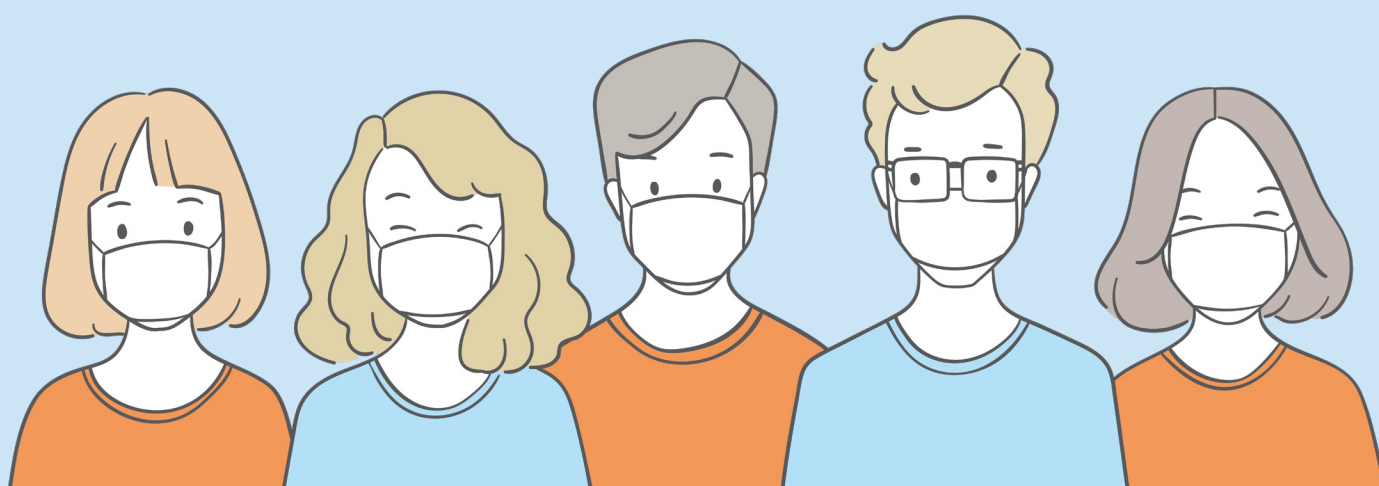
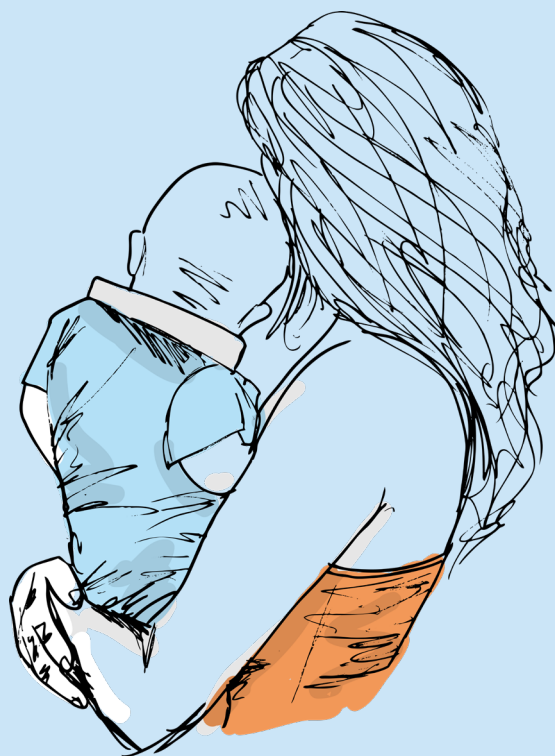
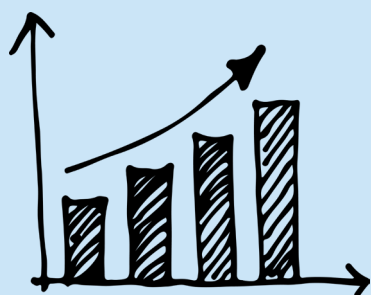


# Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19



# A Toolkit for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19

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The Guideline is part of the United Nations Development Account tranche 13 project: Strengthening Social Protection for Pandemic Response, in particular its workstream on strengthening care policies with a gender lens with the participation of UN regional commissions and cooperating partners, including UN Women regional offices. It is prepared by Silke Steinhilber, a consultant to the UN Economic Commission for Europe (ECE) for this project workstream under the guidance of Malinka Koparanova, Senior Social Affairs Officer in UNECE. Peer comments have been received by Sara Cantillon, Ipek Ilkcaracan, Sarah Wilner, Mamadou Bobo Diallo. Research assistance was provided by Gea Meijers and Roxana Calderon, language editing was done by Anita Grace.

## Introduction to the Toolkit

The COVID-19 crisis has illustrated, in stronger ways than ever before, that it is the care economy, the sum of paid and unpaid care work, that keeps households and countries afloat. Care and the economy are closely intertwined. Moreover, the care economy is deeply gendered. Caregiving is disproportionately done by women: Women are the majority or paid care workers, in hospitals, childcare, long-term and elderly care and wherever else paid care takes place. They attend to the sick and recovering and protect the vulnerable.

COVID-19 has illustrated the gendered structures of the care economy and has shed light on the weaknesses and inadequacies of our care systems. The pandemic has caused a fall in economic activity, a reorganization of work and private life and a temporary closure of many care services that individuals and families rely on for the organization of their daily life. The provision of care has been shifted radically from the realm of institutions and market-based interactions to private homes, thus massively increasing the amount of unpaid care work. Given the patterns of care distribution, women have shouldered most of the increase in unpaid work caused by the pandemic and response policies and coping mechanisms for a care economy that has come completely out of balance rely to a large extent on women's work.

Currently, policies are being developed across the globe, including in member States of the UN Economic Commission for Europe (UNECE), that reconfigure the post-COVID-19 political and economic environment and shape the economic and social realities worldwide for years to come. There is a risk that, as in previous crises, care and gender equality are moved to the back burner. Yet, placing care and gender equality at the heart of policies that shape the economic and social recovery from the pandemic-related crisis while upholding longstanding commitments to sustainable development is a must.

To support national efforts toward developing and implementing care-responsive and gender-transformative response and recovery policies, the UN Economic Commission for Europe (ECE) has engaged in a global project with UN regional commissions and cooperating partners.<sup>1</sup> The toolkit "Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19" has been produced as part of this global project.

The Toolkit responds to member States' demand for support of national policy efforts through practical and adaptable instruments. The purpose of the toolkit, thus, is to support governments and national stakeholders in incorporating a strategic focus on care and gender equality into COVID-19 response and recovery action. The Toolkit recognizes that each member State is unique. Therefore, the importance of country ownership of the process cannot be stressed enough. The Toolkit does not prescribe a 'one-size-fits-all' solution. Instead, it suggests a step-by-step approach and shares examples that can be adapted to specific country contexts, taking into account economic preconditions, institutional structures, as well as traditions and cultures that profoundly shape the provision of care.

The Toolkit is primarily intended as a tool for government institutions and their offices, task forces and focal points responsible for the development, coordination and monitoring of COVID-19 response policies. Given the interconnectedness of COVID-19 responses in various policy areas (such as fiscal policies, employment, social protection etc.), and the interest to promote a participatory and inclusive policymaking process, the Toolkit also can be useful for a diverse audience from different expert backgrounds. It is hoped that stakeholders such as experts and officials from line ministries and government agencies at the national and subnational levels, social partners, civil society organizations, academia, think tanks, and representatives from the private sector also make use of the Toolkit and may be inspired to contribute to ongoing policy debates and decisionmaking processes. The various instruments of the Toolkit invite policy makers and stakeholders to join a dialogue and planning process with the goal of gender justice and care-centered transformation for the post-pandemic period.

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<sup>1</sup> United Nations Development Account tranche 13 project: Strengthening Social Protection for Pandemic Response, in particular its workstream on strengthening care policies with a gender lens with the participation of UN regional commissions and cooperating partners, including UN Women regional offices. The toolkit was prepared by Silke Steinhilber, a consultant to the UN Economic Commission for Europe (ECE) for this project workstream under the guidance of Malinka Koparanova, Senior Social Affairs Officer in UNECE.

The Toolkit consists of the following parts:

- **Part I. A Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19.** The guideline focuses on essential areas of policymaking in response to the COVID-19 pandemic that are key for bringing about a care-centered recovery. These areas include interventions in the macroeconomic framework that can, for example, enhance the fiscal space for investment in care or incentivize a greater recognition and redistribution of care. Employment policies, policies on unpaid care work, and policies on child and long-term care services are addressed in the Guideline to illustrate the potential of measures in these fields to contribute to a sustainable recovery from the pandemic. Entrepreneurship support for women is included in the Guideline as a key policy area for women's economic independence with great potential to contribute to the recovery. Yet for the full development of this potential, it will be necessary to pay greater and more explicit attention to inequalities in care and gender relations.
- The guideline suggests key questions in all the above policy areas that should be addressed in national policy analysis and policy development so that gender equality and the care economy are more fully recognized and supported through response and recovery policies.
- The Guideline contains numerous country examples as illustration and for inspiration in efforts to find adaptive solutions: Examples address tax measures in support of families, family-related statutory payments, care leave entitlements during the pandemic as well as measures reducing working time, and measures addressed at the employment of care workers and in support of care enterprises. The examples differ in their substantive focus, but also with respect to the time horizon (short-term versus medium/ longer-term) and with respect to institutional and budgetary implications. It is hoped that the examples, which are all reflecting measures in UN ECE member States, can serve to illustrate how wide the scope is for meaningful interventions that address the specific conditions at national and local level.
- The Guideline contains a Glossary of key terms used in policy discourses around care-responsive and gender-transformative response and recovery efforts.
- **Part II. A Plan and Instructions for capacity development workshops** with policymakers and national stakeholders. The capacity development workshops are designed to guide a concrete engagement with national policy actors, providing concrete step-by-step proposals for activities at national level. Based on the template, participatory policy dialogue can be organized.
- The Plan is complemented by a **list of references / further reading** to guide interested readers to current research and up-to-date sources about the care and gender-specific impacts of the COVID-19 pandemic, as well as national, regional, and global policy efforts on the response and recovery.

# Part I: A Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19

## 1. Introduction

### 1.1. Developing a care-centered and gender transformative COVID-19 response and recovery

The COVID-19 crisis has illustrated, in stronger ways than ever before, that it is the care economy, the sum of paid and unpaid care work, that keeps households and countries afloat in a crisis. The pandemic has also shown, yet again, that economic crises have gendered impacts since the burden of caregiving has been disproportionately borne by women, along with other factors, such as the economic impacts in sectors where women dominate. In recognition of the profound embeddedness of the care economy in social and economic life, placing care and gender equality at the heart of policies that shape the economic and social recovery from the pandemic-related crisis is a must.

Despite evidence of the essential contributions of care during the pandemic and its aftermath, and despite accumulating evidence of unequal gendered impacts of the crisis, gender and care are not being prioritized in current regional response and recovery debates. Instead, as in previous crises around the globe, care and gender equality have been moved to the back burner, while crisis response have continued practices and trends visible before the crisis (for European experiences, see<sup>2</sup>).

Currently, policies are being developed that determine the post-COVID-19 political and economic environment and shape the economic and social realities worldwide for years to come, including in the member States of the UN Economic Commission for Europe (UNECE). Previous patterns of neglecting care and gender in such policies must be undone in order to assure recovery for all. In the interest of a just and sustainable future, transformative inclusive policies are needed that move the care economy and gender equality to the heart of COVID-19 response and recovery efforts.

This guideline focuses on essential areas of policymaking in response to the COVID-19 pandemic that are key for bringing about a care-centered recovery. The guideline suggests key questions that should be addressed in national policy analysis and policy development so that gender equality and the care economy are more fully recognized and supported through response and recovery policies. The guideline invites policy makers and stakeholders to join a dialogue and planning process with the goal of gender justice and care-centered transformation for the post-pandemic period.

### 1.2. Who is the guideline for and how does it work?

This guideline is designed to support policy dialogue on gender-transformative and care-centered policy responses to post-pandemic recovery in UNECE member States. Accordingly, national institutions and policy actors that can potentially benefit from the guideline include executive political leadership and senior managers from gender equality institutions, line ministries, national statistical offices, as well as parliamentarians and members of local deliberative bodies (e.g., councils, assemblies), caucuses on gender equality, as well as representatives of political parties, civil society organisations, including trade unions, the private sector and women's organisations, interested academics, and other stakeholders.

The guideline is intended to contribute to a long-term change in policy-planning and decision-making, as well as short-term interventions arising from the COVID-19 pandemic. It is based on a recognition that policy change is often incremental and involves a sequence of steps, but also inspired by the belief that moments of crises and recovery are opportunities for change. This is not a one-size fits all recipe book for policy development. It is designed to be adapted to different institutional structures and to different national contexts on the basis of locally relevant evidence and with respect to the dynamics of policymaking processes. Questions for discussion may need to be expanded and the suggested list of indicators may need to be more, or less, extensive, or may have to include other indicators that better reflect national conditions. Such adjustments will help ensure context-appropriate responses that address local needs and realities.

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<sup>2</sup> Kantola and Lombardo (2017).

To support such a process of adaptation to a specific situation, this guideline forms part of a toolkit which has been prepared for stakeholders in UNECE member States. The toolkit consists of this guideline, a suggested capacity development programme for stakeholders that can be adapted to national priorities and needs, a glossary of key concepts and a list of publications for further reading and learning on the topic. This guideline draws on various knowledge products published during earlier phases of the UN Development Account project for the UNECE region<sup>3</sup>. As a result of the prior work on women's economic empowerment and the care economy in the UNECE region and the country studies, key policy areas have emerged as critical to the COVID response. These areas are elaborated in the guideline.

The guideline focuses on five main policy areas:

- 1) Interventions into the macroeconomic frameworks;
- 2) Labour market and employment;
- 3) Frameworks for the provision of unpaid care work;
- 4) Frameworks for the provision of paid care work for children and persons needing long-term care, and
- 5) Entrepreneurship support for women.

For each policy area, the same order of steps is suggested to develop economic policy that addresses gender differentiated impacts of policies and integrates the relevance of care through coherent measures, while establishing a national policy dialogue on the role of care and gender equality for women's economic empowerment:

- A. Situation analysis and identification of gaps; this guideline provides a checklist of questions and indicators
- B. Definition of care-centered and gender-transformative policy options for the respective context, including both short-term and longer-term measures
- C. Identification of bottlenecks, and guidance for the elaboration of context-specific implementation plans, including monitoring, review, and evaluation mechanisms

Throughout this guideline, gender is understood as an intersectional social category. This means that the impacts of gender are addressed as intersecting with and compounded by other social categories (economic position, social or national origin, migration status, level of education etc.). These categories need to be understood as interconnected, often as mutually reinforcing, and as factors that shape privileges and power relations.

## 2. Impacts of the COVID-19 pandemic and policy responses in 2020/2021

Women have been greatly affected by the economic impacts of the pandemic, globally as well as in the UNECE region<sup>4</sup>. This is due to the compounding effect of multiple factors:

- The pandemic and measures taken to slow the spread of the virus have caused a massive loss in jobs. Because of the gendered structures of employment, women have been disproportionately impacted. Globally, 4.2 per cent of women's employment was lost as a result of the pandemic (representing a drop of 54 million jobs), compared to 3 per cent of men's employment (representing 60 million jobs). In 2021, there were still 13 million fewer women in employment compared to 2019, while men's employment recovered to 2019 levels<sup>5</sup>. In Europe and Central Asia, the employment rate for women in 2021 was projected to stand at 46.0 per cent, compared to 60.8 per cent for men<sup>6</sup>.
- Women's job losses were partly caused by the fact that the sectors highly affected by the pandemic and related lockdowns were those that employ many women (such as accommodation and food services, tourism, and retail trade). In Austria, for example, 85 per cent of the newly unemployed during the pandemic were women<sup>7</sup>. In the UK, a higher share of young women under the age of 25, relative to their male peers, worked in sectors that were shut down as a result of the social distancing measures in the spring of 2020 (36 per cent

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<sup>3</sup> Cantillon (2021); Cantillon and Teasdale (2021); Steinhilber (2020a, 2020b, 2021).

<sup>4</sup> EIGE (2021a); United Nations (2020) For a situation analysis and policy mapping, see previous products of the UN DA project (Steinhilber (2020a, 2020b, 2021)). See also United Nations (2020), UN Women (2021b), Madgavkar et al. (2020).

<sup>5</sup> ILO (2021a).

<sup>6</sup> ILO (2021b).

<sup>7</sup> ÖGB (2020).

of young women compared to 25 per cent of young men)<sup>8</sup>. Women in informal employment were heavily affected<sup>9</sup>, as were migrant workers.<sup>10</sup>

- Women-led enterprises were heavily impacted by the pandemic: They are statistically more likely to operate within the sectors that were most adversely affected by the pandemic (e.g. wholesale/retail, personal services) and they are less likely to have reserves of capital on which they could depend<sup>11</sup>.
- The pandemic has particularly impacted self-employed women. In Europe and Central Asia, 25 per cent of self-employed women lost their jobs (compared to 21 per cent of self-employed men) and another 49 per cent faced reduced working hours (versus 53 per cent among men)<sup>12</sup>.
- Women care workers comprise a large share of essential workers in the fight against the pandemic. Women represent nearly 70 per cent of healthcare workers globally, including those on the frontline of the COVID-19 response. The care sector is very feminized in the UNECE region: 76.8 per cent of the care workforce in Europe and Central Asia is female<sup>13</sup>. In the EU, the share of women (in the total workforce) ranges from 72 per cent in the education sector to 89 per cent in domestic work, compared with 46 per cent in total employment<sup>14</sup>:79). Women care workers, including migrant domestic care workers, were at a high risk of infection and of physical and mental distress. In Spain, for example, 56.6 per cent of health workers presented symptoms of posttraumatic stress disorder, 58.6 per cent of anxiety disorder, 46 per cent of depressive disorder, and 41.1 per cent felt emotionally drained<sup>15</sup>.
- Fewer women than men have benefitted from employment-related social protection benefits and health entitlements associated with formal employment because they are less likely to hold employment contracts that ensure full social security coverage. In some countries, specific groups of women such as women with low levels of education are more likely than men to be informally employed, particularly in informal care work. Also, women with vulnerable positions on the labour market, for example women with disabilities, often could not benefit from social protection. Lockdown measures placed informal care workers at financial risk as well as at risk of COVID-19 infection. Also, many domestic workers have lost their jobs or seen a dramatic reduction in working hours and correspondingly lower wages<sup>16</sup>.
- Another reason for women's disadvantages with respect to support during the pandemic is the reproduction of the gender wage gap. Even in so-called "system-relevant jobs" in Germany, for example, two thirds of mothers have lower incomes than their partners. Around 36 per cent of mothers in system-relevant jobs have an income of less than €1,100 after taxes, only 10 per cent make €2,600 or more. This is partly a consequence of the widespread part-time work in care jobs, as well as a consequence of the low wages in the care sector<sup>17</sup>.
- Women's load of unpaid care work has increased immensely due to stay-at-home requirements and the temporary closure of schools and care provision facilities, as well as the reduced availability of non-COVID related health services<sup>18</sup>. According to UN Women surveys in 47 countries, 56 per cent of women and 51 per cent of men reported they have experienced an increase in the amount of time spent on unpaid care work (UN Women 2020b). While men's time spent in unpaid care work has increased during the pandemic, women still do most of the work<sup>19</sup>. The protracted recovery of care services after initial lockdowns ended has continued to limit economic opportunities of women, both as users and providers of care services.
- UNECE member States, like all affected countries around the world, took measures to slow down the spread of the virus and to support enterprises, households and groups of the population affected by the pandemic. Countries in the UNECE region have adopted measures of unprecedented scale in response to the COVID-19

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<sup>8</sup> Joyce and Xu (2020).

<sup>9</sup> WIEGO (2021).

<sup>10</sup> [https://ec.europa.eu/migrant-integration/news/covid-19s-impact-migrant-communities-20\\_en](https://ec.europa.eu/migrant-integration/news/covid-19s-impact-migrant-communities-20_en)

<sup>11</sup> EU Business School (2021); UN Women (2021c).

<sup>12</sup> UN Women (2020a).

<sup>13</sup> UN ECE (2020).

<sup>14</sup> EIGE (2021b).

<sup>15</sup> Luceño-Moreno et al. (2020).

<sup>16</sup> ILO (2021a).. Those particularly at risk included migrant care workers (both workers migrating within the UNECE region from east to west, as well as those migrating into the UNECE region from elsewhere).

<sup>17</sup> Bundesinstitut für Bevölkerungsforschung (2020).

<sup>18</sup> UN Women (2020b).

<sup>19</sup> Dugarova (2020).

crisis, providing support to affected households and businesses<sup>20</sup>. Many of the measures impacted the care economy indirectly, including both paid and unpaid care work, but most did not address care work directly. A global overview of policy responses to COVID-19 (“COVID-19 Gender Response Tracker”) showed that only 7% (226 out of 3,099) of all social protection and labour market measures address rising unpaid care demands<sup>21</sup>. In the UNECE region, most response policies – including social protection, labour market, fiscal, and macroeconomic measures – have been designed without a gender transformative and care sensitive perspective<sup>22</sup>. Policies that did have a specific focus on care mainly addressed health care, while childcare and long-term care received less, if any, policy attention<sup>23</sup>. Globally, as well as in the UNECE region, only few countries are recognizing the potential of investments in the care sector as a key lever for economic recovery with the potential to generate jobs, build human capital and support women’s economic security<sup>24</sup>.

- An urgent need for more focused innovative policymaking in the entire UNECE region has become visible. Stimulating women’s employment, promoting gender justice in wages and working conditions, and addressing care deficits as well as gender inequalities in unpaid work are among the key policy priorities<sup>25</sup>. In the context of COVID-19 in the UNECE region, policy measures with a direct focus on unpaid care work, however, were more common in high-income countries, or accessible only for some categories of white-collar work. Where implemented, such measures included an expansion of parental leave, flexibilization of working time, and regulations for working from home for those with care responsibilities, among other interventions. Take-up of these benefits was highest among women. The potential of policies to contribute to a shift in care responsibilities was not realized in the crisis.
- The fact that the care economy is not considered as central for the economic recovery after COVID-19 poses significant risks. A main concern is that countries and international advisory actors will return to previous austerity policies, which would result in cuts to social and health services<sup>26</sup>. As national debts have increased during the pandemic response, and fiscal space is limited, it is essential that countries work toward an evidence-based policy consensus about the positive impacts of care-centered and gender-transformative policies for a sustainable recovery<sup>27</sup>. To uphold commitments to sustainable development, it is important to highlight evidence demonstrating the spill-over effects of investments in care and shows that well targeted public investments that reduce inequality can be self-sustaining, generating jobs and raising the productive capacity of the economy<sup>28</sup>.

### 3. Identifying Policy Options for a Care-Centered and Gender-Transformative Recovery in the UNECE Region

#### 3.1. Key elements of a care-centered and gender-transformative recovery

The COVID-19 pandemic has highlighted the urgency of first, recognizing the importance of the care economy for economic and social well-being and second, acknowledging the close links between care, gender, and economic and social life in policy planning, implementation, and budgeting. The current phase of country-level developments of post-COVID economic frameworks is a window of opportunity to develop a gender-transformative and care-responsive policy framework for a sustainable future.

This guideline advocates for a change of the gendered practices and assumptions that govern all decision-making and which have direct and indirect impacts on care. As such, the guideline uses the concept of *gender-transformative care-centered policies* to describe interventions that aim to change the place and treatment given to care as an economic, social, and human interaction (see Box A). To develop transformative care-centered policies, categories and assumptions that underlie economic policymaking need to be analyzed and revised through a gendered and intersectional lens<sup>29</sup>.

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<sup>20</sup> ILO (2020); UN Women and UNDP (2020a, 2021).

<sup>21</sup> UN Women and UNDP (2021).

<sup>22</sup> Steinhilber (2020b); UN Women and UNDP (2020b).

<sup>23</sup> Steinhilber (2020a).

<sup>24</sup> UN Women and UNDP (2021).

<sup>25</sup> ILO (2021b).

<sup>26</sup> Henau and Himmelweit (2020, 2021).

<sup>27</sup> Women's Budget Group (2017).

<sup>28</sup> Fontana (2021).

<sup>29</sup> McBride, Hebson and Holgate (2015).



### Box A: Toward a definition of gender-transformative policies addressing the care economy

Gender-transformative policies addressing the care economy acknowledge the important role of the care economy for economic and social well-being. They consider both paid and unpaid care work, placing care as a cross-cutting concern throughout economic policies. They have three primary objectives:

First, they aim at contributing to women's empowerment by transforming discriminatory and limiting gender roles and stereotypical role assumptions. Gender-transformative measures aim at reducing existing gender-based disadvantages and gaps that affect women as a group, as well as specific groups of women. Care-centered policies are not necessarily addressed at women, however, paid and unpaid care work is currently mostly done by women, as care work is stereotypically regarded 'women's work' and part of women's 'natural' talents. Much care work is therefore invisible, and it is typically not valued as important, both in monetary terms and in social value, which is one reason why employment relations are often precarious and care work is often done by migrant workers. Care-centered policies therefore also impact structures of gender inequality in many areas. At minimum, they counter a further solidification and reproduction of gender-based inequality in relation to care.

Second, gender-transformative policies specifically incentivize men to assume a greater role in the care economy (in paid and unpaid care work) and to question gender-binary assumptions that associate care work as 'women's work'. For example, gender-transformative policies promote the up-take of parental leave by fathers through the introduction of a non-transferable portion of parental leave or incentivize men to take on paid care work (such initiatives could also be combined with a focus on improving the conditions and pay for paid care work).

Third, gender-transformative policies reflect an understanding of care as a social responsibility (rather than 'women's responsibility') and of investment in the care economy as a means toward gender justice. They aim to revisit and transform the division of responsibilities for the provision and organization of care between women and men, but also between the state and public institutions, the private sector, and individuals/families/households. They create conditions for a greater role of public institutions and public support for the provision of paid and unpaid care work.

The guideline suggests the 5-R framework on decent care<sup>30</sup> as an encompassing approach to the development of care-centered policies. Within the 5-R framework, the general importance of the care economy for the economic and social well-being and sustainable development is, first, **recognized**. Second, the overall amount of unpaid work is **reduced**, including through, third, the **redistribution of unpaid work** between women and men, and between families, communities, and the state. Fourth, care work is **rewarded** adequately. Fifth, care workers (paid and unpaid) are **represented** in relevant decision-making, and social dialogue and collective bargaining for paid care workers is ensured. Policy debates with a focus on care and gender need to balance calls for short-term responses to the consequences of the pandemic and the promotion of longer-term transformative change.<sup>31</sup>

Resources will always be a constraint to the development of better policy responses, therefore care-centered and gender-transformative reforms should be envisioned as a process of iterations and new consensus building. A policy debate along the lines suggested in this guideline is a necessary part of such a process and central element of a recognition that care-focused investments are essential contributions to a sustainable future.

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<sup>30</sup> ILO (2018).

<sup>31</sup> Differences between a focus on 'gender-sensitive' policies and transformative policies can become apparent. For example, the support for households and enterprises that are heavily impacted by the pandemic may be essential from the point of view of economic viability or poverty prevention/reduction. There is a risk, however, that short-term response measures such as cash for care, or subsidies addressed at women (or enterprises that employ women precariously) can reinforce existing gender inequalities, such as gender role divisions with respect to unpaid care work or gender gaps in the labour market.

## 5-R framework for care-sensitive and gender transformative economic and social policies in COVID-19 response packages

Objective	Actions to be taken	Policy field, policy examples
<b>Recognition</b> (data and investment) of the importance of the care economy and gender imbalances in care work	<ul style="list-style-type: none"> <li>- Measure all forms of care work, disaggregate data (minimum by sex and age)</li> <li>- Take care work into account in decision-making</li> <li>- Secure funds for investment in quality care services and care policies</li> <li>- Secure funds for care-relevant infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>- Data collection and monitoring of care-related data</li> <li>- <b>Fiscal and macroeconomic policies:</b> ensuring fiscal space for care investment and service maintenance</li> <li>- <b>Gender analysis,</b> gender budgeting of response &amp; recovery packages</li> </ul> <p>For discussion:</p> <p>Example 1.1. Gender impact assessment of the EU Recovery and Resilience Plan Example 1.2. Gender Impact Assessment of COVID-19 response measures in Germany</p>
<p><b>Reduction</b> of unpaid care work (implies mainly a reduction of women's unpaid care work)</p> <p><b>Redistribution</b> of unpaid care work (redistribution between state, market, household; redistribution between women and men)</p>	<ul style="list-style-type: none"> <li>- Promote active labour market policies that support the attachment, reintegration, and progress of unpaid carers into the labour market</li> <li>- Invest in care infrastructure (so that unpaid care work is shifted toward decent paid care)</li> <li>- Enact and implement family-friendly working arrangements for all workers</li> <li>- Implement gender responsive and publicly funded leave policies for all women and men, with special incentives to promote male responsibility for unpaid care work</li> <li>- Guarantee universal access to quality care services</li> <li>- Ensure care-friendly and gender-responsive social protection systems, including social protection floors</li> <li>- Promote information and education for gender equality in households, workplaces, and society</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Employment/ labour market policies</b></li> <li>- Education and training for care work</li> <li>- Entrepreneurship support</li> <li>- <b>Workplace measures/ work-family reconciliation measures</b></li> <li>- Social protection</li> </ul> <p>For discussion:</p> <p>Example 3.2. Pandemic care benefit Example 2.4. Short-term employment to reinforce health and social care services Example 3.1. Right to flexible schedule and reduced working hours Example 4.1. Emergency care services for essential workers Example 5.1. Funding to support childcare enterprises Example 5.2. Increasing the number of social workers</p>
<b>Rewarding</b> of care work: more and better jobs for care workers	<ul style="list-style-type: none"> <li>- Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all care workers</li> <li>- Ensure a safe, attractive, and stimulating work environment for both women and men care workers</li> <li>- Enact laws and implement measures to protect migrant care workers</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Employment/ labour market policies</b></li> <li>- <b>Wage policy/ collective negotiation</b></li> <li>- Occupational safety &amp; health</li> <li>- Migration and social protection policies</li> </ul> <p>For discussion:</p> <p>Example 1.3. Reduction of tax base for single parents Example 2.1. Protection of family-related payments of furloughed workers Example 2.2. Addressing economic needs of most vulnerable households Example 4.2. Bonus payments for care workers</p>
<b>Representation</b> of care workers (paid and unpaid), including social dialogue and collective bargaining for paid care workers	<ul style="list-style-type: none"> <li>- Ensure women's/ care workers' full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic, and public life</li> <li>- Promote freedom of association for care workers and employers</li> <li>- Promote social dialogue and strengthen the right to collective bargaining in care sectors</li> <li>- Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid care providers</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Social dialogue and collective bargaining</b> to address the care crisis</li> <li>- Support for political participation and education, leadership training, and mentoring, e.g., dialogue for a</li> </ul> <p>For discussion:</p> <p>Example 2.3. Collective agreement on telework during COVID-19</p>

Source: own, on the basis of<sup>32</sup>

<sup>32</sup> ILO (2018).

## 3.2. Key policy areas

While changes in many policy areas can strengthen overall attention to care considerations and can contribute to closing gender gaps and promoting gender justice, five policy areas are particularly relevant. These will be the starting point for measures suggested in this guideline: **macroeconomic frameworks; employment and labour markets; policies on unpaid care work; policies on paid care work for children and persons needing long-term care; and entrepreneurship support**, especially for women entrepreneurs in the care economy.<sup>33</sup>

This guideline proposes the following sequence of steps for ensuring the inclusion of care and gender considerations in policymaking processes in each of the five policy areas in order to facilitate the development of context-specific solutions:

### STEP 1:

#### **Situation analysis and identification of gender gaps and data gaps:**

The guideline provides an introduction and a checklist of questions and recommended indicators to assess the impact of the pandemic on the care economy and gender equality.

Clearly, policy debates need to depart from available data. However, it is hoped that the identification of data gaps will contribute to the further development of gender statistics, based on the recognition of the importance of data relating to gender and care.

### STEP 2:

#### **Discussion of care-centered and gender-transformative policy options:**

The guideline suggests a review and discussion of available country-level examples, distinguishing between short-term and medium-term measures.

### STEP 3:

#### **Identification of bottlenecks and elaboration of context-specific solutions:**

Based on the discussion of policy options, special attention should be dedicated to identifying challenges with respect to measures that are considered as strategic. In light of the policy context and the institutional framework, innovation should be encouraged.

### 3.2.1. Interventions in the macroeconomic framework

Macroeconomic policies have the potential to create opportunities for growth and transformation and to address gender inequalities through gender impact assessments in all areas, including gender budgeting. To this end, the goal of gender equality must be central to all economic and social policy developments, advocacy, legislation, resource allocation, design, and programme implementation.

Macroeconomic policy measures addressing the impact of the pandemic have largely focused on the health sector and on preserving countries' productive capacity by providing liquidity support to businesses and preserving employment, as well as by providing income support to vulnerable households. In addition, measures have included extending deadlines for tax filing, the deferral of tax payments, accelerated tax refunds, and some tax exemptions, including from social security contributions, payroll taxes or property taxes, as well as short-term work schemes or wage subsidies. UNECE member States are resorting to a combination of fiscal deficit, reallocation of expenditure, and reliance on external grants and lending to fund response and recovery packages.

So far, specific gender-related challenges or vulnerabilities have largely not been addressed by macroeconomic policy packages, or at least have not been among the direct objectives of measures, as a global overview of response measures has illustrated<sup>34</sup>. Gender impact assessments and the use of gender budgeting instruments

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<sup>33</sup> The guideline focuses specifically on care-related policies and measures with a likely implication on the economy.

Therefore, the guideline does not consider social protection policies as a subchapter. Care-related policies cut across policy clusters as commonly understood: Some may be based in the field of employment policies, some in social protection, for example. Similarly, interventions with significant gender impacts in the covered policy fields may not always be included as their impacts on the care economy are more indirect (an example could be utility subsidies or tax measures, as well as individual cash benefits).

<sup>34</sup> UN Women and UNDP (2020a).

are therefore recommended to ensure that response and recovery policies are care-sensitive and gender-transformative (for an initial overview of tools, see<sup>35</sup>).

For a care-centered recovery, it is recommended to deepen the focus on care in gender-budgeting tools, in particular to trace investment in the care economy and all forms of care support alongside the 5-R objectives. This could include, for example, direct subsidies for care enterprises, or subsidies for care services by self-employed care providers, cash support for care providers or for households with unpaid care workers (e.g., female-headed households).

As fiscal space, income level, and institutional capacity differ significantly between countries, it is particularly important to reflect on the potential benefits of care-focused investments for a sustainable recovery, including in countries with a small tax base and limited fiscal space.

#### **Guiding questions for country context analysis:**

- Are concerns around care provision (paid and unpaid) addressed, even prioritized, in national Sustainable Development Strategies and social policy frameworks?
- Were gender and care-related impacts of the COVID-19 pandemic acknowledged in debates leading up to the response and recovery packages? Were explicit goals regarding gender equality and the care economy formulated in the packages?
- Did debates about business support address the importance of care work and unpaid care responsibilities of employees affected by containment measures?
- What is the importance assigned to investment in care services in discussions about fiscal policy? Is spending for care framed as investment in a sustainable future or as consumption?
- Is investment in care included in the negotiations for loans or grants from international financial institutions or donors?
- Are there sustainable financing strategies in place that prioritize the care economy and women's needs? If not, why not? What is being done to rectify this? What is the status quo regarding gender-responsive budgeting practice in the country?
- When national budgets were re-allocated after COVID emergency expenditures, were austerity measures announced that particularly affect the care sector? <sup>36</sup>
- How are public services going to be impacted by any proposed post-pandemic policies?
- How do tax policies during and after the pandemic impact care and gender equality?
- Does the tax system and the social security system take into consideration the special situation of care workers during the pandemic, especially of women who took on additional unpaid work?
- To what extent is sex-disaggregated data available to ensure attention to gender equality in fiscal policy discussions? Is time-use data available and used for policymaking? Is a time-use survey done on a regular basis?

#### **Indicators:<sup>37</sup>**

- Shares of spending on:
  - protecting economic activity and employment
  - health, education, social care and social infrastructure
  - social protection
- Public spending on care (before, during, and after the pandemic), by sector (focus on early childhood education and care, long-term care), by location (e.g. urban-rural)
- Share of spending on sectors that employ large shares of women, especially care-related sectors
- Share of tax measures benefiting care enterprises, paid and unpaid care work in households

<sup>35</sup> Khan, Zohra: Gifford, Katherine (2021).

<sup>36</sup> For an exemplary analysis how governments shifted budgets during the pandemic to sustain economies and control the fallout, while neglecting gender equality, see UN Women (2021a).

<sup>37</sup> Suggested indicators in this guideline are drawn from UN ECE and UN Women (2021).

### Example 1.1. Gender impact assessment of the EU Recovery and Resilience Plan

In their assessment of the EU Recovery and Resilience Plan, Elisabeth Klatzer and Azzurra Rinaldi (2020) use the following categories:

1. **Gender equality-jeopardising:** Programmes and instruments are assessed as gender equality-jeopardising if they are designed in ways which reproduce gender roles or contribute to the reproduction of existing gender roles and norms; or where negative effects are likely to occur. Programmes which do not address gender inequalities, and those which rely on unproven assumptions about gender neutrality, are considered gender equality-jeopardising.

2. **Gender equality-stable:** If no impacts on gender relations are to be expected, or specific explanation is provided as to why gender aspects are not relevant in the programme area, the programme can be classified as gender-stable. However, gender aspects are not relevant in only a very small area of very specific programmes. None of the EU Recovery Plan programmes fall into this category.

3. **Gender equality-promoting:** Programmes contribute to promoting gender equality when they promote changes in gender roles and norms, or when they address and devote adequate funds to redressing gender inequalities. It can be assumed that laws and programmes are promoting gender equality when legislative texts include objectives to strengthen gender equality and when these objectives are translated into activities, funding provisions, and performance indicators.

Klatzer and Rinaldi conclude that the significant funds invested in the EU Recovery and Resilience Plan fail to address the challenges related to the COVID-19 crisis in the care sector and the specific challenges for women. Klatzer and Rinaldi classified all assessed programmes as gender equality-jeopardising. They described the Recovery Plan as counteracting the goals declared by the EU to increase gender equality in the labour market. Indeed, the current focus of the Recovery Plan will contribute to increasing gender inequalities in employment in the EU.

*Source:*

Klatzer, Elisabeth; Rinaldi, Azzurra (2020): #nextGenerationEU” Leaves Women Behind. Gender Impact Assessment of the European Commission Proposals for the EU Recovery Plan. Study conducted for The Greens/EFA Group in the European Parliament. Available online at [https://alexandrageese.eu/wp-content/uploads/2020/07/Gender-Impact-Assessment-NextGenerationEU\\_Klatzer\\_Rinaldi\\_2020.pdf](https://alexandrageese.eu/wp-content/uploads/2020/07/Gender-Impact-Assessment-NextGenerationEU_Klatzer_Rinaldi_2020.pdf), checked on 9/9/2020.

### Example 1.2. Gender Impact Assessment of COVID-19 response measures in Germany

Regina Frey (2021) recommends an ex-ante gender impact assessment of COVID-19 response measures. She proposes to distinguish direct, distorted, and indirect impacts on gender equality. Frey’s assessment of German response measures is based on a plausibility analysis, for lack of detailed impact data. A total of 108 pandemic response measures introduced by the German government in 2020 and 2021 are analyzed.<sup>38</sup> The methodology takes into consideration that the COVID-19 response measures are implemented in a reality that is already characterized by gender inequality, as well as other intersecting dynamics of disadvantage and inequality.

**Direct impacts** on gender equality estimate the extent to which a measure directly benefits men or women, or both men and women, in a specific sector in relation to their share of the population. Examples of measures in this category include direct cash benefits or benefits introduced in response to the socio-economic impacts of the pandemic. Direct impacts can affect different groups of the population (e.g., the employed, the self-employed, single-headed households, etc.), thus measures are assessed by their direct impact on women versus men in specific population groups, as well as overall.

**Distorted impacts** are a subset of direct impacts. A pandemic response measure can have unintended distorted impacts for men, women, or both, to different degrees. Distorted impacts are caused if a COVID-19 response measure interact with preexisting gender differences or indirectly discriminatory structures, e.g., in the tax system or the social security system.

<sup>38</sup> Frey applied this gender impact assessment to 108 COVID-related measures in Germany with a total budget approximately 640,257 billion Euro. Budgetary implications were calculated where information was available.

**Indirect impacts** on gender equality typically result from measures targeted toward enterprises, communities, or other institutions. These can include tax measures, credits or credit guarantees, and other measures which aim to introduce an economic rebound, such as through the creation of employment opportunities. Often the measures analyzed in Frey’s study did not show a direct link to the COVID-19 pandemic but were included in the response packages nonetheless (e.g., measures affecting the energy sector of the economy, the environment, digitalization). Frey’s assessment identifies the targeted sectors of the economy, the current gender composition of employment in these sectors, and the extent to which new employment will be taken up by men or women along the lines of a “typical” occupational segregation.

Some measures can have more than one impact; for example, investment in new buildings for care services will support women by reducing unpaid care work. At the same time, the construction of these building mostly generates employment for men.

*Source:*

Frey, Regina (2021): Analysen von drei Maßnahmen-Paketen des Bundes zur Bewältigung der Coronakrise aus Gleichstellungsperspektive. Edited by WSI Wirtschafts- und Sozialwissenschaftliches Institut. Hans-Böckler-Stiftung (Study, 29). Available online at [https://www.wsi.de/fpdf/HBS-008189/p\\_wsi\\_studies\\_29\\_2021.pdf](https://www.wsi.de/fpdf/HBS-008189/p_wsi_studies_29_2021.pdf)

### **Example 1.3. Reduction of tax base for single parents in Germany**

To reduce the tax burden for single parents during the pandemic, the German government increased their tax base reduction (*Entlastungsbetrag für Alleinerziehende* (§ 24b EStG)) for the years 2020 and 2021. This measure was part of the second package of tax measures related to COVID-19, introduced in June 2020.<sup>39</sup>

Single parents can deduct 4,008 Euro from their tax base for one child, thus reducing their income tax. (Prior to this pandemic-response measure, the deduction was 1,908 Euro.) The deduction can be claimed by the parent in whose household the child lives and who is entitled to the universal child allowance, provided no other adult lives in the household. For the second and every other child, an additional 240 Euro can be deducted.

This measure was continued in the annual tax law of 2020, so single parents will be able to claim it with their tax declaration for 2020 and beyond.

*Source:*

[https://www.bundesfinanzministerium.de/Web/DE/Themen/Oeffentliche\\_Finzen/Konjunkturpaket/Konjunkturprogramm-fuer-alle/Content/Downloads/konjunkturprogramm-fuer-alleinerziehende.pdf?\\_\\_blob=publicationFile&v=2](https://www.bundesfinanzministerium.de/Web/DE/Themen/Oeffentliche_Finzen/Konjunkturpaket/Konjunkturprogramm-fuer-alle/Content/Downloads/konjunkturprogramm-fuer-alleinerziehende.pdf?__blob=publicationFile&v=2)  
<https://lsth.bundesfinanzministerium.de/lsth/2020/B-Anhaenge/Anhang-16/Anhang-16.html>

### *3.2.2. Employment policies*

Gender inequality is embedded in employment policies and labour market practices, as shown in the barriers women face to access decent work and in the persistent gender wage gap. Disruptions to the labour market, like those caused by a crisis, can have profound gendered impacts, often compounding pre-existing unequal labour market structures. For example, the social distancing measures and closure of care and educational institutions that were mandated across the globe in early 2020 to slow the spread of the virus had immediate strong impacts on women-dominated sectors of the economy. The impacts were largest in the service sector, affecting occupations such as in restaurants and hospitality, as well as care occupations in general (with the exception of health care) (Alon et al. 2020). Post-pandemic recovery efforts therefore must acknowledge and address gendered inequality through gender-transformative and care-centered policies in order to address new and preexisting inequalities.

Throughout the UNECE region, containment and mitigation measures implemented in the face of the pandemic had strong and immediate impacts on employment.<sup>40</sup>

<sup>39</sup> Through the annual tax law 2020, the two-year cap on the measure was removed, so that after 2022, single parents will also be able to claim the 4.008 Euro discount on their taxable income.

<sup>40</sup> Steinhilber (2020b).

Countering the employment impact of the pandemic, avoiding layoffs and bankruptcies and maintaining, or even expanding, public services, including health and other care services, were main goals of pandemic response packages, globally as well as in the UNECE region. Governments implemented measures that addressed affected enterprises and individuals, such as wage subsidies and cash payments, including emergency relief to the households of furloughed and unemployed persons<sup>41</sup>.

A situation analysis of gender and care-specific factors at the workplace needs to assess impacts and benefits by sector, focusing in particular on care-related sectors of the economy, and by factors characterizing the affected workers. The crisis had a large impact on precarious and informal workers, including women self-employed informal entrepreneurs, a large portion of whom are in care work in the UNECE region. Women migrant care workers and other groups with vulnerable and precarious employment situations are also a relevant group to be included in situation analyses and discussions about appropriate policies.

To assess the potential contribution of macroeconomic and employment policies to a care-centered recovery that enhances gender justice, it is essential to take into consideration pre-existing gender structures in labour markets such as gender gaps in employment participation and wages and occupational segregation.

#### **Guiding questions for country context analysis:**

- How relevant is employment in the care sector, overall, and for women's employment?
- Is paid work in the care sector considered *essential work*? Are gender issues addressed when care work is discussed?
- How does the care sector and employees in paid care work benefit from emergency support that was made available in response to the pandemic? How much did they benefit, and in what ways?
- Do labour market policies/ pandemic response programmes and measures recognize the diversity of needs of different groups of workers (e.g., employment protection and reintegration of care workers, those in the hospitality sector, etc.)? Are gender differences acknowledged here?
- Who are the populations groups/ households that were particularly vulnerable to the impacts of COVID-19? Were efforts to assess vulnerability sensitive to gender and intersecting categories of vulnerability? (For example, how are the concerns of single-parent households taken into consideration? Do women with disabilities face special challenges?)
- How were workers outside the public sector and large enterprises (i.e., workers in small and medium enterprises (SMEs), micro-enterprises, self-employed, unpaid family workers, or those employed in private households) affected by the employment impact of the pandemic?
- How did they benefit from pandemic-related support? Which measures could be considered as most effective/ most helpful during the pandemic?
- Are there observations about gender differences in the return to employment after pandemic measures were ended? These could include delayed return, reduced working time, transfer to other positions or sectors, among others.
- Is the care economy considered instrumental for the recovery process? Is investment in care services regarded positively for employment creation, mainly for women?

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<sup>41</sup> IMF (2021).

### Indicators:

- Gender- and age-disaggregated employment/ unemployment data by sectors and occupations. It is necessary to agree on a list of indicators addressing the specific economic and labour market situation. For all indicators, it is important to check availability of data before, during, and after the pandemic.<sup>42</sup>
- A list of indicators to be developed could include the following, for example:
  - employment rate by sex, age, with or without children, by age of children
  - distribution of employed persons by occupations, sex and education
  - unemployment rate by sex;
  - distribution of unemployed by sector and occupations, sex and education
  - share of informal employment by sex and age
  - contractual status of employed workers by sex (e.g., regular, fixed-term, precarious)
  - rate of self-employment by sex (if available, percentage of self-employed care providers)
  - number of employees in care services by type of service (e.g. health care, social care, childcare)
- Analysis of the fiscal packages designed in response to the COVID-19 pandemic:
  - What percentage of the fiscal packages is devoted to business wage subsidies to limit the increase in unemployment and retain workers?
  - Are sectors and occupations that employ women disproportionately covered by payroll support?
- Special focus should be on enterprises providing care service.
- Percentage of the fiscal package devoted to public employment/employment guarantee programmes.
- Percentage of the fiscal package devoted to covering the cost of active labour market policies such as assisting workers find employment or retraining. Number of beneficiaries (disaggregated by sex and spending per beneficiary). Highlight training/ retraining in care services.

### Example 2.1. Protection of family-related statutory payments for furloughed workers in Northern Ireland

In Northern Ireland, family-related payment regulations were changed in April 2020 to take into account that many workers were furloughed as a consequence of the COVID-19 pandemic. The Coronavirus Job Retention Scheme affects Statutory Maternity Pay, Statutory Paternity Pay, Statutory Adoption Pay, and Statutory Shared Parental Pay.

Family-related benefits are calculated on the basis of an applicant's normal weekly earnings during the relevant assessment period. Under the Job Retention Scheme, beneficiaries who are entitled to these payments, but are furloughed from their job, will have their benefit amounts calculated based on their full pay, not the previous 80 per cent furlough rate.

Communities Minister Deirdre Hargey explained that ensuring statutory family benefits are calculated on the basis of an applicant's usual wages "will protect the role of maternity pay in ensuring women's health and safety; and reduces the significant risk that, as a result of the less favourable maternity pay available, women may choose to stay in work later than planned or return earlier. This would undermine the role of maternity pay in protecting women's health and wellbeing."

Additional changes will ensure that some (lower-paid) women continue to be eligible for maternity pay. If normal weekly earnings fall below the Lower Earnings Limit of 120 pounds per week, making them ineligible for Statutory Maternity Pay, women can apply for another benefit, Maternity Allowance. However, this benefit is deducted from other social support which could impact those with existing Universal Credit.

*Source:*

Northern Ireland Department for the Economy (2020): Ministers announce protection of family-related statutory payments for furloughed workers. Available online at <https://www.economy-ni.gov.uk/news/ministers-announce-protection-family-related-statutory-payments-furloughed-workers>

<sup>42</sup> In most cases, data that illustrate the situation before – during – after the pandemic are not available yet.



### Example 2.2 New collective agreement on telework from home during COVID-19 in Belgium

In January 2021, the National Labour Council of Belgium concluded an inter-professional collective agreement on telework from home which provided a clear framework for the minimum telework arrangements to be made at a company level during the COVID-19 pandemic. The agreement applied to government-recommended or mandated telework implemented to prevent the spread of the coronavirus. The fixed-term agreement (until December 31, 2021) was mainly aimed at forcing companies that did not yet have a solid framework for telework to immediately implement one.

The principles of the agreement were related to multiple aspects of employment including terms and organisation of employment, employer control, employee collective rights, and wellbeing at work.

**Terms of employment:** Teleworkers enjoy the same rights and obligations during telework as during work at the company site. Arrangements must be made regarding the provision of equipment and technical support; the use of personal equipment, and the reimbursement or payment by the employer of costs related to telework.

**Organisation of employment:** Teleworkers organise their own work while respecting the agreed upon working hours. While workload and performance standards remain unchanged, consideration must be given to the possible adjustment of the timetable, the monitoring of the results to be achieved or the assessment criteria, and the (un)accessibility of the teleworker. Agreements could be set up in this matter.

**Control:** The employer shall exercise control over the work of his employees in an appropriate and proportionate manner.

**Collective rights:** Teleworkers have the same collective rights as when they work at the company site.

**Well-being at work:** Teleworkers are informed about the company's policy on well-being at work specifically related to telework. The employer must ensure that the teleworkers are connected to their colleagues and the company, with specific attention to vulnerable teleworkers.

*Sources:*

Loyens & Loff (2021): New collective agreement on telehomework during COVID-19 crisis published. Available online at <https://www.loyensloeff.com/be/en/news/articles-and-newsflashes/new-collective-agreement-on-telehomework-during-covid-19-crisis-published-n21509/>

Resistiré (2021): A national collective agreement to outline telework arrangements during the pandemic in Belgium. Available online at <https://resistire-project.eu/better-stories/a-national-collective-agreement-to-outline-telework-arrangements-during-the-pandemic-in-belgium/>

### Example 2.3 Short-term employment to reinforce health and social care services in Portugal

The social and care sector has been particularly vulnerable to the effects of COVID-19, causing unbearable overload. Many services to the population could not be adequately provided during the pandemic. In response, in 2020 the Portuguese government provided for a temporary, exceptional measure to support the emergency reinforcement of health and social care facilities during the pandemic.<sup>43</sup>

Service providers could apply for the support if they were public bodies or private non-profit organisations operating in the social and health area, such as health services, hospitals, residential care or home care for elderly or persons with a disability or incapacity. Additionally, projects associated with situations of organisational overload due to the pandemic, such as derived from the increase in the activities or to the temporary impediment of their workers due to illness, prophylactic isolation, or care for relatives or dependents, were also eligible for the support through this measure. Project-related support measures were for one month duration but could be extended up to three months.

Recipients of the emergency reinforcement measure were persons under the age of 60 who were:

- unemployed, receiving unemployment benefit;
- unemployed, receiving minimum income;
- other unemployed;
- workers whose employment contract was suspended or their working time reduced;

<sup>43</sup> Government of Portugal's Order 82-C/2020, 28 March 2020

- part-time workers;
- students, particularly in higher education, and trainees, preferentially in relevant domains, aged 18 or over.

The recipients received food, transportation (or transportation allowance), accident at work insurance, and personal protective equipment. Recipients also received a grant payment, 90 per cent of which was funded by the Institute of Employment and Vocational Training (Instituto do Emprego e Formação Profissional). The unemployed receiving unemployment benefit were entitled to a complementary monthly grant equal to the social support index (Indexante de Apoios Sociais - IAS) (438.81 Euro in 2020). The other recipients were entitled to a monthly grant equal to 1.5 times the IAS.

Another type of temporary grant was provided through specific projects, with a duration of three months. Recipients received either 0.8 times the IAS (unemployed receiving unemployment benefit) or 0.5 times the IAS (remaining participants).

*Source:*

31 March 2020: Portaria n.º 82-C/2020 - Diário da República n.º 64/2020, 2º Suplemento, Série I de 2020-03-31  $\Phi$  Publicação: Diário da República n.º 64/2020, 2º Suplemento, Série I de 2020-03-31  $\Phi$  Publicação: Diário da República n.º 64/2020, 2º Suplemento, Série I de 2020-03-31 ([dre.pt](http://dre.pt))

Eurofound (2020), *Temporary and exceptional support to the emergency reinforcement of public and solidary health and social care services, case PT-2020-14/426 (measures in Portugal)*, COVID-19 EU PolicyWatch, Dublin, <http://eurofound.link/covid19eupolicywatch>

### 3.2.3. Policies on unpaid care work

The disproportionate amount of unpaid work that women do in countries across the globe has been widely recognized as a critical barrier to gender equality and to women's economic and social empowerment. The importance of unpaid care work has become obvious during the COVID-19 pandemic. Yet, unpaid care work was unequally divided between women and men already before 2020. In no country was unpaid work equally shared by women and men at the onset of the pandemic. In the EU, for example, 92 per cent of women were regular carers in 2015 – meaning that they provided unpaid care at least several days a week – as opposed to 68 % of men<sup>44</sup>.

The COVID-19 pandemic has increased the need for home-based unpaid care work: care institutions were closed, informal chains of care provision disrupted through stay-at-home orders, and more people were sick and needed care. Women's disproportionate role in unpaid care work has become a "shock absorber" during the pandemic<sup>45</sup>. Available data for the UNECE region indicates that more women than men (43 per cent compared to 16 per cent) reported increased time spent cooking and serving meals during the pandemic. Around 60 per cent of women reported increased time spent on at least one care activity for children and/or elderly family members<sup>46</sup>.

State-sponsored support for families to cope with the increased amount of care work, especially workers with care responsibilities, has been essential for households' ability to cope with the pandemic. The absence or weakness of such support has increased the negative impact of the pandemic. A situation analysis therefore has to document available support mechanisms, as well as available laws and policies regarding unpaid care work, such as leave schemes or a legal entitlement to flexibility of location, or provisions regarding the flexibilization of working time. It is also crucial to assess the unmet need for care services and limitations in the access to formal childcare and social care infrastructure. It is important to differentiate between diverse groups of households and women, including those who find it particularly difficult to manage the increased load of unpaid care work (e.g., single headed households informally employed workers, and migrant workers).

<sup>44</sup> Eurofound (2018).

<sup>45</sup> Health Europa (2021).

<sup>46</sup> UN Women (2020a).

### **Guiding questions for country context analysis:**

- Is the role of unpaid care work for economy and society publicly acknowledged? Are there national calculations of the contribution of unpaid care work to the economy and as part of national accounting? If not, is any comparable information available?
- Has there been a discussion about an unmet demand for care services, an overload of unpaid care work, or even a “crisis in care” prior to the pandemic?
- Has the amount of unpaid care work changed because of the pandemic? If so, how did the pandemic impact the division of unpaid care work between women and men overall, and between different age groups? Are we seeing an increase of unpaid care work done by men? What happens to the division of work after the lockdown measures are lifted and once care services reopen?
- What challenges did employees with care responsibilities face during the pandemic? Are these persons mainly women? What provisions or entitlements exist for workers with care responsibilities, who is using them (by sex, age, types of jobs)? These could include flexible working hours for those with care responsibilities, for example.
- Did enterprises develop any innovative solutions to support workers with care responsibilities or expand existing programmes?
- Are women withdrawing from the labour market or from specific occupations because of care responsibilities and closed care services? Did the pandemic pose new or larger challenges?
- Apart from schemes supporting the combination of paid employment and care work, what other supports exist to ease the increased amount of unpaid work and the associated costs (e.g., were food packages provided)?
- Was the importance of unpaid care work recognized in public debates about the impact of the pandemic and policy responses to it? Are there proposals for how to strengthen policies around unpaid work in the recovery phase?
- Were the voices of unpaid care workers heard during the pandemic and represented in policy debates about the response?

### **Indicators**

- Indicators that document the gender gap in time spent on paid work and unpaid care work, and the impact of measures taken during the pandemic (depending on availability)
  - average time spent on unpaid domestic and care work by sex, age, presence of children and income:
  - proportion of time spent on unpaid domestic and care work by sex and age
  - time use data on unpaid work before, during, after closure of care services / lockdown (disaggregated by sex, age, household income, and number of children in the household, if possible)
- Data on labour force participation and employment situation of workers with care responsibilities (according to data availability in specific context):
  - labour force participation rate by sex, type of households (single, couples, etc.) in households with at least one child below 7 years (or 10 years)
  - part-time employment by sex, marital status, presence of at least one child below 7 / 10 years (percentage of total employment)
  - prime-age inactivity rate by sex and marital status
  - share of inactive prime-age population by main reasons of inactivity by sex and marital status
- Value of direct support for households to ease the burden of unpaid work (e.g., food packages); share of total household income

### **Example 3.1. Right to flexible schedule and reduction of working hours for workers with care responsibilities in Spain**

Between March 2020 and June 2021, employees in standard employment in Spain were allowed to adapt or reduce their work schedule to care for their dependents. Even a 100 per cent reduction in the workday was possible.<sup>47</sup>

The Royal Decree which introduced this measure was designed to enable persons with care responsibilities to fulfil their care tasks under the “exceptional circumstances” caused by the pandemic. Exceptional circumstances included situations in which the presence of the worker was necessary for the care of a disabled or elderly family member or a child who, due to reasons of age, illness, or disability, needed personal and direct care as a direct consequence of the COVID-19. Also, employees with care duties for a spouse or domestic partner, as well as for blood relatives up to the second degree, could take advantage of the provision if the circumstance were a consequence of measure to avoid community transmission of COVID-19.

The Royal Decree also allowed for exceptional circumstances caused by decisions taken by governmental authorities, related to COVID-19, that resulted in the closure of educational centers or of any other facility that provides care or attention to those who need it. Additionally, exceptional circumstances were recognized in situations that required the presence of an employee because the person who had been providing direct care or assistance to the employee’s spouse or family member up to the second degree could not continue to do so for a COVID-19 related cause.

#### *Sources:*

18 March 2020: Royal Decree-Law 8/2020, of March 17, on extraordinary and urgent measures to face the economic and social impact of COVID-19. ([www.boe.es](http://www.boe.es))

Eurofound (2020), *Right to flexible schedule and reduction of working hours for workers with care responsibilities, case ES-2020-12/504 (measures in Spain)*, COVID-19 EU PolicyWatch, Dublin, <http://eurofound.link/covid19eupolicywatch>

### **Example 3.2.: Pandemic care benefit in Slovakia**

The government of Slovakia, through their national social insurance, introduced a scheme of extended income protection on March 27, 2020, to support parents and carers during the closure of schools and preschools. The nationally funded “pandemic parental benefit” covered employees in standard employment who have care responsibilities for children.

Under the new scheme, parents and carers could receive a benefit during the whole period of school or preschool closure. Before COVID-19, parental benefits had been paid only for 10 calendar days. Eligibility to the new pandemic care benefit was also extended.

Entitlement to the pandemic nursing benefit is subject to one of the following conditions:

- if the beneficiary cares for a child under 16 years of age who requires care due to a health condition, as confirmed by a doctor (prior to COVID-19, the benefit was available for a maximum of 10 days.)
- if the beneficiary cares for the child under age 11 (up to 18 years of age with long-term adverse health conditions) when the child has been ordered to quarantine or isolate
- if the preschool, social care facility, or school which the child usually attends has been closed by decision of the competent authorities or has been subject to a quarantine measure.
- if the beneficiary cares for a close relative, sibling, spouse, or parent of their spouse because the facility in which that person received outpatient or residential care is closed or quarantined as a result of an administrative decision

After September 23, 2020, control of benefit distribution was tightened. The Office of Labor, Social Affairs and Family that pays out the benefit ( ) was asked to verify that a child indeed did not attend school or preschool.

<sup>47</sup> The policy was included in Spain’s Royal Decree 8/2020 of March 17, 2020, and was valid until June 30,2021.

Initial estimations suggested the benefit corresponded to an average daily amount of €15.80. The average amount of the pandemic nursing allowance was €276.97 per month. In April and May 2020, the Social Insurance Agency paid 230,262 beneficiaries of 'pandemic nursing' a total amount of €62,218,391 (in comparison, in 2019, there were only 29,608 beneficiaries, receiving a total of €3,259,123).

When the pandemic parental benefit was introduced, it was anticipated that there would be 200,000 beneficiaries over a total duration of 101 days. Compared to the previous year, expenses for parental benefits increased by more than eleven times with the new benefit (by €132.5 million). Expenditure increased by €1.1 million in November 2020, by €1.4 million in December 2020 and by €2 million in January 2021 in comparison with the respective months of the previous year.

The pandemic care benefit was primarily used between April and August 2020. According to the Institute of Social Policy (ISP), the number of benefit recipients was 136,000 in May, 118,000 in June, and only 16,000 in August. The number of recipients and expenses for the benefit scheme decreased as schools and preschools started operating again in September 2020. From April 1, 2020 to the end of March 2021, parental benefits were provided to more than 605,000 individuals. According to the Social Insurance Agency, by the summer of 2021, the number of beneficiaries returned to pre-pandemic levels.

Source:

Eurofound (2020), *Introduction of a pandemic nursing benefit, case SK-2020-13/294 (measures in Slovakia)*, COVID-19 EU PolicyWatch, Dublin, <http://eurofound.link/covid19eupolicywatch>

### **Example 3.3. Pandemic response measures in Serbia: Balancing economic support and care demands**

To address the massive economic consequences of the pandemic, the government of Serbia introduced a one-off universal cash transfer of 100 Euro to all citizens in 2020. Pensioners and social assistance beneficiaries received this amount automatically; other adult residents had to apply for it. Additionally, in March 2021, the government announced further cash transfers for all adults, as well as cash rewards for those with at least one dose of the COVID-19 vaccine.<sup>48</sup>

While not directly addressing any aspect related to the gender equality, the universal cash transfer was relevant to the situation of most vulnerable households and marginalized women who otherwise would not have benefited from available support schemes. It was the only measure that encompassed women working in informal employment or on service contracts, as well as women with seasonal jobs and those who were unable to work. In addition, more than 14,000 of the most vulnerable women in 50 municipalities across Serbia received assistance worth 100,000 Euro in hygiene packages and essential foodstuffs as part of the EU support to Serbia in the fight against COVID-19. From a women's empowerment perspective, it is worth highlighting that some women reported this was the first money they ever received in their name, to their own account.

Microsimulations on the impact of the cash grant illustrate its effectiveness. The cash grant alone has been able to bring down the Gini coefficient by one full point<sup>49</sup>. However, critics, including the Serbian Fiscal Council, have argued that because cash transfers were not targeted, they consumed a lot of public resources and only postponed the effects of the COVID-19 crisis.

Notwithstanding the benefits of cash transfers, the Government of Serbia did not respond to the intensification of care work that fell primarily on women during the pandemic. No measures were introduced that specifically addressed working parents who were affected by the closure of childcare services and schools. No leave days or work time flexibilization was legislated. There was a government decree advising that parents of children in kindergarten and of lower-age primary school ought to be allowed to work from home with full salary. But this decree fell short of providing an adequate legal framework for practical implementation. Because of the lack of guidance on implementation, and the

<sup>48</sup> The additional cash transfers announced in March 2021 were 60 Euro to all adult citizens (in two installments), 60 Euro to all unemployed citizens registered at the National Employment Service on 15 April, and RSD 3,000 (25 Euro) for all citizens who had received at least one dose of the vaccine against COVID-19 by the end of May 2021.

<sup>49</sup> ILO/EBRD (2020).

absence of financial support from the government, only public-sector entities implemented the decree on working from home; few private-sector enterprises made such accommodations (UN Women 2021).

Source:

ILO/EBRD (2020): COVID-19 and the World of Work. Rapid Assessment of the Employment Impacts and Policy Responses, Serbia

UN Women (2021): One Year of COVID-19: A Gender Analysis of Emergency COVID-19 Socio-Economic Policy Responses Adopted in Europe and Central Asia (UN WOMEN SERIES Women at the forefront of COVID-19 response in Europe and Central Asia). Available online at

<https://eca.unwomen.org/sites/default/files/Field%20Office%20ECA/Attachments/Publications/2021/11/1%20STUDY%20%20One%20Year%20of%20COVID19min.pdf>, checked on 1/2/2022

#### 3.2.4. *Policies on child and long-term care services*

The COVID-19 pandemic has revealed the importance of paid care work provided in institutional or entrepreneurial settings or in private households. The repercussions of service closures were felt by individual households and employers. At the same time, there were broader effects on the economic situation of households, as well as on the continued provision of those care services that were considered essential in the pandemic: In the areas of healthcare, childcare, and long-term care, most workers are women, reflecting social norms and stereotypes of care work as ‘women’s work’. Paid care work is a key pillar for women’s income and economic empowerment. Yet if care workers themselves cannot rely on care services, local care chains are disrupted.

Thus, the pandemic has illustrated that the availability and affordability of care services are determining factors for women’s labour force participation. Research has shown that women often cannot participate in the labour market if care services are unavailable or inaccessible. This was made acutely visible during the COVID-19 pandemic when care services were closed, forcing women to reduce their labour market involvement. Similarly, the pandemic has illustrated the need for revaluing care services, including the improvement of working conditions and pay of paid care workers.

However, childcare and eldercare services have not been prioritized by governments during the pandemic. When childcare services were closed, families were left on their own to solve the situation. At best, there were emergency services for essential workers. Financial support for care workers and public/private services was often inadequate, and paid care workers in private households or precariously employed care workers were not everywhere included in support schemes. When services reopened (or for those that remained open), the protection of children and staff against infections continued to be a major challenge, and one reason why demand for services has not recuperated as quickly as expected.

Financing of services, regional inequalities, staffing, wages, professional education, and training of care staff have all been discussed under the heading of a ‘care crisis’ long before the pandemic. Thus, any situation analysis of the pandemic response must take the past realities into consideration.

Research has illustrated the benefits of public investment in care services. And benefits resulting from a high quality of care services, especially in early childhood education and care for preschool children<sup>50</sup>. This is becoming even more relevant in the post-pandemic recovery. Investment in care would support not only children and families but would also support economic development overall. In the United Kingdom, researchers predict that spending 1.9 per cent of the GDP in care would generate 2 million sustainable jobs, raise the employment rate by 5 per cent, and reduce the gender employment gap by 4 per cent. It would also reduce the number of families in poverty<sup>51</sup>.

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<sup>50</sup> Henau and Himmelweit (2021); Ilkkaracan (2021); Women's Budget Group (2017).

<sup>51</sup> Steinhilber (2021).

### Guiding questions for country context analysis:

- What is the number of spaces in care services available (before, during, and after the pandemic)? How was entitlement determined during the pandemic? Were services available for essential workers?
- Were care centres compensated during the mandatory closure? What has the compensation being able to cover (all costs of care centres/wages/those entitled to free-public provision etc.)?
- Did parents have to continue paying fees even when childcare services were closed?
- What has been the impact of the closure of care services during the lockdown?
  - Was leave available for parents during the closure of care institutions? If so, did leave include employment protection? Was it paid? What was the position of employers?
  - Were emergency care services available? If so, how was entitlement determined?
  - Who took leave while services were closed? How was leave divided between women and men?
  - What was the pattern of closing/ reopening of childcare services? Was the reopening of schools and childcare centres coordinated with that of the broader economy?
- How did the working conditions of paid care workers change during the pandemic?
- How did the pandemic affect the pay of care workers? Was care work rewarded for its particular importance during the pandemic (e.g., through bonus payments or wage increases)? Did paid care workers have access to income supports? What about informally employed care workers?
- Was personal protective equipment made available to all care workers, including those with precarious contracts and migrant workers?
- To what extent and how were care workers' organisations involved or consulted during policy debates and decision-making related to the pandemic? Are there any innovative solutions developed at the level of individual companies or in collective agreements before, during, and after the pandemic?
- Are the voices of families/ parents/ users of care services represented in decision-making about care services?
- Was there a discussion about an unmet need for care services before the pandemic? Which proposals were discussed already before the pandemic, e.g., with respect to public investment in care services, proposals to address staff shortages and high turnover, proposals to improve the working conditions and pay of paid care workers?

### Indicators

- Share of population of certain ages (depending on availability of data, e.g., 0-5, school age, persons aged 65 and over)
- Enrolment rates of children in childcare services (below 3 years; below mandatory primary school age, by rural-urban)
- Share of childcare cost out of household income by number of children and income groups
- Analysis of fiscal packages/ COVID-response measures from the point of view of care services:
  - percentage of fiscal packages earmarked for childcare support (use of care services) for parents who are wage earners (especially essential workers) and/or support to childcare centres
  - percentage of fiscal packages (employment support schemes and direct cash payments) earmarked for care workers (employed and self-employed, disaggregated by sex, disaggregated by type of care work)
- Share of adults who receive care services; share of cost of adult care service out of household income (by type of care service)
- Percentage of expenditures in fiscal packages dedicated to providing personal protective equipment (PPE) for public-facing workers
- Percentage of the fiscal packages included funding for making care institutions safe during the pandemic (e.g., through air filters). Amount of financial support available at individual levels for paid care workers to enhance protection of staff and clients

#### **Example 4.1. Canadian city offers free emergency childcare to essential workers during COVID-19 state of emergency**

The city of Hamilton, Ontario (Canada) partnered with childcare agencies to offer free emergency childcare for essential workers during the closure of childcare services and schools. Certain childcare centres were exempt from the order to close during the emergency.

When Ontario declared a state of emergency on March 17, 2020, in response to the COVID-19 pandemic, licensed childcare centres were required to close. To support frontline workers with childcare responsibilities, medical students quickly created an initiative which offered free babysitting services to frontline workers. The City of Hamilton broadened this initiative in order to support more frontline workers.

Hamilton partnered with three at-home childcare agencies (Today's Family, Wee Watch Golfwood, and Wee Watch Galbraith) in late March 2020. All three agencies provided free services for children between the ages of one and 12 whose parents were essential workers (which included police, firefighters, and paramedics, as well as those working in public health, long-term care and corrections).

The partnered childcare agencies provided care in 12-hour shifts. All worked with public health to ensure appropriate safety measures against exposure to COVID-19. Each agency offered only a limited number of spaces, and enrolment was streamlined to allow ease of access for essential workers.

As of June 12, 2020, the government permitted childcare centres to reopen throughout the province under enhanced health and safety protocols. Emergency services were available until June 26, after which families returned to their previous childcare arrangement. Some families needed support to find intermediate solutions before being able to transition back to regular childcare, especially since schools did not re-open until mid-September 2020.

Given the increased hygiene requirements and limitations with respect to the number of children in each room, continuous financial support from the City was necessary to cope with the increased childcare costs for essential workers.

*Source:*

<https://www.ontario.ca/page/child-care-health-care-and-frontline-staff>

<https://www.cbc.ca/news/canada/hamilton/city-free-child-care-essential-workers-covid-19-1.5509228>

#### **Example 4.2: One-off payment to NHS staff and social care workers in Scotland**

The response to the COVID-19 pandemic demanded enormous commitment and hard work from the public sector care workforce in Scotland. To recognize 'extraordinary service' during the COVID-19 pandemic, the Scottish government provided a one-off payment of £500 (approx. €557) to all full-time National Health Service (NHS) staff and social care workers employed since March 17, 2020. Beneficiaries included staff who had to go into quarantine, were on maternity leave, or who had since retired. Bonus payment was announced in November 2020 Prime Minister Sturgeon presented it as a short-term thank you payment but confirmed that negotiations for a new pay deal for care workers would continue.

The payment was made available to full-time NHS staff and social care workers, including nurses, porters, doctors, primary care staff, care home workers, hospice staff, and residential childcare staff. In the social care sector, agency workers, and self-employed or unpaid carers were not eligible. Qualifying criteria stipulated one month's continuous service between March 17 and November 30, 2020.

Those working part-time received a proportionate share of the £500 payment; for example, someone who worked 50 per cent of full-time hours received £250.

The payment was not pensionable and did not create a new baseline for future pay calculations. The additional £500 stood in isolation and would not be included in the calculation of any payment based on a reference period, such as holiday pay, sick pay, or occupational maternity pay. However, the payment was liable to tax and National Insurance Contributions and had implications for those receiving benefits, including Universal Credit.

It was estimated that more than 300,000 persons would benefit from the bonus payment, at an estimated cost to the Scottish government of £180 million. This expense was covered through a special budget created for COVID-19 support measures.



Most NHS staff have received their bonus at the end of the year 2020, but in April 2021, six months after the announcement of the measure, hundreds of care workers had not received their bonus payments.

Source :

<https://www.sehd.scot.nhs.uk/pcs/PCS2020%28COV%2901.pdf>

<https://www.dailyrecord.co.uk/news/scottish-news/hundreds-care-staff-still-waiting-24174821>

<https://www.bmj.com/content/371/bmj.m4700>

### 3.2.5. *Entrepreneurship support for women*

Given the well-documented gender gaps in entrepreneurship and self-employment worldwide including in the UNECE region, it is unsurprising that the pandemic has had gender differentiated impacts as well. In much of the EU, and in the transition economies of South-Eastern Europe and Central Asia, the percentage of men who are self-employed is roughly double that of women (UNECE 2002 and 2003; EUROSTAT 2002). In some countries, this discrepancy is even greater; in the UK, for example, 6.5 per cent of all working age women in employment are self-employed, compared with 15 per cent of all working age men in employment.

While self-employment rates are lower for women than for men across the UN ECE region, self-employed women have been disproportionately impacted by the pandemic. Data from several UNECE member States shows that among all groups of employed women, self-employed women suffered the worst consequences in connection with the pandemic.<sup>52</sup> Around 70 per cent of self-employed women faced reductions in paid working hours or job losses. 25 per cent lost their jobs (compared to 21 per cent of self-employed men) and another 49 per cent saw reduced working hours (versus 53 per cent among men)<sup>53</sup>.

Women are more likely to be owners of micro and small enterprises (MSEs) than larger enterprises, and such businesses have fewer reserves in times of crisis because they are often subsistence oriented. Women-owned MSEs typically have fewer savings to counteract liquidity problems, and less flexibility to change suppliers, or enterprise partners. These are some of the reasons for the vulnerability of women-owned enterprises and for self-employed women. For example, women-owned MSEs' dispose of limited retained earnings, which contributes to a disproportionate need of debt support. This has created a significant risk for evictions, bankruptcy, and inability to repay debts. Past crises have shown that debt build-up during a recession makes recovery more difficult for women-owned enterprises (ILO/ UNWomen 2021).

Care and women's economic empowerment are closely linked with women's entrepreneurship and in enterprise support. Typically, there is a large share of care-related enterprises among women-owned enterprises and care-related self-employment of women is common. However, women entrepreneurs face specific barriers when starting and growing their businesses, including care business. Women-owned businesses face credit constraints due to a) the small size of their businesses which typically comes with higher borrowing costs and fees, and b) women's lack of collateral due to limits on land and property rights. Bank discrimination against women can constrain access to credit, hence this should be monitored as fiscal policies are implemented (with a great deal of liquidity flowing through banks) (ILO/ UNWomen 2021).

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<sup>52</sup> Data is from UN Women's Rapid Gender Assessment (RGA) survey rolled out between April and May 2020 in Albania, Azerbaijan, Bosnia and Herzegovina (BiH), Georgia, Kazakhstan, Kosovo (context of United Nations Security Council resolution 1244 (1999).), Kyrgyzstan, North Macedonia, the Republic of Moldova and Turkey (UN Women (2020a)).

<sup>53</sup> UN Women (2020a).

### Guiding questions for country context analysis:

- Is there evidence about a specific impact of the pandemic on women-owned enterprises? Which enterprises are affected? How are small enterprises and the self-employed, how are women-owned care enterprises affected?
- Have (women) entrepreneurs providing care services developed solutions to keep their business running in a quarantine context/ during the pandemic? Did they receive any support?
- How did women-owned enterprises benefit from programmes developed to support enterprises heavily affected by the pandemic? How do programmes identify and reach women-owned enterprises and self-employed women? Is there a system of review/evaluation of enterprise support programmes regarding gender (e.g., are there any targets/gender quotas etc.)?
- Are SME and micro-enterprise owners with care responsibilities (majority women) and self-employed women entitled to benefit from programmes for support of persons with care responsibilities during the pandemic (i.e., during the closure of schools and childcare institutions)?

### Indicators

- Percentage of business support that goes to covering fixed costs, such as utilities and rent (as opposed to staff costs)
- Percentage of business support (e.g., loans, direct subsidies) that is targeted to micro and small enterprises (sex-disaggregated)
- Percentage of business support targeted at women-owned businesses, and the share reserved for women-owned businesses relative to the share of a country's businesses that are women-owned
- Percentage of financial support to businesses in sectors where female workers are concentrated
- Percentage of financial support to businesses in the care sector

### Example 5.1. Funding to support childcare enterprises in Wales

Childcare services in Wales have faced numerous challenges during the COVID-19 pandemic. In recognition of the importance of enterprises providing childcare services, the government of Wales made an additional 5.1 million pounds available in 2021 to support the childcare sector, which employs about 17,500 people in Wales.

Of this funding, 3.5 million pounds were distributed to local authorities via the Children and Communities Grant to assist with the short-term impact of the pandemic on childcare services. The objective of the financial support was to ensure that providers could continue operating while they sought to recover from the effects of COVID-19 or adapt to meet the needs of families in the future. Local authorities decided the allocation of the funds, according to local priorities.

Additionally, 1.25 million pounds were provided to the six umbrella organisations within the childcare sector to enable them to continue to support service providers across Wales as they adapt to and recover from the pandemic's impacts. The aim was to secure individual settings, the wider workforce, and the quality of services.

In addition, the government of Wales extended the small business rate relief scheme for registered childcare providers for an additional three years, to March 31, 2025.

*Source:*

Welsh Government, Cabinet Statement (2021): Funding to support childcare and play services. Available online at <https://gov.wales/written-statement-funding-support-childcare-and-play-services>

### Example 5.2. Increasing the number of full-time social workers in Kyrgyzstan

The government of Kyrgyzstan recognized the importance of expanding social security systems in the country. Their first pandemic response package aimed to increase the number of fulltime social workers, and raise their salaries, in order to provide assistance to the elderly, single persons, and other vulnerable citizens.

Kyrgyzstan, like other countries, has prioritized investments in health care services in their emergency response in order to strengthen the public health system overall. These efforts should continue and extend to other care services that suffered during the pandemic, such as early childhood education and long-term care.

Investments in care services have the potential to generate decent jobs for both women and men.

Examples of jobs that were listed to benefit from increased investment included:

- home nurses, who are trained at a lesser level than certified nurses;
- teachers' assistants in schools and after school care programmes;
- assistants in daycare centres;
- community assistants who could care for the elderly and people with disabilities during the emergency situation

Source:

Ablezova, Mehriqul (2021): Childcare, Women's Employment, Covid-19 impact and response: the case of the Kyrgyz Republic. UN ECE.

### 3.3. Estimating costs and returns of care-centered and gender-transformative policies

"A sound body of evidence demonstrates that macroeconomic policies characterized by high public expenditure and high tax revenues are more conducive to inclusive paths of economic development.

Well targeted public investments that reduce inequality can be self-sustaining, generating jobs and raising the productive capacity of the economy. In contrast, fiscal policies that emphasize cutting expenditure instead of expanding make it harder to prioritize budgets towards improving the lives of the poor, and particularly poor women." <sup>(54)</sup>

The renewed awareness and recognition of the essential role of care work, both paid and unpaid, during the COVID-19 pandemic, gives new impetus to demands for change in the calculations of costs and benefits, especially the long-term economic returns, of care provision. A growing body of evidence documents that public investment in the entire range of care services is critical for the twin objectives of gender equality in the world of work and sustainable economic development. An expansion of care services has the potential to directly generate jobs, particularly for women. It is also important for the goal of equalizing responsibility for unpaid domestic work between women and men, and for promoting women's ability to participate in other types of paid work, community decision-making, and training activities<sup>55</sup>. The recovery from the COVID-19 pandemic is an unprecedented opportunity to transform care and gender equality policies.

Transformative policies, as understood here, promote women's economic empowerment. This will be realized through an overall shift in the recognition of the economic and social value of care for economic and social well-being, as well as the expansion of the rights, and improvement of the realities, of care providers. Key aspects of such a reevaluation of care are disruptions of heteronormative associations of care as 'women's responsibility' and incentives for a shift of care responsibilities (for both paid and unpaid work) from women to men.

State interventions in the early stages of the COVID-19 pandemic did not follow a transformative policy approach. State action during the early weeks focused primarily on supporting the health system, and on keeping businesses and households solvent during the emergency measures implemented to contain the spread of the virus. With the reopening of economies, fiscal stimulus has become more relevant in public debates about the pandemic recovery.

<sup>54</sup> Fontana (2021).

<sup>55</sup> Henau and Himmelweit (2020); Ilkharacan (2021); Women's Budget Group (2017).

The size of packages will, of necessity, be country-specific since the nature of the health, social, and economic crisis varies across countries. Additionally, governments are incurring debt to fund fiscal policies of the magnitude required to deal with the impact of the pandemic. The IMF predicts, for example, that the pandemic will result in a 6.6 per cent decline in economic growth in 2020 in developed economies and 1.0 per cent in emerging and developing economies.

Although it is not easy to assess pandemic response measures for their gender-responsiveness or their care impact because representative data might not always be available, narrative and qualitative data can be useful contributions to the situation analysis. An analysis of costs and returns of care-centered and gender-transformative policies can build on insights from gender budgeting, especially insights from a gender-focused analysis of fiscal packages in past crises (Kuhl 2010). Along these lines, and taking into consideration the limited information available, a pragmatic approach based on available budgetary information is recommended. To assess the implications of fiscal stimulus packages, measures would need to be relatively transparent, allowing for the collection of detailed information on the content, beneficiaries, monitoring data, etc. In addition, the availability of sex-disaggregated data is crucial, as well as the overall financial volume of a measure.

Crisis response by states has consisted in the provision of defined financial support for specific measures. Individual measures can thus be compared by the amount of money allocated. Key components of fiscal packages include direct spending, tax-related measures, and investment support. Direct spending entails state financial support for individuals, households, and enterprises with the goal of supporting their economic viability and maintenance of their role in the economy. Direct spending can also include social transfers, subsidies, or state investments. Direct spending, according to the understanding applied here, also entails spending for job creation in public services and for the provision of public goods.

Tax concessions imply a loss of revenue for the state in the interest of facilitating the survival of enterprises and supporting private households in coping with the consequences of the crisis. Financial support for enterprises has typically meant dedicated credit support or direct financial support from the state. Such supports reduce investment possibilities for the state, including foregone investment opportunities in additional public or care services.

The monitoring of policies and expenditure requires a gender and care-sensitive tracking system. However, the quality of statistical data varies considerably: some data are likely to be under-reported (e.g., the extent of informal employment) and some of the breakdowns (e.g., by migration status or disability) will be invariably difficult to obtain. In addition, data sources differ depending on country context.

**Guiding questions for individual context analysis:**

- To what extent has government put in place a real time tracking system that captures gender-responsive expenditures of the package?
- Is sex-disaggregated data on expenditures captured, including information on which individuals within households receive specific benefits (i.e., cash transfers, unemployment benefits, childcare credits)?
- Does the expenditure tracking system include a tagging/classification of gender-responsive spending?
- Is there a public report of expenditures that includes specific information on gender-responsive spending?
- Is there a gender audit of the package?
- Are pandemic emergency funds made available through increased public debt or budget transfers? Which budget lines are affected?

## 4. Toward Policy Change

### 4.1. Linking up with other policy processes and debates

Both gender equality and the care economy are cross-cutting policy concerns. The care economy is not only a gender equality concern but also a sustainable development policy issue, impacting poverty reduction, socioeconomic inequalities, decent jobs, and inclusive growth. Everywhere, the demographic situation and demographic trends are decisive for a country’s experience of the pandemic, as well as for setting priorities with respect to care and gender justice in the response and recovery.

First and foremost, gender and care are cross-cutting themes within the sustainable development goals (SDGs). Target 4 under SDG 5 on gender equality specifies: “Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.” Care and gender also are themes in other SDGs, such as decent work (SDG 8), reducing inequalities (SDG 10), access to education for girls (SDG 4), good health and well-being (SDG 3), and eliminating poverty (SDG 1).

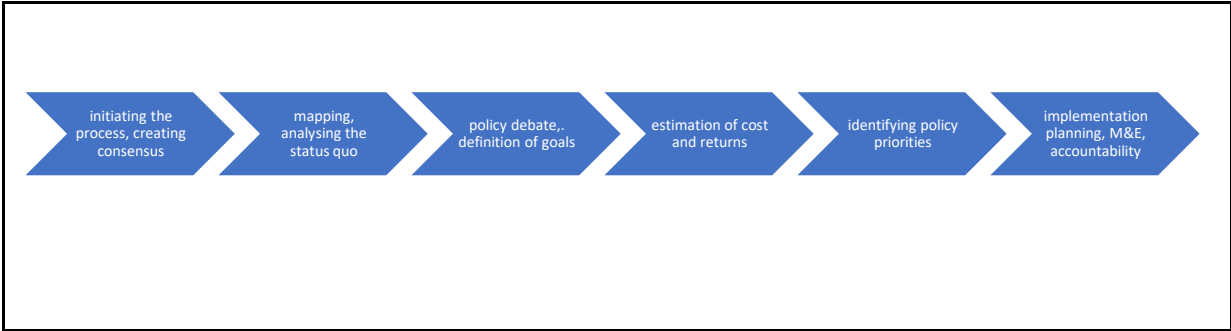
It is essential that the process toward a care-centered and gender-transformative economy after COVID-19 is aligned with other national policies and the existing institutional environment. Governance structures and role divisions between national, subnational and local authorities have often determined policy outcomes and decision-making processes during the COVID-19 pandemic. In general, national plans and commitments toward achieving the SDGs, as well as gender equality targets and plans are to be taken into consideration as basic framework for care-centered and gender-responsive COVID-19 response and recovery efforts. Other policy processes and discussions also play a relevant role at the national level: Depending on national circumstances, relevant preexisting conditions and sectoral policies that have to be taken into consideration include a country’s poverty reduction strategy, and family and care policy, in conjunction with early childhood development, education and training, and disability/ inclusion policies.

Elements of national migration policies can also be relevant in the development of policy responses to the pandemic. For example, migrant care workers play an important role in many UNECE member States, and the conditions of recruitment and employment of migrant care workers can facilitate their labour market inclusion. During the pandemic, many governments and individual households came to acknowledge that migrants bring knowledge, support, networks and skills to support development in countries of origin, transit and destination. Care work provided by migrant workers, a majority of them women, can be an important factor in the integration of gender equality and care consideration in the response and recovery at national level.

### 4.2. Integrating gender equality and care considerations: planning the process

Placing gender equality and care in the center of response and recovery policies requires a process of discussion and priority setting of various stakeholders at country level, followed by a mapping of the status quo and an assessment of policy options as well as the overall local context; through a process of policy dialogue, priorities can be identified and evaluated, including the costing of any measures. The effective incorporation of gender and care considerations into ongoing decision-making processes will require a realistic planning of implementation and accountability, as well as monitoring and evaluation.

#### Integrating Gender Equity and Care into the COVID-19 Pandemic Response and Recovery



The most relevant steps are visualized in the box above and described in greater detail below. Obviously, a real-life the process will always be more multifaceted and look less linear depending on the country situation.

## **A. Initiating the process, achieving agreement on the overall objective**

- Identify institutions and decision-makers responsible for various care and gender equality policies. Set up a task force at the highest policy level to ensure political support.
- Identify and involve stakeholders into the process (see list of potential stakeholders below); establish formats for the participation of diverse groups and individuals; ensure support for participation, if necessary.
- Create awareness and build knowledge on the important role of the care economy for a well-functioning society and economy; emphasize political commitment to a care-focused and gender-transformative approach to the recovery from the pandemic.
- Revisit national commitments, e.g., to gender equality, SDG targets, and, if applicable, the last CEDAW report and response.

### **Gender-sensitive stakeholder checklist**

Have the following individuals and groups been brought into the discussion? It is essential to ensure an intersectional approach to representation.

- Gender focal points in other ministries or departments
- Development partners with a gender equality mandate
- A governmental or independent economist with gender expertise, especially expertise in gender-responsive budgeting
- Female and male representatives of private sector interests, such as business representatives and representatives of employers' organisations
- Representatives of trade unions, particularly trade unions of care workers, e.g., from health and social services
- An umbrella organisation of women's or gender NGOs, as well as groups representing groups affected by intersecting forms of discrimination
- Organisations representing unpaid care workers, as well as organisations representing informal (migrant) care workers
- Organisations or representatives of care service users (childcare as well as adult/ long-term care)
- NGOs or community groups that represent men's gender interests, with a gender-equality perspective
- Relevant sectoral or 'special interest' NGOs that have an interest or experience in gender issues
- Human rights groups or advocates
- Think tanks or policy analysts with experience and expertise in gender issues
- Feminist economists, academics, or researchers from universities

## **B. Mapping and analyzing the status quo**

- Use the guiding questions and indicator lists provided in this guidance to compile a list of questions and indicators for situation analysis
- Confirm data sources
- Collect information and data (quantitative and qualitative)
- Discuss main opportunities and challenges according to the situation analysis

## **C. Policy debate, definition of goals**

- Elaborate on concrete policy options based on a reflection of examples and discussion of situation analysis

- Assess the transformative potential of various policy options from the point of view of gender equality and care-centeredness
- Discuss short- and medium-term implications of different policy options with the goal of reaching a consensus regarding desirability and political/ institutional feasibility of different proposals. Short-term measures should not be treated simply as emergency solutions but rather they should be conceived as building blocks towards gender equitable paths of structural transformation in the longer term.

#### **D. Estimation of costs and returns**

- Check available data sources, budgetary information, donor reports, etc., as well as qualitative evidence
- Assess investment costs for various proposals and options; compare with past budget proposals
- Estimate economic returns as well as social costs and returns and for differing groups (a useful tool that could be adapted to different country contexts could be based on<sup>56</sup>)

#### **E. Prioritization, implementation planning**

- Involve relevant stakeholders, including care providers (paid and unpaid care work) and recipients in implementation planning
- Prioritize measures based on the situation analysis and the collected data, as well as reflections on the feasibility of different measures in the given institutional and fiscal context
- Formulate milestones and time frames; develop a framework for monitoring and evaluation; ensure transparent and regular reporting

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<sup>56</sup> Ilkkaracan (2021).

## GLOSSARY

5-R framework for Decent Care Work	The International Labour Organization (ILO) has developed the 5-R Framework for Decent Care Work. It connects 5 components starting with a 'R': Recognize, Reduce, and Redistribute unpaid care work, Reward paid care work by promoting more and decent work for paid care workers and Representation being guaranteed for care workers, including social dialogue and collective bargaining. The framework is a tool for improving policies. Further information can be found in the ILO (2018): "Care Work and Care Jobs for the Future of Decent Work. Geneva: International Labour Office".
Care	Care in the context of work is efforts provided by a person to meet physical and mental needs of another that enable this person to function and participate in society in increased capability, comfort and safety. It includes housework, cooking, childcare, among many other examples. Each person is a receiver and a giver of care in different amounts of time throughout the lifespan.
Care-centred recovery	States -including those in the UNECE region- have been implementing policy to recover from the huge socio-economic impacts of the COVID19 pandemic and its containment measures. A care-centered recovery promotes an approach of recovery in which measures are focused on promoting investing in the care economy.
Care economy	The care economy consists of all forms of paid and unpaid care work provided. In economic theory it is also defined as reproductive work that enables people including future generations to provide 'productive' work. This is the effort people provide to exchange with capital leading to different kinds of products and services. The productive work is measured as output in standard economic measures.
Carer	Any person who provides care on a regular basis to one or more persons with a care need such as a child, a person with a disability or with an illness.
Care penalty	The expression is used to describe disadvantages accessing the labour market, preferable working conditions and associated income inequalities as a result of care provision. It is mostly women who experience a care penalty, given the unequal division of care work globally. The care penalty has short-term and long-term dimensions. Women more often interrupt for a short-term their working life or reduce their working time because of care responsibilities. In the long run, cumulative work benefits in old age are negatively affected.
Care sector	The care sector represents the industry or subsection of the economy that delivers (paid) care services, whether it is in profit making organisations or through public spending. These care services include a broad range of work including health care, social care and long-term care.
Care work	The work of caring for another person's physical and mental well-being, including meeting psychological, emotional and developmental needs. The ILO defines two types of care work: direct (relational) care and indirect care such as cooking and cleaning. Care work is central to the survival of human life, but as the ILO and many others conclude care work receives little recognition, is undervalued and forgotten. See: ILO (2018), "Care Work and Care Jobs for the Future of Decent Work"
Childcare (or Child-care)	Provision of paid public or private, individual or collective services to meet the care needs of children including developmental needs.
CEDAW	The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is the only international convention that is ratified by a majority of states worldwide to combat inequality between men and women (188 of 193 UN Member states have ratified the CEDAW). The CEDAW is used in international trade agreements and in national policies to promote overcoming different kinds of discrimination women face. States commit themselves to monitor the situation of inequality. The CEDAW and its Optional Protocol is also used by women's rights groups to seek justice and improved measures to address gender inequalities. Article 11 of the Convention includes a commitment to encourage: "the provision of the necessary supporting social services to enable parents to combine family obligations with work responsibilities and participation in public life".



Decent work	Decent work is a commonly used concept to differentiate work under precarious circumstances and/or underpaid from work that is provided in respect of labour rights. The Secretary General introduced of the International Labour Organization (ILO) introduced during the 87st Session in 1999 the concept of decent work as: “productive work for women and men in conditions of freedom, equity, security and human dignity” It unites four strategic objectives of the ILO: the promotion of rights at work; employment; social protection and social dialogue. It applies also to workers in informal employment.
Economic Empowerment of women	When a woman is economically empowered she has the capacity and access to participate in the productive sphere of the economy as an autonomous individual enabled to act according to her own interests. It implies also that when used in plural form, women increasingly participate in economic decision-making at all levels, including international institutional negotiations and within their household, in order to achieve an equality between men and women in sharing power.
Entrepreneurship	It is an activity of setting a business or businesses to provide goods and/or services through taking on financial risks in the hope of profit.
Gender	Gender refers to the socially constructed norms, values, behaviour and other characteristics that attributed to people according to their perceived sex. It sets expectations for behaviour for a woman, man or non-confirming gender person in a given context, though these vary over time and community. Gender deeply structures our social interactions leading to visible inequalities in all societies.
Gender Budgeting	Gender Budgeting contains analysing a budget or expenditure for its intended but often unintended effect on gender equality. Gender blind financial planning and implementation can sustain or enhance gender inequalities; for example gender blind economic stimulus packages after COVID can promote more employment for men as a result of the horizontal and vertical stratification of men and women in labour markets. A comprehensive approach to Gender Budgeting incorporates in addition the feedback from such analysis into the budget planning and programming through restructuring revenues or incomes and expenditures in order to promote gender equality.
Gender Equality	Gender Equality is achieved when there is no difference between women, men and gender non-confirming persons in rights, opportunities and access to (socio-economic) benefits (like work, access to healthcare, education, etc.). This implies that there is no significant influence regarding societal value and norms for people differentiated by gender. It is commonly understood to be about promoting equality between men and women, but recent insights from an intersectional gender equality approach are suggesting that it is more accurate to consider multiple sex and gender identities.
Gender Equity	Gender Equity means a fair, legitimate, righteous treatment of all genders, eradicating historical and embedded inequalities and discriminations. Compared to gender equality the standard of what is gender equity is more subjective compared to gender equality, although there also remains some level of subjective interpretation in defining what is equal. Gender equity is also considered to be a stepping stone to achieving gender equality.
Gender Gap	A Gender Gap is a relative disparity between people of different genders, which can be taken for the different genders on a whole, but also taken regarding a specific variable or within a specific domain, such as gender gaps in education, owning land, access to legal rights, etc. A gender gap doesn’t imply that it is only the category of women that are lagging behind men; in some domains like unpaid care work, the gender gap is reversed.
Gender Impact Analysis	Gender impact assessment is an ex-ante (before) or post (after) evaluation, analysis or review of a policy, programme, project, law, budget allocation, etc. to come to conclusions about the likely positive, neutral or negative effects/consequences on gender equality. A qualitative gender impact assessment is systematic with a sound and valid use of data and assesses unintended consequences as well.
Gender Justice	Gender Justice is a feminist concept that recognizes multiple ways in which power and inequality leads to overlapping sources of oppression for diverse groups of people intersecting with gender inequalities and discrimination. Gender justice can be about ending patriarchy, but it can also be intersected with ending racism, promoting climate justice, etc.

Gender Mainstreaming	<p>Gender mainstreaming aims to ensure that all policy measures in a policy and implementation of an institution, such as national policies, promote gender equality. This requires the systemic integration of gender equality objectives in all the stages of the policy development for which there are several tools of which a gender impact assessment is a very important one.</p> <p>Gender mainstreaming can also include measures or programme of a policy that mainly target women (like entrepreneurship support for women in economic recovery programmes) next to policies that include gender objectives among a range of policy objectives</p>
Gender-responsive policy	<p>Gender-responsive policy aims to address gender inequalities, thus they move beyond gender sensitivity. Gender-responsive policy or approaches seek to actively deal -not only with different needs and contexts as is addressed with sensitivity-, but also gender norms, roles and discriminations. A gender-responsive policy or measures is not inherently a systematic approach as with gender mainstreaming that includes gender objectives throughout a policy, though both approaches can be combined.</p>
Gender-sensitive policy	<p>Gender-sensitive policy aims to address different needs, positions, challenges and contexts that are faced by people with different gender identities. It can lead to more gender equality or women's empowerment, but this is not a given. For example direct cash transfer programmes that target single mothers with a low income can improve their livelihoods and that of their families without leading to more gender equality over the long term or women's economic empowerment.</p>
Gender transformative policy	<p>A gender transformative policy or approach addresses the systemic, deep rooted causes or structures that result in gender inequalities being (re-)created. It aims to achieve gender equality by changing unequal power relations as well as trying to change these systemic causes for gender equality. Gender mainstreaming is a component of gender transformative policy, but it is not sufficient.</p>
Gender Wage Gap	<p>The Gender wage gap or gender pay gap is a measure of gender inequality in the income/pay men and women receive for their paid labour (gender non-confirming persons are often not considered as a separate category). It can be calculated by taking the average (the sum of incomes divided by the number of observations) or median (middle). It can be considered per month or per hourly wage.</p>
Gender-transformative policies addressing the care economy	<p>Gender-transformative policies regarding paid and unpaid care aim to create a major restructuring of society by ending a marginalisation of rewarding care work towards recognizing the important role of the care economy for economic and social well-being and for promoting gender equality in society. It can include measures such as:</p> <ul style="list-style-type: none"> <li>- promoting women's empowerment by transforming discriminatory and limiting gender roles and stereotypical role assumptions;</li> <li>- incentivize men to assume a greater role in the care economy (in paid and unpaid care work) and to question gender-binary assumptions that associate care work as 'women's work';</li> <li>- redefining the understanding of care towards a social responsibility (rather than 'women's responsibility') and of investment in the care economy as a means toward gender justice.</li> </ul>
Heteronormativity	<p>Heteronormativity is the assumption that heterosexuality is the norm or standard for sexual behaviour and attraction, and thus that other forms of sexual desire and expression are 'abnormal', 'unnatural' or 'wrong'. Heteronormativity is commonly associated with views on sex and gender identity as binary categories and fitting with traditional gender roles. The assumption can lead to discrimination of other types of sexual relationships.</p>
Informal employment	<p>Informal employment is a form of employment in which the labourer is not protected under national labour law, does not have a written contract with rights and entitlements including to social protection and employment benefits. Informal employment is also work in the informal sector. In such a situation, criteria for deciding if someone is an informal worker is not found in labour law, but in the kind of association they persons work.</p>

<p>Intersectional approach</p>	<p>An intersectional approach combines two or more intersecting forms of discriminations, since each person is defined by multiple layers of identity. Each interaction is embedded in structures of power as a result of ongoing developments across time and space. It leads to forms of discrimination and privilege tied to age, gender expression, race, sexual orientation, religion, ability, location etc. producing different impacts on different bodies. An intersectional approach can be a framework of analysis, but also an approach for action and policy.</p> <p>Kimberlé Crenshaw, credited as the author of the term “intersectionality”, coined this term to draw attention to the way that black women’s experience with gender-based discrimination remains buried under the experiences of white women in the US. She analysed how her racial experience remained hidden under stories of racist attacks that black men experience, therefore being silenced and overlooked on two levels. There was now a term for understanding discriminations faced by individuals, looking at their multitude of identities interacting in their context.</p>
<p>Informal care</p>	<p>Care that is provided on an unpaid basis by someone that has a (close) emotional connection to the person, like family or a friend. The concept of informal care is different from paid care work provided as part of the informal economy, such as unregulated informal employment of domestic care workers.</p>
<p>Long-term care</p>	<p>Long-term care is care provided over a long period to people who cannot manage their daily life activities themselves, for example people with a disability. Such care can include a form of medical care relying on the expertise of skilled practitioners next to care that enables a dignified life and survival such as feeding, cooking, etc.</p> <p>It can be provided by paid and unpaid care workers, individually or through associations and institutions. Depending on the policy context, it can also refer only to the paid long-term care that the public body is responsible for.</p>
<p>Macro-economic policy</p>	<p>Macro-economic theory and analysis is focused on the major systemic dynamics that drive the economy as a whole. Macro-economic policy aims to influence economic trends and developments of a nation or region. Domains of macro-economic policy are commonly monetary, fiscal and trade policies, but also labour policies and policies around public and private investment play a significant role.</p>
<p>Multiple discrimination</p>	<p>A combination of forms of discrimination that a person faces as a result of different intersecting (perceived) identity markers, including racial or ethnic origin, age, class, gender identity, disability and others.</p>
<p>Paid care</p>	<p>Care provided for remuneration, which can be in another form than cash payment as well. According to recent data obtained by the ILO care workers in formal employment make up around 6.5 per cent of total global employment. This is not a final figure as many women in particular are working as informal care workers.</p>
<p>Recognition and valuation of (unpaid) work</p>	<p>Recognizing (unpaid) care work means understanding how care underpins all economies and valuing it accordingly. It implies the measurement of unpaid care work, in quantitative terms, including, for example, by assessing and reflecting its value in satellite accounts.</p> <p>Unpaid work is typically outside the scope of national accounts (UN system of national accounts). It can include domestic work, caring for children and other dependents, preparing food for the family, community and other voluntary work.[8] Recognizing and valuing care work will hopefully also lead to an improvement of pay and working conditions of care providers because care is no longer invisible and taken for granted.</p> <p>[8] EIGE's Gender Equality Glossary &amp; Thesaurus; <a href="https://eige.europa.eu/thesaurus">https://eige.europa.eu/thesaurus</a></p>
<p>Redistribution of care work</p>	<p>Gender equality requires that unpaid domestic and care work is redistributed between women/girls and men/boys.. The demand for redistribution covers in particular care work that remains after comprehensive investment in household-related infrastructure and public services, so that men and boys share this equally with women and girls.</p>

Reduction of (unpaid) care work	<p>Unpaid (care) work takes up a large share of women’s days. It can be an effective barrier against their labour force participation. Women’s organizations and trade unions in many countries advocate for a reduction of unpaid care and domestic work through public investment in physical infrastructure, such as the provision of clean water and sanitation, clean energy and public transport; and in social infrastructure, such as care services and health services.</p> <p>In high-income countries, clean water and electricity is widely available, but women spend many hours of unpaid time caring for their children and frail elderly relatives. This can be reduced by transferring production of care to paid workers.</p>
Representation of care workers	<p>Representation of carers in decisionmaking affecting the care economy is one of the five “R” in the framework. It implies that the experiences, needs and interests of care providers as well as care recipients are represented in policymaking on care. In the field of paid care work, this can happen through trade unions and other organisations, for example those representing informal care workers. A concern for representation also looks at ways how organisations of persons with disabilities and interest representatives of “users” or “clients” of care services can participate in decisionmaking.</p>
Revaluation of care work	<p>Revaluation of care work is one of the five “R” in the framework. It entails an improved monetary and non-monetary recognition of care work. It can be an important contribution to women’s economic empowerment: Currently, a vicious cycle is at play: paid care work is undervalued, and therefore largely done by low-income women (often by migrant women and women of colour). At the same time, these women have little voice in society and politics, which perpetuates the low value assigned to their work.</p>
Self-employment	<p>A self-employed person does not work for a specific employer. Self-employment can provide a great deal of job flexibility and autonomy; however, it also comes with a greater degree of employment risk and a more-volatile income.</p> <p>There is a gender gap in self-employment. For example, in the European Union (EU). Less than one in ten (9.6%) working women were self-employed women in 2018, significantly below the share for men (16.9%). Those women who do go on to successfully start a business typically operate smaller and different types of businesses. Self-employed women are less likely to have employees than self-employed men.</p>
Sex	<p>Sex refers to the biological and physiological characteristics of persons. Sex is used to define people as females, males and intersex persons, using the indicators such as hormones, chromosomes, and reproductive organs.</p>
Sex-disaggregated data	<p>This is collected information about a section of a population or a population in its entirety that includes information about the sex of the people included, which enables measuring differences and similarities between women and men, or between different sub-groups of women.</p>
Situation analysis	<p>A situation analysis refers to a collection of data to analyze an economic, political, or social environment. It is a basis for decisionmaking. It is a preparatory step in the policy planning process. A gender-sensitive situation analysis, or gender analysis identifies the differences between and among women and men in terms of their relative position in society and the distribution of resources, opportunities, constraints and power in a given context.</p>
Social care services	<p>Social care services are services provided to assist people with needs, such as people with a disability, in their daily living.</p>
Sustainable Development Goals	<p>The Sustainable Development Goals, in short SDGs, is a globally agreed set of goals to which all 193 UN Member States have unanimously committed to politically in 2015. The SDGs are recognized as an international framework/agenda for achieving development. The SDGs commit donor countries of ODA (Official Development Assistance) to allocate budgets that will further the targets and it commits all countries to implement the framework of goals in their national policies.</p> <p>The SDG agenda has a set of measurable targets including target 5.4 that: “recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.”</p>

Time-use survey	A time-use survey is a survey method that documents and measures what activities people do in a given time period. A time-use survey is used to draw conclusions about how different categories of people allocate their time, for example time spent daily on paid and unpaid work, amount of leisure time, time for personal care or housework.
Unpaid care work	Unpaid care work is care work provided by a person without receiving any direct form or remuneration such as a monetary reward.
Unpaid work	Unpaid work is any type of work provided by a person without receiving a direct form or remuneration such as a monetary reward.
Women's empowerment	A process by which women gain capacity, tools, access, knowledge, social acceptance, legal rights, etc. to exercise power and control over productive assets and resources; influence over the decisions affecting their lives and livelihoods; autonomy over their own bodies and lives; and the ability to develop their full potential.
Work	Based on a resolution in 2013 by the 19th International Conference of Labour Statisticians (ICLS), work is defined as any activity performed by a person to produce goods or services for use by others or for own use. In this definition which is the standard definition used by feminist economists a unpaid work in household production, unpaid trainee work, unpaid work by prisoners and other civilians or volunteer work among others, a forms of work provided.

## Part II. Plan and Instructions for capacity development workshops: Toward a care-centered and gender transformative response and recovery from COVID-19

### **Objectives of the capacity development workshops:**

The capacity development workshops are designed to build capacity of national policymakers and stakeholders for the development, coordination and monitoring of care-centered and gender transformative COVID-19 response and recovery policies through national dialogues and inspiration from international examples.

The specific objectives of the workshops are the following:

1. Deepened knowledge of participants about gender and care-specific impacts of the COVID-19 pandemic in the UNECE region.
2. Increased understanding of the importance of the care economy (paid and unpaid) across various policy areas, for the promotion of gender equality in countries' COVID-19 response and recovery policies.
3. Recognition of the economic impact of public investment in the care economy (especially for employment and economic growth)
4. Contribution to a dialogue process on locally appropriate policy priorities for a care-centered and gender-transformative recovery, as well as necessary monitoring and reporting arrangements.
5. Being inspired by international examples on care-centered and gender transformative recovery policy initiatives
6. Acquiring tools for building a framework for action (policies, measures, and initiatives) to be implemented within public policies after the COVID-19 pandemic.

### **Target group:**

The workshops are designed to meet capacity building needs of members of government institutions, COVID-19 task forces and focal points responsible for the development, coordination and monitoring of COVID-19 response policies. In addition, the workshops can also be useful for experts and officials from line ministries and government agencies at the national and subnational levels, social partners, civil society organizations, academia, think tanks, and representatives from the private sector.

### **Structure of workshops:**

The training plan presented here consists of six modules: One introductory module and five topical modules.

#### **Modules for capacity development workshops:**

**Module 1: Introduction: What is the care economy and how has it been affected by COVID-19?**

**Module 2: Interventions into the macroeconomic framework for a care-centered and gender transformative response and recovery**

**Module 3: Linking Employment policies and the care economy**

**Module 4: Policies on unpaid care work**

**Module 5: Policies on child and long-term care services**

**Module 6: Entrepreneurship support for women, care and COVID-19 recovery**

**Module 7: Action Planning, Monitoring and Reporting**

It is strongly suggested that any training workshop includes the Introductory Module 1 and Module 2 (Interventions in the macroeconomic framework), as well as Module 7 (Action Planning, Monitoring and Reporting). In addition, workshop organizers are invited to choose one or several of the remaining modules depending on specific interests of participants, the respective context, or other relevant criteria.

Each module entails a program for about 2.5 - 3 hours of workshop time, with some variation according to participants' interests and prior knowledge. Consequently, the length of training workshops can vary, from a minimum of about 1.5 days to about 3.5 full days (or seven half days), depending on national priorities and needs.

The workshop methodology will have to be adapted depending on the overall setting (presential workshop, virtual, or mixed) and the number of participants. The most interactive and participatory workshop will be possible with a group of 20-30 participants in a presential format. In a virtual setting, the number of participants could be up to 60-70, but it is strongly suggested that the facilitators have technical assistance in such a setting, to handle the presentations and the group divisions in breakout sessions etc.

### Organization of the manual

Each module consists of practical guidance for the planning and implementation in a workshop setting, including suggested time, module objectives, suggestions for facilitators on how to run the workshop, guidance for participatory exercises and discussions as well as material for participants.

For all sessions, the material and technical equipment depend on the overall workshop setting, i.e. if it is a presential workshop or based on virtual participation, or mixed. Therefore, no suggestions are given in this regard.

Each module is based on the references are included in the List of References and Background Reading entailed in the overall toolkit.

Sessions	Duration	Methodology
<b>Module 1: Opening and Introduction. What is the care economy and how has it been affected by COVID-19?</b>	<b>Approx. 180'</b>	
Opening remarks	10'	
Participants and facilitators' Introduction	15'	<ul style="list-style-type: none"> <li>▪ Interactive introduction</li> </ul>
Overview of the training objectives, agenda and ground rules	5'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare a ppt on agenda, objectives, general information</li> </ul>
Part 1.A. Introduction to the topic	60'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare a ppt (see description of the module)</li> <li>▪ Open discussion in plenary</li> </ul>
Part 1.B. Reflection about the care economy (using graphic)	30'	<ul style="list-style-type: none"> <li>▪ Participants jointly reflect in small groups (pairs or max 3 participants)</li> </ul>
Part 1.C. How can the concept of care-centered and gender transformative response and recovery be applied to the national context?	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants) for discussion</li> </ul>
	30'	<ul style="list-style-type: none"> <li>▪ Sharing of group work highlights</li> </ul>
<b>Module 2: Interventions into the macroeconomic framework for a care-centered and gender transformative response and recovery</b>	<b>Approx. 135'</b>	
Part 2.A. Assessing the impact of macroeconomic interventions on the care economy and gender equality in the context of the pandemic? Reference to example 1.2. from the Guideline	45'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare presentation based on examples from national context: how did macroeconomic interventions in response to the pandemic impact the care economy? (direct – distorted – indirect impacts)</li> <li>▪ Open conversation with participants to collect additional examples and discuss</li> </ul>
Part 2B. The benefits of public investment in (paid) care	45'	<ul style="list-style-type: none"> <li>▪ Facilitator or external expert to give presentation on benefits of public investment in care</li> <li>▪ Plenary discussion</li> </ul>
Part 2C. Tax policies	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss example 1.3 (Guideline)</li> </ul>
Closing	15'	

	<b>Module 3: Linking Employment policies and the care economy</b>	<b>Approx. 150'</b>	
	Part 3A: Overview on employment policies in the pandemic response	45'	<ul style="list-style-type: none"> <li>▪ Presentation and open discussion</li> </ul>
	Part 3B: Exploring practice examples from the pandemic response	40' 20' 20'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (4-5 participants per group) Some groups address question 1, some groups address question 2</li> <li>▪ All groups that addressed question 1 exchange among themselves</li> <li>▪ All groups that addressed question 2 exchange among themselves</li> <li>▪ Final plenary of all groups, groups present collective results on question 1 and 2</li> </ul>
	Part 2C. Comparing and contrasting policy examples	20'	<ul style="list-style-type: none"> <li>▪ Participants are split into groups and discuss example 2.1 and 2.2. in the guideline (some groups 2.1., some groups 2.2., some 2.3.)</li> </ul>
		25'	<ul style="list-style-type: none"> <li>▪ Closing plenary</li> </ul>
	<b>Module 4: Policies on unpaid care work</b>	<b>Approx.. 105'</b>	<ul style="list-style-type: none"> <li>▪</li> </ul>
	Part 4A. How did the COVID-19 pandemic impact unpaid care work, and its distribution between women and men?	45'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare introductory presentation</li> <li>▪ Plenary discussion</li> </ul>
	Part 4B. Evaluating policy examples for recognizing, reducing and redistributing unpaid care work	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss example 3.1., 3.2., 3.3.). One groups looks at table on leave policies</li> </ul>
		30'	<ul style="list-style-type: none"> <li>▪ Sharing of group work highlights. Note: The groups that discussed leave policy options should present first</li> </ul>
	<b>Module 5: Policies on child and long-term care services</b>	<b>Approx. 90'</b>	
	Part 5A. Key factors regarding care services during the pandemic	20'	<ul style="list-style-type: none"> <li>▪ Brainstorming in plenary: What have been the main challenges for accessible and affordable care services during the pandemic?</li> <li>▪ How did the pandemic impact care workers?</li> </ul>
	Part 5B Discussion of policy examples and trends	40'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss example 5.1., 5.2.).</li> </ul>
		30'	<ul style="list-style-type: none"> <li>▪ Reporting back and open discussion</li> </ul>
	<b>Module 6: Entrepreneurship support for women, care and COVID-19 recovery</b>	<b>Approx. 105'</b>	
	Part 6A The situation of women entrepreneurs and self-employed women during the pandemic and in the recovery	45'	<ul style="list-style-type: none"> <li>▪ Invited entrepreneurs or researchers give a presentation on the situation of women entrepreneurs</li> <li>▪ Questions and answers</li> </ul>
	Part 6B Supporting a care-centered recovery with women entrepreneurs and self-employed women	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss either question 1 or question 2</li> </ul>
		30'	<ul style="list-style-type: none"> <li>▪ Closing plenary</li> </ul>



	<b>Module 7: Achieving Consensus, Action Planning and Monitoring</b>	<b>Approx.. 150'</b>	
	Part 7A. Toward a care-centred and gender transformative recovery	15'	<ul style="list-style-type: none"> <li>▪ Facilitator to provide summary of the workshop process so far</li> </ul>
60'		<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss along the template provided</li> </ul>	
45'		<ul style="list-style-type: none"> <li>▪ Groups exchange amongst each other (2-3 groups) and consolidate results</li> <li>▪ Plenary presentation of consolidated results</li> </ul>	
30'		<ul style="list-style-type: none"> <li>▪ Closing and workshop evaluation</li> </ul>	

## Module 1 - What is the care economy and how has it been affected by COVID-19?

### Module objectives

1. Understanding the concept of the care economy (paid and unpaid care work)
2. Understanding the impact of the pandemic on the care economy on women as paid care workers
3. regarding the increase in unpaid care work which is mainly done by women and girls
4. Becoming familiar with the notion of care-centered and gender transformative response and recovery

### Suggested length and agenda

The estimated length of the workshop part based on this module is 3 hs (net working time, without breaks)

<b>Module 1: Opening and Introduction. What is the care economy and how has it been affected by COVID-19?</b>	<b>Approx.. 180 min</b>	
Opening remarks	10'	
Participants and facilitators' Introduction	15'	
Overview of the training objectives, agenda and ground rules	5'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare a ppt on agenda, objectives, general information</li> </ul>
Part 1.A: Introduction to the topic	60'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare a ppt (see description of the module)</li> <li>▪ Open discussion in plenary</li> </ul>
Part 1.B: Reflection about the care economy (using graphic)	30'	<ul style="list-style-type: none"> <li>▪ Participants jointly reflect in small groups (pairs or max 3 participants)</li> <li>▪ Graphic needs to be available to participants, either as handout or virtually</li> </ul>
Part 1.C: How can the concept of care-centered and gender transformative response and recovery be applied to the national context?	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants) for discussion</li> </ul>
Sharing in plenary	30'	<ul style="list-style-type: none"> <li>▪ Sharing of group work highlights</li> </ul>

### Facilitators' notes

The length of this module depends heavily on the prior knowledge of participants regarding the care economy and its importance for gender equality and women's economic empowerment.

If the group is not very familiar with the concept of the care economy, some prior explanation by the facilitator may be necessary in Part 1.B, before participants talk about the graphic in small groups.

If the group is experienced regarding the topic of gender and the care economy, the group discussion in Part 1.C can be expanded to collect and discuss examples from the national context on care-centered and gender transformative response and recovery measures.

### Guidance for discussion and exercises

#### Part 1.A

It is suggested that facilitators prepare a presentation which, first, highlights the main concepts related to the care economy and key impacts of the COVID-10 pandemic on the care economy and gender equality at national level.

The following points should be highlighted in the presentation

- What is the care economy? Definition based on Glossary and Guideline
- Gender segregation in employment in national context (prior to the pandemic), esp. importance of employment in the care sector for women
- Time use data, if available (or any other relevant data from national context), on gender distribution of unpaid care work prior to the pandemic
- Key data / trends on the impact of COVID-19 on the care economy (remain general here, more detail to be presented in other modules)

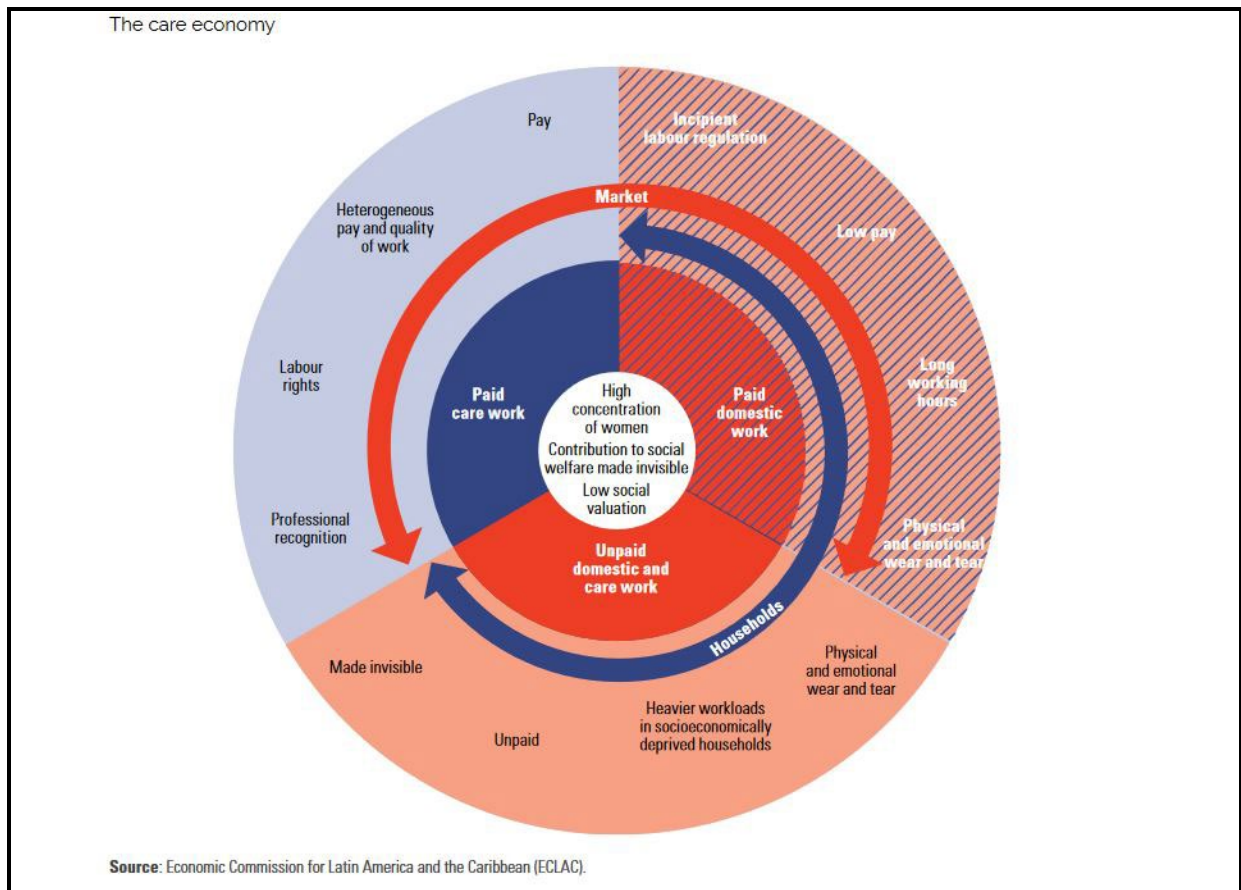
- The concept of care-centered and gender transformative response and recovery (use definition in Guideline, and Glossary)

The presentation should be followed by open questions and discussion.

### Part 1.B

It is suggested that the participants split into pairs or groups of maximum 3 participants to jointly look at the image below and exchange their own reflections:

- What are the different components of the care economy?
- How do market and households operate in the care economy?
- What is the relevance of gender norms and stereotypes, where do we see gender as playing a role, and how?



### Part 1C

It is suggested that the participants are split up in groups (about 5-6 participants per group) to discuss the following question:

- How can the concept of care-centered and gender transformative response and recovery be applied to the national context?

## Module 2: Interventions into the macroeconomic framework for a care-centered and gender transformative response and recovery

### Module objectives

1. Deepening participants' understanding of the link between macroeconomic policies and the care economy, highlighting the relevance of fiscal space
2. Understanding the impact of macroeconomic and tax policies introduced in response to the pandemic on the care economy and on gender equality
3. Getting to know key benefits and good practice examples of public investment in favor of care and gender equality

### Suggested time and agenda

Module 2: Interventions into the macroeconomic framework for a care-centered and gender transformative response and recovery	Approx. 135'	
Part 2.A. Assessing the impact of macroeconomic interventions on the care economy and gender equality in the context of the pandemic? Reference to example 1.2. from the Guideline	45'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare presentation based on examples from national context: how did macroeconomic interventions in response to the pandemic impact the care economy? (direct – distorted – indirect impacts)</li> <li>▪ Open conversation with participants to collect additional examples and discuss</li> </ul>
Part 2B. The benefits of public investment in (paid) care	45'	<ul style="list-style-type: none"> <li>▪ Facilitator or external expert to give presentation on benefits of public investment in care</li> <li>▪ Discussion</li> </ul>
Part 2C. Tax policies	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss example 1.3 (Guideline)</li> </ul>
Closing	15'	

### Facilitators' notes

At the beginning of the session, it is useful if the facilitator explains that a broad understanding to the notion of “investment in care” is applied. Government spending on care services and other spending with impacts on the care economy will be considered “investment in care”, or specifically as “investment in paid care”. It is regarded *investment* in care (rather than public *consumption*) because it yields returns to the economy and society: The quality of life is protected and enhanced, and human capabilities are developed and maintained, thereby contributing to sustainable human development.<sup>57</sup>

### Guidance for discussion and exercises

#### Part 2.A

It is suggested that the facilitator collects examples of macroeconomic policies from the national context that illustrate how macroeconomic interventions in response to the pandemic impact the care economy and presents them to the participants. In example 1.2. of the guidance, the following categories are suggested to classify examples: direct – distorted – indirect impacts on gender equality.

Alternatively, the facilitator can also chose examples from the UNECE policy brief

<sup>57</sup> See: Steinhilber (2021). Public investment in the care economy in the ECE region: Opportunities and challenges for gender equality in the COVID-19 recovery. UNECE

“Women’s economic empowerment and the care economy in the ECE region: The impact of economic and social policies during the COVID-19 response and recovery”. It is up to the facilitator’s assessment which examples are most suitable for the group of participants and the context.

The presentation should be followed by an open conversation with participants. Participants should be invited to contribute additional examples (either from national, regional, local context, or international examples), each time justifying the type(s) of impact that a measure is expected to have.

## **Part 2B**

This subsection highlights the importance of investment in care to overcome the motherhood employment penalty. It is suggested that the facilitator or an external expert gives a presentation on the benefits of public investment in care and the impacts on to women’s employment:

- First, investment in care generates employment directly in the sectors where the investment takes place (e.g. childcare facilities), as well as indirectly in adjacent sectors of the economy (e.g. services to care institutions, such as cooking, laundry etc.). Both are sectors of the economy that typically employ large numbers of women. Therefore, investment in care is considered positive for women’s employment.
- Second, investment in the care economy allows women who are currently outside or at the margins of the labour market because of their care responsibilities, to engage more fully in employment.<sup>58</sup>
- Third, investment in the care economy contributes to poverty reduction (through increased income) and educational progress and reflects a society’s recognition of and commitment to care and is a central element to women’s empowerment.

Presentation could, for example, highlight the following points:

- Evidence from Turkey, the UK and an OECD 7 country study show very positive to public investment in care. Such investments reduce gender inequality, can be self-sustaining, generate jobs and raise the productive capacity of the economy. Specifically,
- Turkey - An investment of 1.4% of GDP in the early childhood care and preschool education (ECCPE), an important subsector of social care, would create 719,000 new jobs in ECCPE and other sectors compared to 290,000 new jobs in construction if a similar investment was made in that sector.
- UK – 2% of GDP (similar to the levels in Scandinavian countries) investment in care infrastructure generated 1.5 million jobs.
- OECD - Microsimulation results from seven countries indicate investing 2 per cent of GDP in public care services industries, rather than in construction, would create almost as many jobs for men and up to four times as many jobs for women in the UK, US, Germany and Australia.

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<sup>58</sup> This is not per se an impact on women. More women will benefit, because the current division of unpaid care responsibilities leads to the marginalization of many women in the labour market or their exclusion from employment because of a lack of care responsibilities.

## Module 3 Employment

### Module objectives

1. Familiarizing with the gender-specific employment impact of the pandemic
2. Understanding the differentiated impact of pandemic response measures that focused on employment protection

### Suggested time and agenda

<b>Module 3: Linking Employment policies and the care economy</b>	<b>Approx. 150'</b>	
Part 3A: Overview on employment policies in the pandemic response	45'	<ul style="list-style-type: none"> <li>▪ Presentation and open discussion</li> </ul>
Part 3B: Exploring practice examples from the pandemic response	40' 20' 20'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (4-5 participants per group) Some groups address question 1, some groups address question 2</li> <li>▪ All groups that addressed question 1 exchange among themselves</li> <li>▪ All groups that addressed question 2 exchange among themselves</li> <li>▪ Final plenary of all groups, groups present collective results on question 1 and 2</li> </ul>
Part 2C. Comparing and contrasting policy examples	20'	<ul style="list-style-type: none"> <li>▪ Participants are split into groups and discuss example 2.1 and 2.2. in the guideline (some groups 2.1., some groups 2.2., some 2.3.)</li> </ul>
	25'	<ul style="list-style-type: none"> <li>▪ Closing plenary</li> </ul>

### Facilitators' notes

It is suggested that a technical expert is invited to contribute the introductory presentation on the employment impact of the pandemic. Else, the facilitator can prepare it on the basis of available data.

For the group work exercise in Part 3B, the facilitator should provide the working groups with (written) guidance on available data sources, for example links to national statistics or international reporting on employment during COVID-19.

### Guidance for discussion and exercises

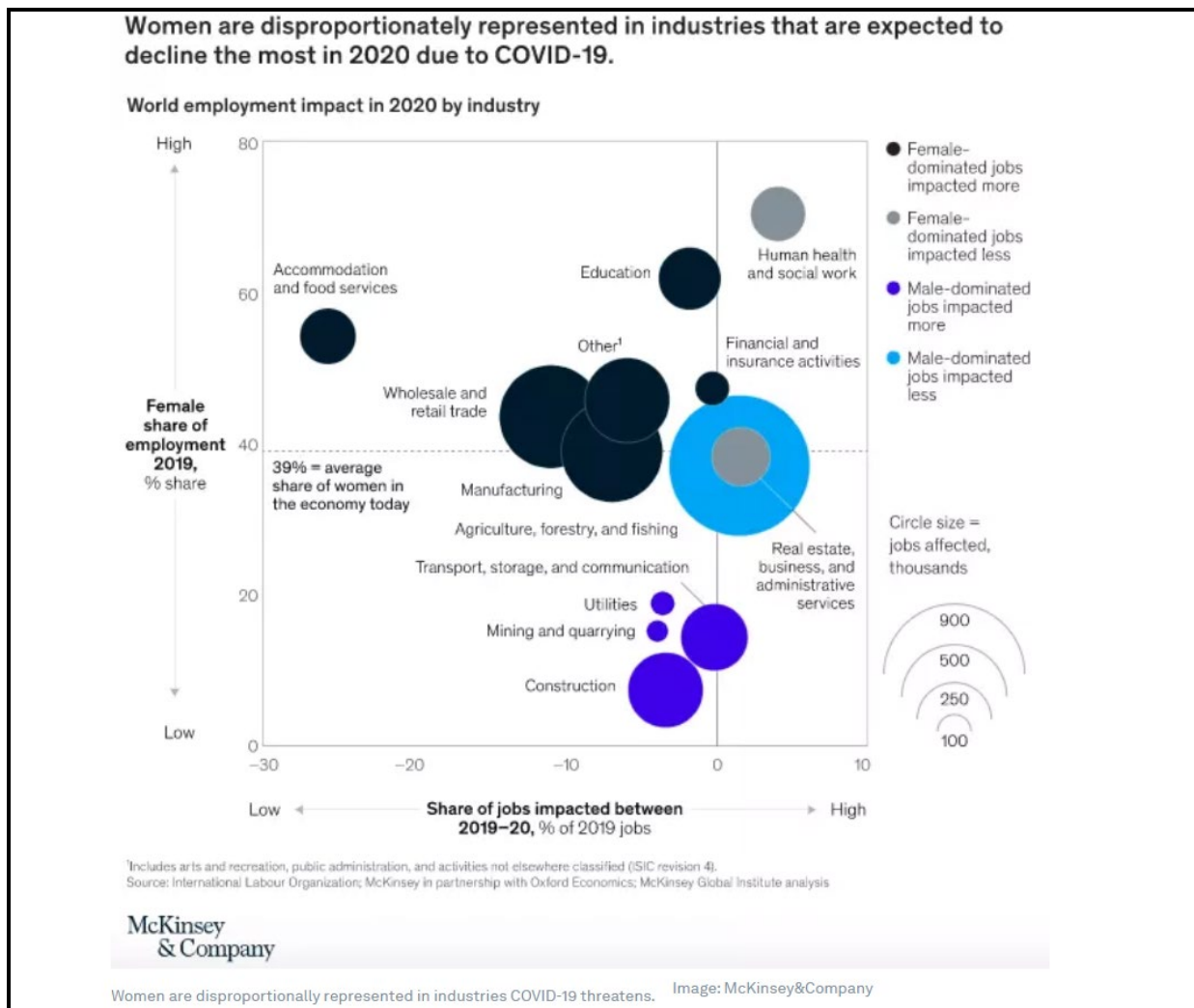
#### Part 3A

The introductory presentation should highlight the importance of employment policies in the pandemic response and recovery. The presentation should provide key employment trends, disaggregated by gender. If data is available, attention should be paid in particular to employment trends in care services.

Secondly, the presentation should highlight key policy measures applied to protect employment during the pandemic. Countering the employment impact of the pandemic, avoiding layoffs and bankruptcies and maintaining, or even expanding, employment in public services, including health and other care services, were main goals of pandemic response packages, globally as well as in the UNECE region. Wage subsidies and cash payments, including emergency relief to the households of furloughed and unemployed persons were among the key measures.

The presentation is followed by an open discussion.

Supplementary material for the presentation:



### Part 3B

It is suggested to split participants into working groups to conduct own research on available data and discuss the following questions. Two questions are provided here, so that some of the groups can address question 1, other groups can address question 2. Afterwards, all groups that addressed question 1 can exchange their results, and all groups that addressed question 2 can exchange results. In a final plenary, a summary of the responses to question 1 and question 2 is presented.

Question 1 - How were workers outside the public sector and large enterprises (i.e., workers in small and medium enterprises (SMEs), micro-enterprises, self-employed, unpaid family workers, or those employed in private households) affected by the employment impact of the pandemic?

How did they benefit from pandemic-related support?

Question 2 - What percentage of the fiscal packages was devoted to wage subsidies to limit the increase in unemployment and retain workers? Were the sectors and occupations that employ women disproportionately covered by payroll support?

### Part 3C.

Participants are split into groups and discuss example 2.1 and 2.2. in the guideline (depending on the overall number of participants, it is suggested that some groups focus on example 2.1., some groups on example 2.2., some groups on example 2.3.)

Questions for group discussion:

What is your opinion about the policy example? What are possible advantages and problems of the measure? Could it be applicable in your country context as well?

## Module 4 Policies on Unpaid Care Work

### Module objectives

1. Understanding the extent to which unpaid work increased as a consequence of the pandemic
2. Participants are familiar with good practice examples for policies addressing unpaid care work in the pandemic

### Suggested times and agenda

<b>Module 4: Evaluating policy examples for recognizing, reducing and redistributing unpaid care work</b>	<b>Approx. 105'</b>	▪
Part 4A. How did the COVID-19 pandemic impact unpaid care work, and its distribution between women and men?	45'	<ul style="list-style-type: none"> <li>▪ Facilitator to prepare introductory presentation</li> <li>▪ Plenary discussion</li> </ul>
Part 4B.	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss example 3.1., 3.2., 3.3.). One groups looks at table on leave policies</li> </ul>
	30'	<ul style="list-style-type: none"> <li>▪ Sharing of group work highlights. Note: The groups that discussed leave policy options should present first</li> </ul>

### Facilitators' notes

It is important that the facilitator investigates beforehand about the availability of national data on unpaid work, before, during and after the pandemic. The introductory presentation should be based on the most recent national data, in addition to international data.

For the group discussions, it is important to clarify beforehand, how participants will receive the text on policy examples (material sent before the workshop, distributed in paper etc.). Also, calculate with time needs for reading (depending on level of prior knowledge of participants)

### Guidance for discussion and exercises

#### Part 4A. Introductory presentation

It is suggested that the introductory presentation covers the following key points, supplemented by national data<sup>59</sup>:

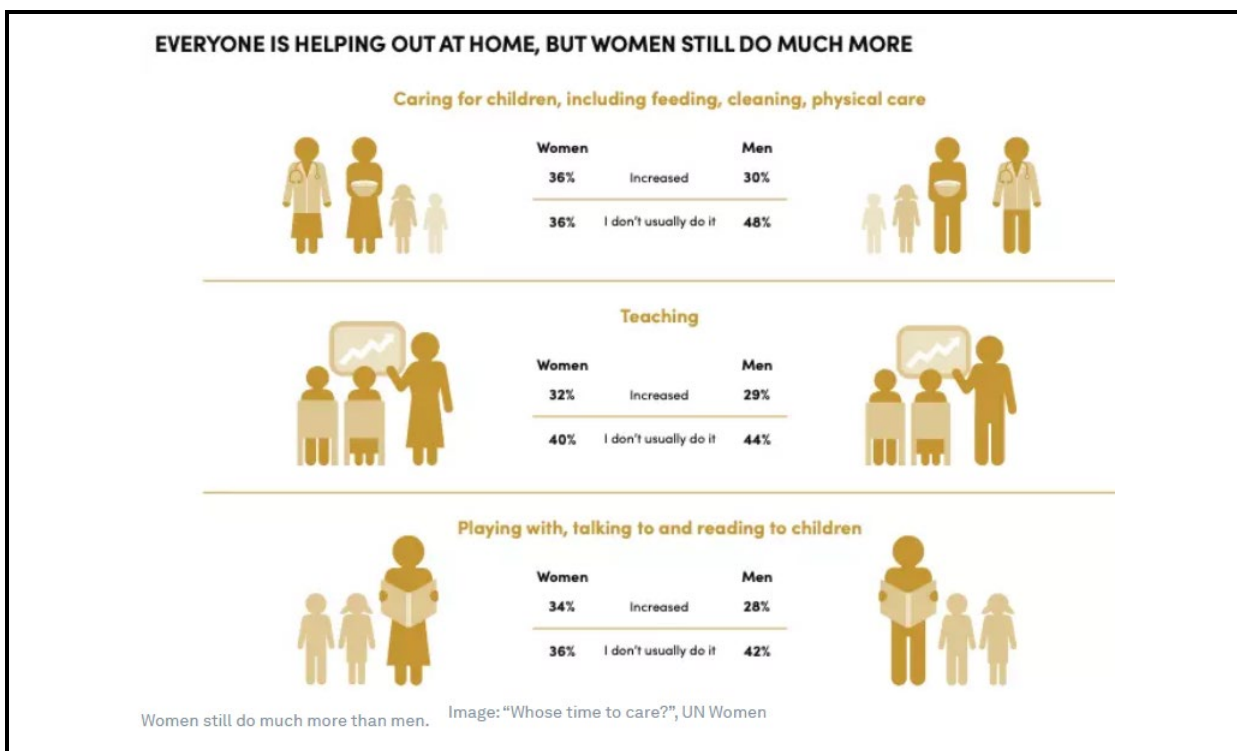
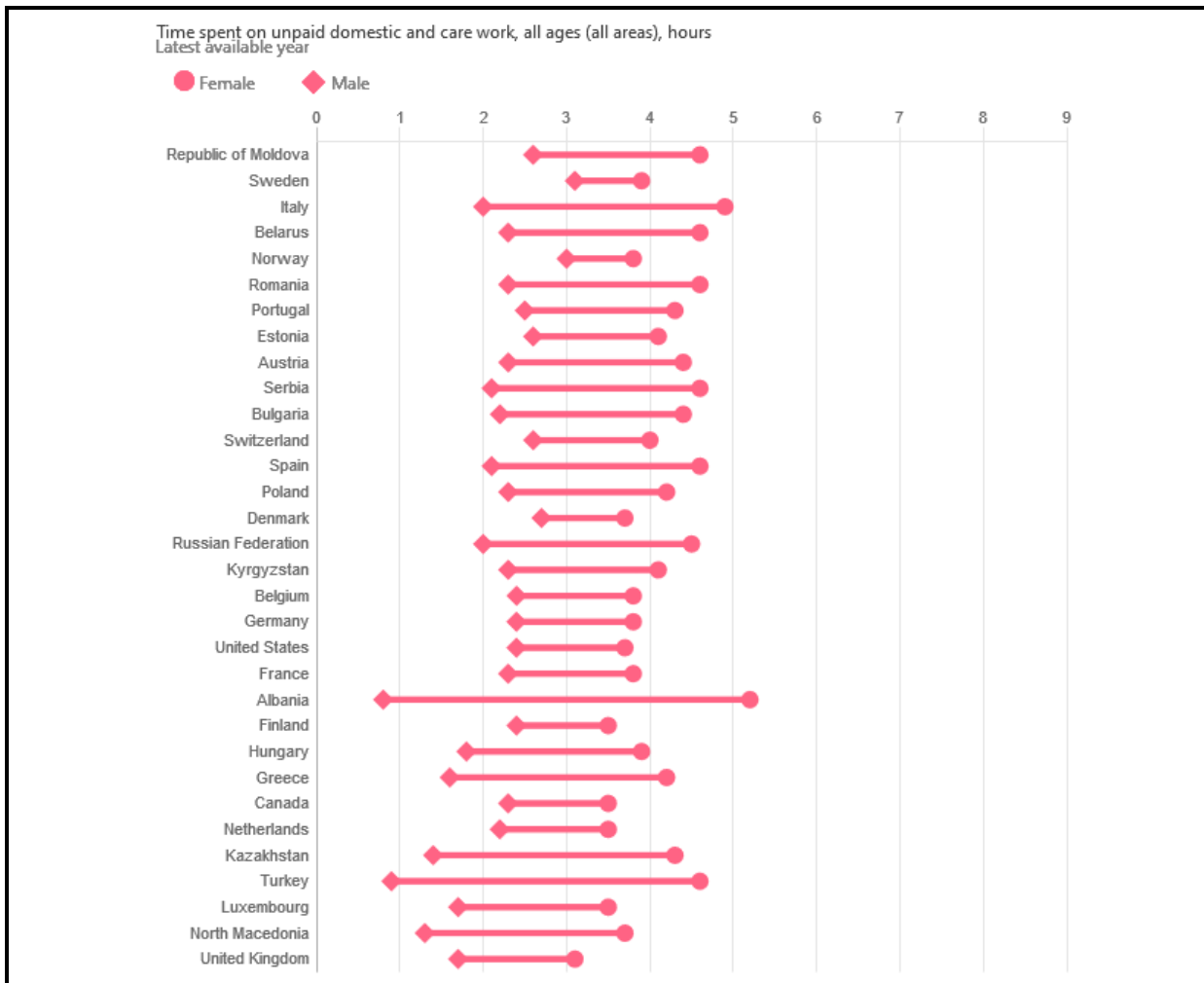
- The impact of the COVID-19 pandemic, and the economic downturn it has caused, have been distributed unequally. UN Women has presented evidence that the workload of unpaid care works has increased everywhere but women are bearing more of the burden than men.<sup>60</sup>
- Before the pandemic, women were spending on average three times as many hours on unpaid domestic and caring work - and this contribution was grossly undervalued. The ILO in 2018 reported that the 16 billion hours spent on unpaid caring every day would represent nearly a tenth of the world's entire economic output if it was paid at a fair rate.
- The UNDP-UN Women Global Gender Response tracker shows that only 7% of all social protection and labour market measures taken in response to COVID-19 address rising unpaid care demands.
- Unpaid work is key obstacles for women's participation in the labour market. This was the case before the pandemic already. The impact of COVID-19 in the ECE region was that large numbers of women reduced their working time or left the labour market: Globally, more than 28 million women over the age of 25 are estimated to have left the labour market altogether in 55 high- and middle-income countries over the last year, compared to 24 million men.

<sup>59</sup> UN Women has rolled out Rapid Gender Assessment Surveys in about 50 countries worldwide which can serve as data source, in addition to national sources.

<sup>60</sup> UN Women "Whose Time to Care" <https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19>



Supplementary material for the presentation:



<https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19>

#### **Part 4B Reflection about policy examples**

It is suggested that participants are split up into working groups (5-6 participants per group). The groups have different tasks:

One group prepares an input to the plenary on different policy options to facilitate unpaid care work based on Table 2. Childcare leave provisions available to parents during the COVID-19 pandemic on page 23-24.

Other groups discuss policy examples 3.1., 3.2., 3.3. (Chapter 3.2.3. of the Guideline), along the lines of the following questions:

Reflecting about the example .....

1. Who, do you think, benefited most from the discussed measure? Please identify respective groups of the population.
2. What is your opinion about the measure? (e.g. important, useful; useful but too costly; not needed, other)
3. Does the measure successfully link care and gender equality objectives? If so, how?

## Module 5. Policies on child and long-term care services

### Module objectives

1. Understanding the impact of the pandemic on paid care work in child and long-term care services
2. Participants are familiar with good practice examples for policies addressing care work in the pandemic

### Suggested times and agenda

Module 5: Policies on child and long-term care services	Approx.. 90'	
Part 5A. Key factors regarding care services during the pandemic	20'	<ul style="list-style-type: none"><li>▪ Brainstorming in plenary: What have been the main challenges for accessible and affordable care services during the pandemic?</li><li>▪ How did the pandemic impact care workers?</li></ul>
Part 5B Discussion of policy examples and trends	40'	<ul style="list-style-type: none"><li>▪ Participants are split into working groups (5-6 participants per group) and discuss example 5.1., 5.2.).</li></ul>
	30'	<ul style="list-style-type: none"><li>▪ Reporting back and open discussion</li></ul>

### Facilitators' notes

For preparation, the facilitator can rely on available resources such as WHO reports and reports from professional organizations

### Guidance for discussion and exercises

#### Part 5A Key factors regarding care services during the pandemic

It is suggested to open the module with a brainstorming in plenary along the question: What have been the main challenges for accessible and affordable care services during the pandemic?

#### Part 5B Discussion of policy examples and trends

It is suggested that participants split into working groups (5-6 participants per group). Depending on the number of groups, there are three policy examples/ media example to be assigned to the groups. It is suggested that each group focuses on one example only. It would be possible, however, to assign all three examples to all groups, provided that enough time is available.

1. Discuss policy example 5.1
2. Discuss policy example 5.2
3. Discuss the newspaper article: "Why care workers are feeling less valued and leaving the sector after the pandemic"<sup>61</sup>

Questions for discussion:

- What are the main issues for care workers and care services during the pandemic and how are they being addressed?
- How is the issue addressed in the national context? What are the challenges and opportunities in the respective context?

<sup>61</sup> <https://theconversation.com/why-care-workers-are-feeling-less-valued-and-leaving-the-sector-after-the-pandemic-169961>

## Module 6: Entrepreneurship support for women, care and COVID-19 recovery

### Module objectives

1. Participants understand the specific situation and needs of women entrepreneurs in the pandemic, both as users of care services (e.g when they have care responsibilities) and as providers (as care entrepreneurs)
2. Participants develop appropriate suggestions for interventions in support of women entrepreneurs

### Suggested times and agenda

<b>Module 6: Entrepreneurship support for women, care and COVID-19 recovery</b>	<b>Approx. 105'</b>	
Part 6A The situation of women entrepreneurs and self-employed women during the pandemic and in the recovery	45'	<ul style="list-style-type: none"> <li>▪ Invited entrepreneurs or researchers give a presentation on the situation of women entrepreneurs</li> <li>▪ Questions and answers</li> </ul>
Part 6B Supporting a care-centered recovery with women entrepreneurs and self-employed women	30'	<ul style="list-style-type: none"> <li>▪ Participants are split into working groups (5-6 participants per group) and discuss either question 1 or question 2</li> </ul>
	30'	<ul style="list-style-type: none"> <li>▪ Closing plenary</li> </ul>

### Facilitators' notes

The facilitator should agree with the invited representatives to cover both the perspective of care users (e.g. entitlement to care-related support during the pandemic, entitlement to early childcare service, accessibility and affordability etc.) and the perspective of care providers (as care entrepreneurs), including support schemes, working conditions, pay regimes etc.

### Guidance for discussion and exercises

#### **Part 6A The situation of women entrepreneurs and self-employed women during the pandemic and in the recovery**

It is suggested to invite one or two women entrepreneurs for presentations.

#### **Part 6B Supporting a care-centered recovery with women entrepreneurs and self-employed women**

Participants are divided into working groups (5-6 participants per group). Half of the working groups addresses question 1, half of the working groups addresses question 2. If possible, the presenters from part 6A join the groups (or move between groups) and engage with participants in the development of responses.

Question 1: Can you list some of the specific care-related needs of women entrepreneurs and self-employed women during the pandemic? Which measures or policies could address these needs?

Question 2: How can women entrepreneurs contribute to the provision of care services? What is the current situation (make reference to the presentation) and how could the contribution of women entrepreneurs be enhanced? Are there specific challenges and how could they be overcome?

## Module 7: Achieving Consensus, Action Planning and Monitoring

### Module objectives

1. Moving toward consensus regarding concrete goals
2. Reaching agreement about implementation and monitoring processes for a care-centered and gender transformative post-pandemic recovery process

### Suggested times and agenda

Module 7: Achieving Consensus, Action Planning and Monitoring	Approx. 150'	
Part 7A. Toward a care-centred and gender transformative recovery	15'	<ul style="list-style-type: none"> <li>Facilitator to provide summary of the workshop process so far</li> </ul>
	60'	<ul style="list-style-type: none"> <li>Participants are split into working groups (5-6 participants per group) and discuss along the template provided</li> </ul>
	45'	<ul style="list-style-type: none"> <li>Groups exchange amongst each other (2-3 groups) and consolidate results</li> <li>Plenary presentation of consolidated results</li> </ul>
	30'	<ul style="list-style-type: none"> <li>Closing and workshop evaluation</li> </ul>

### Facilitators' notes

Depending on the size and composition of the group, it is suggested that the facilitator decides about the number and composition of working groups. For example, it can be useful to ensure that representatives from different agencies or stakeholders are in each group. Also, it can be productive for the group discussions if expertise on the policymaking process, or expertise on public finance and gender budgeting, or gender expertise are distributed between the working groups.

### Guidance for discussion and exercises

#### Part 7A Toward a care-centered and gender transformative response and recovery from COVID-19

It is suggested that participants are divided into working groups to discuss the questions in the table below. It is the goal to achieve consensus on ambitious but realistic goals and to develop concrete initiatives for overcoming obstacles.

It is particularly important to mark concrete steps in a timeline, and have them aligned with important moments in the national policy agenda.

Toward a care-centered and gender transformative response and recovery from COVID-19

Where to engage? What are the most important and most strategic moments and steps in the national recovery process?	
What to expect? What are ambitious but realistic goals and proposals?	
Is data available and specific enough to establish a baseline and measure progress toward care centered and gender transformative policies?	
Is there consensus on the goal of care centered and gender transformative policies? What are the main obstacles to expect?	
Where are the opportunities? What are the facilitating factors?	
What are effective strategies to overcome constraints and to use the opportunities?	
What is a realistic and ambitious time frame (in alignment with the key moments and steps discussed earlier)?	
Are adequate resources available? If now, how can resources be enhanced?	

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# **Guideline for Placing Gender Equality and Care in the Center of National Economic Policies in Response to COVID-19**

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