours – ensuring a safe and nurturing environment. This partnership with Lafarge exemplifies the role private sector can play in promoting gender equality and women's economic empowerment by addressing specific care-related needs and creating a more supportive work environment for mothers.

WHAT HAS THE GOVERNMENT DONE?

Overall, the government's actions included responding to local and national advocacy efforts, investing in infrastructure to reduce the drudgery of care work, conducting a public inquiry to better understand the impact of unpaid care work and beginning to develop policies to support the care economy.

The government has since passed a devolution act that allocates more responsibility and power to local authorities, including rural district councils. This allows for more localized decision-making and resource allocation, as well as expanded care-related infrastructure. Local government bodies were successful in prioritizing the availability and accessibility of water by bringing in new technologies (such as low-cost solar panels) as well as piped water schemes. Further, key local decision-makers were positively influenced to recognize the importance of UCDW, leading, specifically, to a reduction in the inequitable distribution of household responsibilities between women and men.

The WE-Care work in Zimbabwe was delivered by leveraging existing governance mechanisms in the country, especially at the local level. For example, through the DWSCs, WE-Care was able to facilitate discussions on UCDW and lobby for recognition and response. Similarly, in Masvingo, care was discussed and presented during the DWSC's monthly meetings, and in Bubi, the district committee engaged the Provincial Water and Sanitation Committee. The work was likewise presented to other local departments, namely the Rural District Development Committee and the Rural District Council, who committed to working towards achieving inclusive and sustainable development which had been undermined by inadequate investment in the care economy.

At the national level, the government conducted a public inquiry into unpaid care work that gathered evidence on the impact of unpaid care work in major cities through citizen engagement and community town halls. The resulting data is being used by Oxfam and its partners, at the request of the government, to develop a policy framework and legislation for a national care policy. This indicates a continuing commitment to formalizing and institutionalizing support for addressing unpaid care and domestic work at the national level.

WHO WERE THE KEY ACTORS ENGAGED IN THE POLICY MAKING PROCESS?

In Zimbabwe, the engagement of stakeholders around the DWSCs, PWS and shifting gender norms on UCDW spanned three key levels – state, community, and household/family – to create a holistic advocacy and programmatic approach. At the national level, significant entities were involved, such as federal ministries, women's rights organizations and national religious leaders. These organizations and individuals were instrumental in supporting and promoting advocacy initiatives. At the community level, a diverse array of stakeholders was engaged, including health workers, child health workers and local decision-makers, such as district administrators, village and ward development committee councillors, rural district development councillors and district water and sanitation committee councillors. Additionally, local representatives from the women's affairs ministry, local chiefs, and Oxfam implementing partners were involved. These stakeholders were engaged through both direct and indirect advocacy efforts, guided by a rapid gender analysis to ensure targeted and effective interventions. At the individual and household level, the focus was on engaging women, men, and children from various backgrounds.

STAKEHOLDERS ENGAGED ACROSS STATE, COMMUNITY AND HOUSEGOLD/FAMILY LEVELS

01 STATE

Ministry of Women Affairs Community, and Small and Medium Enterprises Development; Women Parliamentary Caucus; Zimbabwe Gender Commission; Zimbabwe Council of Chiefs; Women's Rights Organizations on the Women's Coalition of Zimbabwe; national religious leadership.

02 COMMUNITY

Women's groups, health workers, and child health workers, local decision makers (district administrators, village and ward development committee councilors, rural district development councilors, district water and sanitation committee, councilors, local representatives of the women's affairs ministry, local chiefs, and Oxfam implementation partners Padare/Enkundleni/Men's Forum on Fender, Association of Women's Clubs, Women's Coalition of Zimbabwe, Bethany Project and Bekezela Home Based Care.

03 INDIVIDUAL AND HOUSEHOLD

Women, men and children from different types of households (including farmers, miners, labourers, and unemployed people)and unemployed people).

FIGURE 8: STAKEHOLDERS ENGAGED ACROSS STATE, COMMUNITY AND HOUSEHOLD/FAMILY LEVELS IN ZIMBABWE

WHAT STRATEGIES AND TACTICS CONTRIBUTED TO THE WIN?

The WE-Care initiative generated community and local government interest on care issues by focusing on communities' immediate infrastructure and service needs. In doing so, the unique sensitivities of each context were taken into consideration, as community members and decision-makers alike were able to find common ground on care and economic needs. The links drawn between water infrastructure and UCDW elevated the perceived value of care work in the communities. Addressing harmful gender norms around care work was an important approach as cultural specificity is a key part of contextual sensitivities. The final evaluation of the WE-Care project showed that improved water access and engaging men and boys in discussions about care work and encouraging their participation in domestic tasks reduced women's time spent on care tasks and increased men's time spent on UCDW.

At the national level, Oxfam and its partners engaged with the Zimbabwe Women Parliamentary Caucus to raise awareness about care work. This engagement led to increased investment in care-related infrastructure and services, specifically the PWS, highlighting the importance of care work in national development and economic empowerment.

The Women's Coalition of Zimbabwe and other civil society partners were critical in petitioning the Parliamentary Portfolio Committee on Gender to hold a public inquiry into the state of unpaid care and domestic work in Zimbabwe. This inquiry involved working with a diverse coalition of women's rights organizations, the Men's Forum on Gender, male students from a local university, an organization for children and care champions to gather evidence from the five major cities on the status of unpaid care work in Zimbabwe and how it impacts individuals, especially women and girls. The findings are currently being used to develop a policy framework and accompanying legislation for the creation of a national care policy on unpaid care and domestic work. The Women's Coalition of Zimbabwe, one of the WE-Care implementation partners, successfully organized a 'Meet the President' dialogue event in the run-up to the 2018 elections that was attended by the current Zimbabwean president, Emmerson Mnangagwa, and many high-ranking officials.

Strengthening connections with national and international partners was key in enhancing the visibility and impact of advocacy efforts. In doing so, the National Working Group on Unpaid Care and Domestic Work was able to learn from and adopt best practices, refining their strategies and designing solutions for the recognition and reduction of unpaid care work, as well as amplify the agency, voice and representation of carers through the active citizenry of care champions.

REDUCTION

New or improved water infrastructure reduced the time women in both countries spent on care work as a main task compared to women with no access to these infrastructures.

- Women and girls interviewed told us that what used to be intense physical activities for women, such as fetching water and washing clothes, are now being done in a **faster, easier,** and **healthier** manner.

WATER AND SOCIAL NORMS

The combination of interventions contributed to reduction and redistribution of UCDW from women and girls to men and boys:

- new and improved **water and laundry** infrastructure reduced women's time on unpaid tasks
- **social norms** awareness-raising activities increased men's time spent on unpaid tasks

WE-Care participants reported that this combination was key to achieve equal distribution of unpaid care tasks.

» WE-Care final evaluation findings provide evidence of the project's successes in reducing women's time required for care tasks thanks to water infrastructure and in more gender-equitable distribution of care work through norms and behaviour change efforts concerning UCDW.

WHAT MESSAGING OR NARRATIVES WERE MOST EFFECTIVE IN PERSUADING DECISION MAKERS?

The focus of the WE-Care initiative was to influence local decision makers to integrate the care narrative into policy-making discussions, through the lens of building public infrastructure. In the Zimbabwean context, services to support water needs proved to be the most effective approach. These efforts shifted the perspective of local policy makers and led to the inclusion of care in local governance dialogues, highlighting the importance of women's UCDW. For example, the installation of wells became a women's economic empowerment issue; rather than strictly a water, sanitation and hygiene issue.

Furthermore, national and local advocacy work emphasized unpaid care work as an economic development issue, rather than solely a social equity or gender-based issue. Thus, messaging focused on investing in care infrastructure and services to allow for economic empowerment (especially for women) by freeing up time for more income-generating activities or self-care.

Finally, at the household level, initiatives were aimed at increasing household happiness and the success of families. Narratives therefore emphasized the importance of redistributing care work and the way the redistribution could positively impact women and the prosperity of the family. Messaging was likewise focused on promoting equitable gender relations, by challenging social norms around gender roles and encouraging men to share in household responsibilities.

4

Lessons Learned

The following lessons learned were distilled from the preceding case studies and highlight where the greatest impacts were achieved:

BUILDING MULTI-STAKEHOLDER PARTNERSHIPS:

Engaging with a diverse range of ecosystem players, including policy makers, feminist and children's rights advocacy groups, civil society organizations and individual community-level champions, is crucial to driving change and ensuring buy-in at various levels. Deep commitment and strong facilitation are essential for building multi-stakeholder partnerships.

MAINTAINING FOCUS AND MOMENTUM IN ADVOCATING FOR CARE ECONOMY OUTCOMES:

Advocating for improvements in the care economy is an intentional and time-consuming process that requires shifting attitudes, behaviours and practices at different levels. The most effective and impactful work often spans over half a decade or more and is able to bridge changes in government, as showcased in the advancements in care economy discourses within the case study countries. Providing decision makers with detailed approaches and clear pathways for care economy development is key to gaining support and commitment.

USING PARTICIPATORY APPROACHES:

Participatory approaches, particularly ones that engage local stakeholders, can shift the care paradigm by involving caregivers and care workers in the research, planning, implementation and advocacy stages. This ensures that their voices are heard and remain central throughout conversations and decision-making processes. Likewise, participatory approaches – like participatory data collection in the form of time-use surveys – complement top-down mechanisms that may not have the bandwidth (or the mandate) to reflect the nuanced needs and challenges faced by specific groups of caregivers.

IDENTIFYING STRATEGIC POINTS FOR POLITICAL ENGAGEMENT:

Identifying clear points for strategic political engagement, as well as leveraging existing relationships, can facilitate more positive and long-term change. Events such as elections, budget-making processes, crises (like the COVID-19 pandemic) and legislative reforms provide opportunities to infuse care economy principles and approaches into public policy processes. Additionally, leveraging international conventions and drawing upon successful international examples can help advocate for and design more comprehensive care economy solutions. Ramping up advocacy when favourable political parties come into power is also shown to be successful like in the case studies where a feminist or socialist government came to power. Conversely, challenging political contexts may be more of a moment to protect gains made rather than continue with ambitious advocacy strategies.

ADAPTING ADVOCACY TO A GIVEN CONTEXT:

Developing advocacy approaches and strategies in a specific context often means emphasizing both the economic and social value of care work. These might include leveraging other socio-economic motivations that build a business case for the care economy. For instance, the case study examples have focused on increased GDP, better water, sanitation and hygiene infrastructure, and improved women's economic empowerment as ways to advocate for care economy measures. Further, in politically challenging contexts, the focus should be on generating local interest and buy-in for care issues, despite obstacles at the national level. Also leveraging large-scale development and private sector investments that have a care angle can encourage governments to adopt more care favourable policies.

INTRODUCING DATA-DRIVEN APPROACHES:

Using data-driven approaches to advocacy can create a paradigm shift. Evidence can help key stakeholders realize the value of unpaid care work more concretely, design care policies more effectively and measure progress during their implementation. Communicating the data effectively and in a relevant and compelling way at a key moment (during an election, a pandemic or during economic hardship) is critical for leveraging evidence into policy action. Time-use surveys are a critical first step in many of the case studies and provided the evidence needed to advocate for policy solutions.

BEING GUIDED BY FEMINIST PRINCIPLES:

Focusing on empowering women by involving them in advocacy, program design and delivery is key. This should be done alongside challenging traditional gender norms that undervalue unpaid care and domestic work, engaging men and boys and encouraging transparency and accountability of local government decision makers.

5

Conclusion

Achieving sustainable, affordable and quality care systems addressing all 5Rs of care (recognize, reduce, and redistribute unpaid care work, and reward and represent) is complex and requires cooperation amongst a wide range of stakeholders at different levels. Despite the topic's relative novelty (and therefore limited policy examples), there is an urgent need to address the care economy globally. This includes adopting inclusive social protection schemes, increasing access to formal employment, extending labour rights to informal workers, and improving the conditions and pay of care workers. Care must also be seen as intrinsically linked to parallel crises like economic recessions and the climate crisis. For this, two more Rs could be added to the 5R framework to include "resilience" of care systems in the face of global crises and optimizing available "resources" needed to support and fund its implementation.[132]

The case studies from Canada, Kenya, Mexico, the Philippines, Uruguay and Zimbabwe provide valuable insights into the diverse approaches and strategies that have been employed to advocate for and implement policies that recognize and support paid care work and UCDW. These examples highlight the importance of building multi-stakeholder partnerships, identifying strategic engagement points and adapting national advocacy approaches to address unique contextual demands. They likewise prioritize the significance of data-driven approaches in making a compelling case for the value of unpaid care work.

The successes achieved in these countries demonstrate that with concerted effort, collaboration and a deep commitment to feminist principles, it is possible to shift attitudes, behaviours and practices at various levels of society and government. By embracing intersections of care work with other policy areas and contextual socioeconomic factors, the initiatives and advocacy programs were successful in transforming power structures: changing the perspectives of local, regional and national decision makers to acknowledge the value of care work.

The highlighted initiatives successfully advocated for and included language on social justice, supporting women's overall well-being and their rights in relation to unpaid care and domestic responsibilities. Further, they paved the way for increased representation in decision-making spaces, as they included women, men and children in both the planning and carrying out of programs. In doing so, they have challenged traditional ideas about gender roles, which has changed the way power is distributed in societies.

Moving forward, continued advocacy for the recognition and support of unpaid care and domestic work is essential for achieving gender equality and more equitable economic development. The lessons learned from these case studies can hopefully serve as a blueprint for other countries and regions seeking to advance their care economies and promote social justice for women and girls.

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