CARE POLICY SCORECARD

A tool for assessing country progress towards an enabling policy environment on care

Africa Leadership Forum

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The Care Policy Scorecard

Care work needs to be recognized, shared and invested in now more than ever given that progress on Sustainable Development Goal (SDG) 5 - Achieve Gender Equality – is behind target and COVID-19 has created additional challenges with increases in care work, poverty and precariousness that could reverse gains made in gender equality and poverty reduction. Tools that can enable countries to monitor and track progress and hold governments to account on these commitments are critically needed as countries rebuild their economies and address the fallouts from the pandemic.

The Care Policy Scorecard provides a practical tool to assess and track the extent to which government policies related to care are adopted, budgeted for and implemented, and the extent to which they have a transformative effect on care. It can be used at the national or sub-national level. The Scorecard is intended to be used by civil society, government and academia alike. Whether you are a policy maker, work for an NGO or are a researcher, the Scorecard allows you to carry out an assessment of the care public policy environment in your country to understand where there is positive progress, and where there are gaps and room for improvement.

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PART A: WHY AND HOW TO USE THE CARE POLICY SCORECARD

INTRODUCTION

I. Why care about care work?

All human beings depend on care throughout their lives. Care work is a critical social good, without which our societies and economies would not function. It keeps households, workplaces, individuals, families and communities fed and clean, healthy and nurtured. It allows for the development and fulfilment of human capabilities and potential, and makes all other forms of work and wellbeing possible. However, around the world, gendered norms, socio-economic and racial inequalities, and the undervaluing of women's labour mean that women and girls, particularly those in poverty and those who belong to racial and ethnic minority groups, are disproportionately responsible for the provision of unpaid care work and are more likely than men to be in (under)paid care work.[1]

When there is no public care provision, it becomes the sole responsibility of households (predominantly the women and girls within households) and communities to provide care. Only the better-off are able to afford private care services, leading to inequality of opportunity and care outcomes.[2] In many countries, a declining ability of care providers and governments to provide quality care to meet the needs of people, their children, their elderly parents and other family members is leading to a care deficit for millions of people. Additionally, there is increasing awareness of the negative impacts of the drudgery of continuous unpaid and (under)paid domestic care work tasks on women's bodies, minds and time.[3]

It is also important to consider the spatial dynamics of care work and global economies of care – for example, the unpaid and invisible care work needed to maintain homes and communities when family members migrate for paid employment. Such consideration can increase understanding of the exploitation of migrant workers and their households and communities by employers; it can also shed light on how the cost of care continues to be borne by carers while this work remains invisible over generations.[4]

Recognizing the value of care by adequately prioritizing and investing in it is critical for healthy, just and thriving societies and economies, where all people of all genders, classes and ethnicities, and entire communities can flourish. Yet care work remains largely unrecognized as a social good and absent from policy makers' agendas.

What is care work?

Care work can be both unpaid or paid, and includes: *direct care* of people, such as looking after a child or taking care of adults who are sick or frail; *indirect care* or domestic work, such as cooking and doing laundry; and *supervisory care*, such as looking after a child while performing other domestic work.[5] Both direct and indirect care may be performed simultaneously. Unpaid care work is done without any explicit financial compensation and usually takes place within households, but can also involve caring for extended family members, friends, neighbours or other community members. Paid care work is done for pay or payment in-kind. It takes place in public and private care sectors, such as education, health and social work, but also in private households.[6] Paid care work also involves the provision of care services, such as cleaning and cooking, in non-care sectors.[7]

Defining care work: The Sustainable Development Goals (SDGs) refer to 'unpaid care and domestic work'; however, this Scorecard adopts the International Labour Organization (ILO) terminology 'unpaid care work' and 'paid care work', using the above definitions of direct and indirect care.

Caregivers and care receivers: Care work takes place in a relationship between the 'caregiver', one who provides care, and the 'care receiver', one who receives care – such as a father and a child or a doctor and a patient.[8] However, the relationship isn't mutually exclusive – many caregivers are also care receivers (e.g. a grandmother who cares for her grandchildren and also receives care from her adult children or a nurse). Furthermore, although women make up the majority of caregivers, caregiving is not gender specific.

II. Care and gendered inequality

Unpaid and (under)paid care work is at the heart of gendered inequality.[9] In the current economic system built on patriarchy, capitalism and racism, unpaid and paid care work is predominantly done by women and girls – especially those living in poverty and those from groups that experience social and economic discrimination based on their gender identity, race, ethnicity, nationality, migration status, sexuality, class and caste.[10]

Globally, women provide more than three-quarters of unpaid care work and make up two-thirds of the paid care workforce.[11] Poverty and exclusion are key drivers of care inequalities among women: women and girls living in poverty spend significantly more time on unpaid care work than those from wealthier families, as they are more likely to lack access to time- and labour-saving equipment and basic infrastructure. Oxfam research has shown that women in rural areas of sub-Saharan Africa spend up to four hours a day collecting water.[12]

Women and girls' disproportionate responsibility for care work across their lifetimes perpetuates gender and economic inequalities[13] and undermines their health and wellbeing, while enabling men's dominance in business and politics. Women and girls' unpaid labour facilitates the reproduction and maintenance of the workforce, while the costs of and responsibility for care remain largely within households.

This has serious consequences for women and girls across their lifecycle: as women enter their peak productive and reproductive years, their likelihood of experiencing extreme poverty increases from 4% to 22%, mainly due to unequal childcare responsibilities.[14] Well into their later life, the majority of women in low- and middle-income contexts juggle unpaid care work with informal paid work.[15] Heavy and unequal care responsibilities have been shown to limit women's participation in social and political activities, trapping women in cycles of time and income poverty.[16] Girls are often pulled into unpaid and paid care work to compensate for women's ill health or paid work demands.

This may negatively affect their educational outcomes, thus further limiting their opportunities and those of their children.

Many care advocates and feminist economists argue that we need to build an ethics of care into our social and economic policies by recognizing the right to receive care and the responsibility to care for people and planet.[17] This includes recognizing care as a collective, social responsibility that is valued and shared equally, and recognizing that all human beings need care from the beginning to the end of their lives.

Care and crises

In times of crisis, the heavy labour of care work increases at the same time as the demand and need for both unpaid and paid care work increases.[18] The COVID-19 pandemic has highlighted the centrality of care for developing and maintaining human capabilities, while exposing the weakness of social and economic policies that have chronically undervalued and underinvested in women's labour (paid and unpaid) for centuries.[19] In many countries, the pandemic has intensified intersectional inequalities in care work provision among communities that already struggled to balance paid work and unpaid care responsibilities due to a lack of public services or income to purchase paid care. Low-wage workers from underrepresented ethnic communities, migrant workers, workers with children, and older people have faced the greatest difficulties.[20]

At the same time, the paid care sector – like other highly feminized sectors with low pay, poor working conditions and limited access to social protection – has been hit particularly hard during the pandemic. Informally employed paid care workers, who are unregistered and without written contracts, are often excluded from employment entitlements and social protection, as are non-citizen domestic workers.[21] In particular, paid domestic workers, who are among some of the least protected, have experienced higher exposure to COVID-19 or greater hardship due to lockdowns and difficulty accessing government social protection.[22]

III. The unpaid care work, paid work and paid care work connection

There is a clear connection between unpaid care work, paid work and paid care work.[23] Heavy and unequal unpaid care work not only impacts the lives of unpaid care workers (the majority of whom are women from low socio-economic status households and racial and ethnic minority groups) and the quality of care they provide, but also affects their ability to access and remain in the paid workforce. Many (women) workers, in particular those from low socio-economic status households, face challenges balancing significant unpaid care work responsibilities with paid work, affecting their ability to maintain an adequate income and to fulfil their care responsibilities.[24] Among workers in low-paying and insecure jobs, the lack of control when unexpected and emergency situations arise, such as the sickness of a child, can impact their source of income and care.[25]

In this context it is important to note that when women and men with unpaid care responsibilities do enter the paid workforce, it is more likely to be in the informal economy.[26] Here they face precarious labour conditions and are denied entitlements from both the government and the businesses benefitting from their labour, in comparison to workers without unpaid care responsibilities.[27] The concentration of unpaid carers in the informal economy means they lose out on care-related (and other) rights and opportunities that are common in the formal economy, such as subsidized childcare and maternity/parental leave, etc.[28] This in turn makes it more difficult for unpaid carers to manage their own unpaid care work responsibilities and care needs – a situation that affects the quality of care they can provide or access for themselves and their families.

Paid care work is often seen as an extension of unpaid care work and is therefore perceived to be low-skilled and of less value to the economy than other forms of work. In many instances it is performed by women belonging to underrepresented communities. The realities of unpaid care work and its impacts on the paid work of unpaid care workers also shapes the value that society places on care, and is reflected in the employment conditions of paid care workers.[29] The challenges associated with unpaid care work are not resolved with paid care work. The conditions of paid care work are often problematic, if not exploitative, in terms of labour conditions, asymmetric relations between employers and employees, and gender and racial discrimination; problems are also associated with the migration status of care labourers such as domestic workers.[30]

Finally, it is important to recognize the diversity of labour experiences, labour relations and working conditions among paid care workers.[31] Many long-term care workers and domestic workers (groups which both have a large contingent of migrant workers) experience vulnerable working conditions[32] and a workplace environment with greater occupational safety risks and exposure to violence.[33] Domestic workers in particular are often women from low-income countries and from marginalized groups that face poverty and exclusion on the basis of their gender identity, migration status, race, ethnicity, class and caste, who provide care services to higher-income families in wealthier countries. Rooted in asymmetries of power, this has created 'global care chains' where care is transferred from high-income households in wealthier countries to low-income women from poorer countries.[34]

Note: The Care Policy Scorecard includes both unpaid and paid care work policies. For practical purposes, these categories are separated in the assessment sections; however, as described above, they are closely connected, meaning that many unpaid care policies are also relevant for paid care workers.

ABOUT THE CARE POLICY SCORECARD

I. What is the Care Policy Scorecard?

The Care Policy Scorecard (hereafter, the 'Scorecard') provides **care advocates** with a practical tool to measure and track government progress and commitments on policies that have a direct impact on care (unpaid and paid) and provides **policy makers** with evidence and information to make informed decisions on these policies. The Scorecard draws on the work of feminist and development economists and the ILO's 5R Framework[35] (Figure 1) to outline the key components of a care-enabling public policy environment: one that is able to recognize, reduce, redistribute and represent unpaid care work and adequately reward paid care work. This is accompanied by a set of policy indicators and questions to assess progress systematically and holistically across relevant public policy areas for unpaid and paid care work (see Table 1: Scorecard policy areas and indicators).

FIGURE 1: THE 5R FRAMEWORK TO ADDRESS UNPAID AND PAID CARE WORK

Recognition involves making visible the contribution of all forms of care work (unpaid and paid) to society and the economy. This includes through government policies, budget allocation and the collection of quantitative and qualitative data that recognize the care economy as a fundamental element of the economy and secure investment in the care economy.

Reduction includes reducing the drudgery of time- and labour-intensive unpaid care tasks (such as collecting water and firewood) to free up women and girls' time to participate in social, political and economic life.

Redistribution involves ensuring that the responsibility for unpaid care work is shared more equitably between women and men, and between government, businesses, communities and households.

Representation is the meaningful inclusion of caregivers (unpaid and paid) and care receivers in budgets, planning, decision making and social dialogue, ensuring that their rights, needs and contributions are reflected in these processes.

Reward involves making sure that paid care workers are adequately rewarded and remunerated for their work by employers and the government, for example through stable, living-wage incomes for reasonable hours, employment benefits, pensions and carers' benefits.

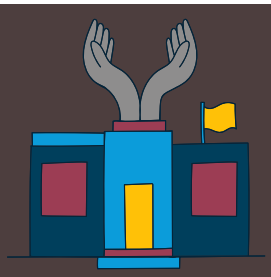
The 5Rs, first proposed as 3Rs by Diane Elson[36] and since expanded by the ILO to include 'Representation' and 'Reward',[37] have been widely adopted by women's rights advocates as the framework for policies to address unpaid and paid care work.

The Scorecard aims to assess government policy performance and progress on care and care-supporting policies, with outcomes ranging from 'policy doesn't exist' to 'policy exists and is transformative for care'. Our definition of 'transformative' is based on the ILO's core principles on supporting transformative care policies,[38] which stipulates that they must:

i) be gender transformative and human rights based

ii) guarantee the human rights, agency and wellbeing of caregivers as well as those receiving care

iii) be universal and provide adequate and equitable benefits to all, especially those likely to be left behind



iv) ensure that the government has the overall and primary responsibility for care provision and regulation

v) be founded on social dialogue and representation of caregivers and care receivers

For more detail, see section below on Transformative care policies.

II. How is the Scorecard intended to be used?

The monitoring of public policies by civil society is as much a critical component of a healthy democracy as it is a political advocacy tool for social transformation.[39] The Scorecard is intended to provide a practical tool to assess and track the extent to which government policies related to care are adopted, budgeted for and implemented, and the extent to which they have a transformative effect on gender and other intersections of inequality. It can be used at the national or sub-national level.

The Scorecard is intended to be used by civil society, government and academia alike. Whether you are a policy maker, work for an NGO or are a researcher, the Scorecard allows you to carry out an assessment of the care public policy environment in your country to understand where there is positive progress and where there are gaps and room for improvement.

The indicators and assessment questions have been designed to have relevance across different socio-economic contexts and be used around the world to measure governments' progress towards an enabling policy environment on care, in line with commitments on SDG 5.4 and other international human rights obligations (see Annex 1).

As an advocacy tool, a key purpose of the Scorecard is to help shape the care policy environment. While there may well be differences in various stakeholders' assessments due to lack of reliable or available data for particular assessment questions, this should not deter from the overall utility of the Scorecard. Rather, it can be used as starting point for dialogue, collaborative planning and identification with government counterparts of ways to enhance the existing care policy framework, its implementation, and the availability and quality of data.

Note: Given that a number of indices and frameworks on gender, macroeconomics and inequality already exist, the Scorecard focuses on policies that have a direct impact on addressing inequalities in unpaid or paid care work. However, it is critical that governments nurture a wider care-supporting environment (including through progressive taxation that ensures they have sufficient revenues to be able to meet their obligations on care, and policies that protect the planet). As such, users of the Scorecard are encouraged to refer to existing frameworks such as the Commitment to Reducing Inequality Index, the Fair Tax Monitor and the Climate Laws, Institutions and Measures Index (CLIMI) in developing an overall assessment of a country's ability to finance and sustain a care-supporting policy environment.

Care Principles and Care-Responsiveness Barometer

Oxfam has also developed complementary care policy advocacy tools: the Care Principles and the Care-Responsiveness Barometer. The Care Principles aim to promote care-responsive institutional strategies. The Care-Responsiveness Barometer provides an accountability framework for International Financial Institutions (IFIs) such as the World Bank and IMF to help: a) integrate the care perspective into all development work; b) improve care-responsive planning, programming, financing and monitoring; and c) promote a culture of care-responsive institutions. It is primarily a planning and self-assessment tool for staff within IFI organizations.

See: How to use the Care Policy Scorecard.

III. Why is the Scorecard needed?

While there is a growing body of literature on which policy measures are important for addressing unpaid and paid care work in different contexts,[40] to date there is no global instrument that synthesizes this information and provides a practical tool (e.g. in the form of a scorecard) to track and measure government progress against key policy areas across different countries and socio-economic contexts.

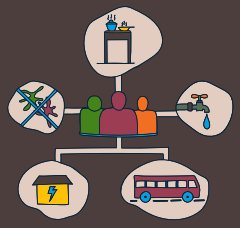
Scorecards are an effective means of measuring and tracking progress on a specific thematic area and can therefore be a simple and effective tool for advocacy with governments and duty-bearers. There are a small number of existing global gender-related scorecards and indexes that include metrics on unpaid and/or paid care and domestic work, such as the Gender Inequality Index and Women Peace and Security Index; however, there is no in-depth and holistic measurement of care policy responses. Furthermore, as unpaid care work – and to a large extent, paid care work – remain relatively less understood as public policy issues, there is a need for an instrument that highlights care work as a responsibility of policy makers and sets out what that responsibility entails.

Care work needs to be recognized, shared and invested in now more than ever – given that progress on SDG 5 is behind target and COVID-19 has created additional challenges that could reverse the gains made in gender equality. Tools that can enable countries to monitor and track progress and, by doing so, hold governments to account on these commitments are critically needed as countries rebuild their economies and address the fallouts from the pandemic.

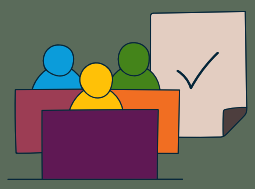
IV. What does the Scorecard measure?

The Scorecard measures performance and progress on policies relating to unpaid care work, paid care work and cross-sectoral policy areas. Further detail is provided in the How to use the Care Policy Scorecard section. The table below outlines the indicators under each of the policy areas/ domains of change.

TABLE 1: SCORECARD POLICY AREAS AND INDICATORS

Section 1: Unpaid care work	
Policy areas	**Indicators**
1.1. Care-supporting physical infrastructure 	1.1.1 Piped water 1.1.2 Household electricity 1.1.3 Sanitation services and facilities 1.1.4 Public transport 1.1.5 Time- and energy-saving equipment and technologies
1.2. Care services 	1.2.1 Public healthcare services 1.2.2 Early childhood care and education services 1.2.3 Care services for older people 1.2.4 Care services for people with additional care needs

1.3. Social protection benefits related to care 	1.3.1 Public pension 1.3.2 Cash transfer policies related to care 1.3.3 School-based meals or food vouchers 1.3.4 Care-sensitive public works programmes
1.4. Care-supporting workplaces 	1.4.1 Paid sick leave 1.4.2 Equal paid parental leave 1.4.3 Flexible working 1.4.4 Onsite childcare 1.4.5 Breastfeeding at work

Section 2: Paid care work	
Policy areas	**Indicators**
2.1. Labour conditions and wage policies 	2.1.1 Minimum wage 2.1.2 Gender wage gap and equal pay for equal work 2.1.3 Working hours 2.1.4 Right to social security 2.1.5 Child rights and labour protection
2.2. Workplace environment regulations 	2.2.1 Occupational health and safety in the workplace 2.2.2 Protection against gender-based discrimination, harassment and violence in the workplace 2.2.3 Workplace inspections and grievance mechanisms
2.3. Migrant care workers' protections 	2.3.1 Equal rights and protections for migrant care workers

2.4. Right to organize 	2.4.1 Right to representation and negotiation, freedom of association and right to strike

Section 3: Cross-sectoral policies to address unpaid and paid care work	
Policy areas	**Indicators**
3.1. Social norms interventions 	3.1.1 Standards prohibiting gender stereotypes in advertising and media representations 3.1.2 Government awareness-raising campaigns 3.1.3 Education policies that address gender stereotypes
3.2. Measurement frameworks and data collection 	3.2.1 Measurement frameworks 3.2.2 Time-use data collection

Note: You can navigate to each of the indicators by clicking on the hyperlink.

V. How has the Scorecard been developed?

The Scorecard has been developed by a coalition of national, regional and global organizations from the Global South and North working on care policy, research and advocacy. These are: the International Center for Research on Women (ICRW) Asia, International Domestic Workers Federation, Africa Leadership Forum, UK Women's Budget Group, Ciudadanía Bolivia, Padare Men's Forum Zimbabwe, the Ugandan Women's Network, Youth Alive! Kenya (YAK) and Oxfam.

The Scorecard underwent a rigorous peer-review process with care policy experts, researchers, civil society organizations (CSOs), women's rights organizations and feminist economists. Following peer review and a validation workshop in March 2021, it was piloted between April and June 2021 in four countries (Zimbabwe, Bolivia, India and the US) by Ciudadanía Bolivia, Padare, ICRW Asia, Institute of Social Studies Trust India, Bethany Project, and Oxfam India, Oxfam America and Oxfam in Zimbabwe.

The development of the Scorecard indicators and assessment questions was informed by a global evidence review of policy measures and programme interventions that have been evaluated for their impact in addressing inequalities in unpaid and paid care work.

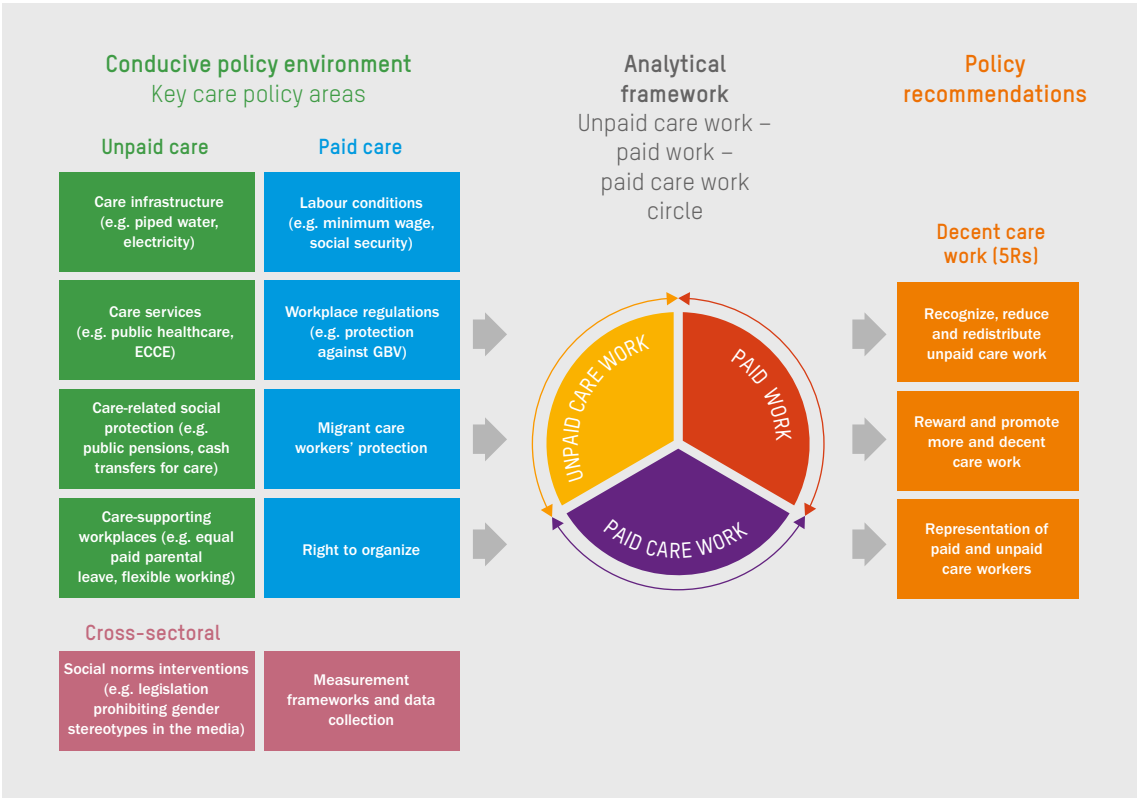
Notes on terminology:

Gender and diversity: In this paper, we refer to women, men and non-binary people in all their diversity; 'women' includes trans women, and 'men' includes trans men. The term gender is used to refer to a hierarchical social structure and an internal sense of identity.

Informal employment: Informal employment refers to all remunerative work (i.e. both self-employment and wage employment) that is not registered, regulated or protected by existing legal or regulatory frameworks, as well as non-remunerative work undertaken in an income-producing enterprise and by an unpaid family worker. Informally employed workers do not have secure employment contracts, workers' benefits, social protection or workers' representation.[41]

Family: As this Scorecard refers to existing care policy, it uses the language adopted by governments, which tends to be gender binary and favouring a heteronormative family unit. However, we recognize that families today do not take a single form, nor did they in the past, and that households around the world are composed of people of diverse genders and families of alternative structures.[42]

FIGURE 2: AN ENABLING POLICY ENVIRONMENT FOR CARE – CONCEPTUAL-ANALYTICAL FRAMEWORK



Source: Adapted from ILO (2018)[43]

CARE POLICIES

I. Care policies and why they are needed

'Care policies are public policies that allocate resources in the form of money (including income), services or time to caregivers or people who need care. They include direct provision of care services or subsidies to access them, payments to hire care workers, regulations, and complementary service provision such as transportation, water and sanitation, and energy. They also include labour regulations, such as maternity protection, and parental leave, and the regulation of paid working time. Care policies therefore encompass policies developed for different sectors, such as health and education, as well as labour and social protection policies.'
UNRISD, Flagship Report (2016)[44]

Care policies are critical to address the gendered division of labour and support the fulfilment of women's rights and gender equality. More broadly, care policies shape how care is provided and funded, and can also determine who provides and receives care. As such, they have the potential to address other dimensions of inequality, such as age, class, race, ethnicity, disability or sexual orientation.[45] Providing access to care services, as well as payment and regulation for workers in the informal economy, is therefore critical for tackling inequalities, especially in low- and middle-income countries where the majority of the population, and particularly women, are in informal and precarious employment and more likely to be in poverty.[46]

Care policies aim to: ensure **recognition** of all women's contributions to the economy through their unpaid and paid care work; **reduce** the heavy labour associated with performing certain domestic work tasks; **redistribute** the cost and responsibility for providing care more equally (i.e. away from predominantly women and households towards the government, community, employers and men); increase the **representation** of those with caregiving responsibilities in policy making;[47] and adequately **reward** paid carers and ensure their rights are upheld, regardless of their citizenship status or type of contract.

Across various contexts, public policy provisions for care vary greatly in terms of their effect on addressing unpaid and paid care work. Such policies can also have the unintended effect of maintaining gendered notions of the 'male breadwinner' and 'female caregiver' by addressing one aspect of care work and ignoring others.[48] For example, a leave policy that provides for six months of paid maternity leave and only two weeks of paid paternity leave (as opposed to six months paid parental leave for both parents) reinforces the idea that women should be the primary caregivers and doesn't support men to play an active role in caregiving. If not well designed, policies can also shift care responsibilities to other, more marginalized, women.[49] The evidence suggests that governmental policies (in relation to social protection, labour and migration), provision of public care services, and worker's representation in decision-making spaces make a significant difference in improving the conditions and rights of paid care workers. For example, the ILO notes that the deregulation of private provision of care services in any context leads to a worsening of the labour conditions of paid care workers.[50]

Women's unequal responsibility for unpaid care work can undermine their ability to enjoy a range of human rights, including those stipulated in international human rights commitments. Governments' failure to address women and girls' disproportionate unpaid care workload can thus be understood as non-compliance with their international legally binding obligations regarding equality and non-discrimination. Similarly, low pay, dangerous and exploitative working conditions, and prohibition of paid care and domestic workers' organization contravenes many of the rights and freedoms set out in various international labour conventions. Annex 1 compiles the key international human rights instruments and relevant provisions for unpaid and paid care work.

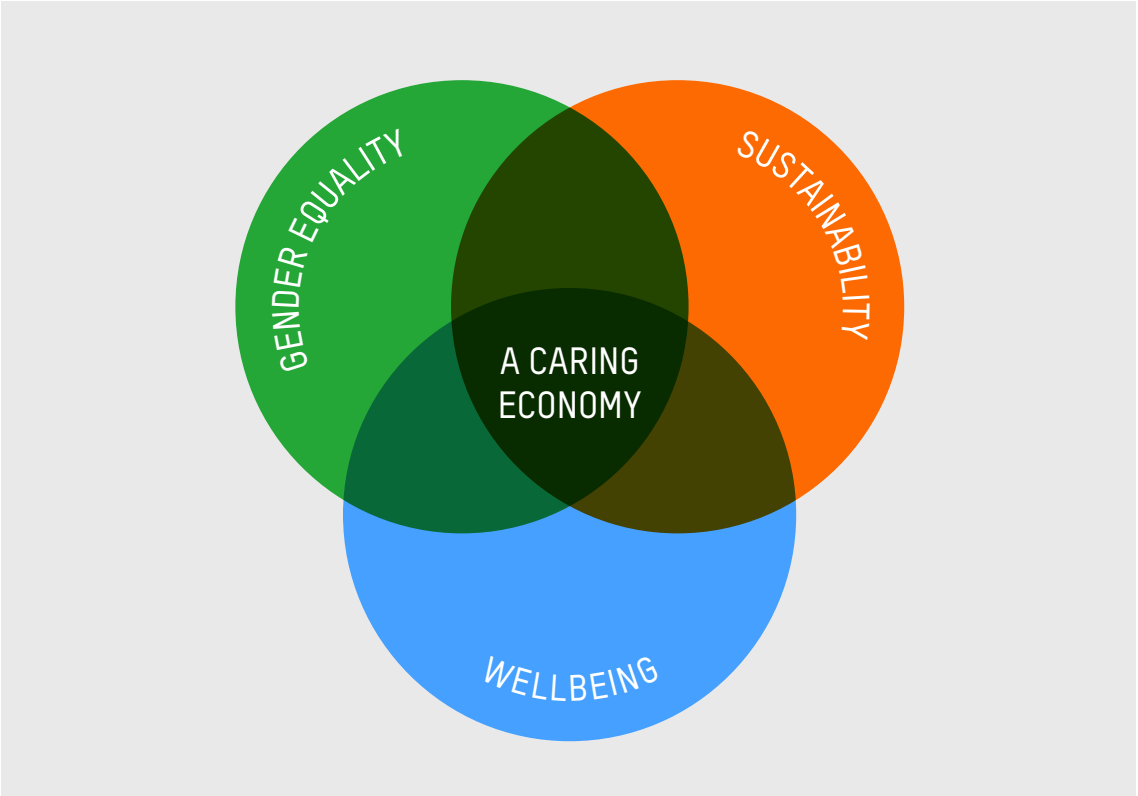
II. Transformative care policies

Transformative care policies consider the needs and rights of both caregivers and care receivers, while also affirming their agency, dignity, autonomy and wellbeing.[51] A focus on the rights of both caregivers and care receivers is important. For example, the access of a child living in poverty to appropriate care can impact both their wellbeing and social mobility. Ultimately, transformative care policies aim to shift the gender norms, power relations and racial discrimination that underlie the undervaluing of care work. Transformative care policies rely on the adoption of a human rights-based approach to care policies and the formation of broad political alliances – including with carers and feminist movements – and the use of evidence to inform policy design and monitoring.[52]

Transformative care policies are critical to creating an economy that values wellbeing over wealth and puts people and planet first.[53] Together with progressive and fair taxation, gender-responsive monetary policies and just climate policies, transformative care policies can foster a society that is centred on wellbeing, justice and equality.[54] As such, transformative care policies have the potential to contribute to several objectives such as gender and racial equality, poverty reduction, decent and dignified work for all, and low-carbon economies.[55]

The call for transformative care policies has emerged from broad alliances and consensus-building processes in which women's movements, along with labour and other social movements, have actively engaged with government actors to push for increased recognition of and investments in care.

FIGURE 3: CREATING A CARING ECONOMY



Source: Women's Budget Group[56]

Unpaid care work in the SDGs

The inclusion of unpaid care and domestic work in the Sustainable Development Goals (SDGs), as Target 5.4 and Indicator 5.4.1,[57] signals growing recognition globally of care as a social, economic and public policy issue. It also commits governments to monitoring and collecting data on unpaid care work.[58]

SDG Target 5.4: 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.

SDG Indicator 5.4.1: Proportion of time spent on unpaid domestic and care work, by sex, age and location.

The transformative impact of any care policy depends on whether other care-related policies are in place and the extent to which care is integrated across social and economic policies more broadly. For care policies to be truly transformative, they must be integrated in the wider social and economic policy ecosystem and rooted in a feminist, intersectional, anti-colonial and anti-racist approach.

This Scorecard aims to assess the transformative potential of care policies, in line with the ILO's core principles for transformative care policies[59] (these have been slightly expanded and adapted for the purposes of the Scorecard), such that they:

i) Are gender transformative and human rights-based, i.e. they actively and systematically expand the rights, capabilities and choices of men and women, and address other dimensions of inequalities (e.g. race, ethnicity, disability, place of origin, gender identity). They also address restrictive gender norms and stereotypes.

ii) Guarantee the human rights, agency and wellbeing of caregivers as well as those receiving care.

iii) Are universal, i.e. they ensure that adequate benefits are equally available and accessible to all, especially those likely to be left behind – reaching the entire population with similar high-quality services and generous transfers.

iv) Ensure that the government has the overall and primary responsibility. Recognizing care as a social good, the government plays a leading role in setting benefits and defining the quality of services, regulating the market and acting as a core funding entity as well as a direct provider and employer of care workers in the public sector.

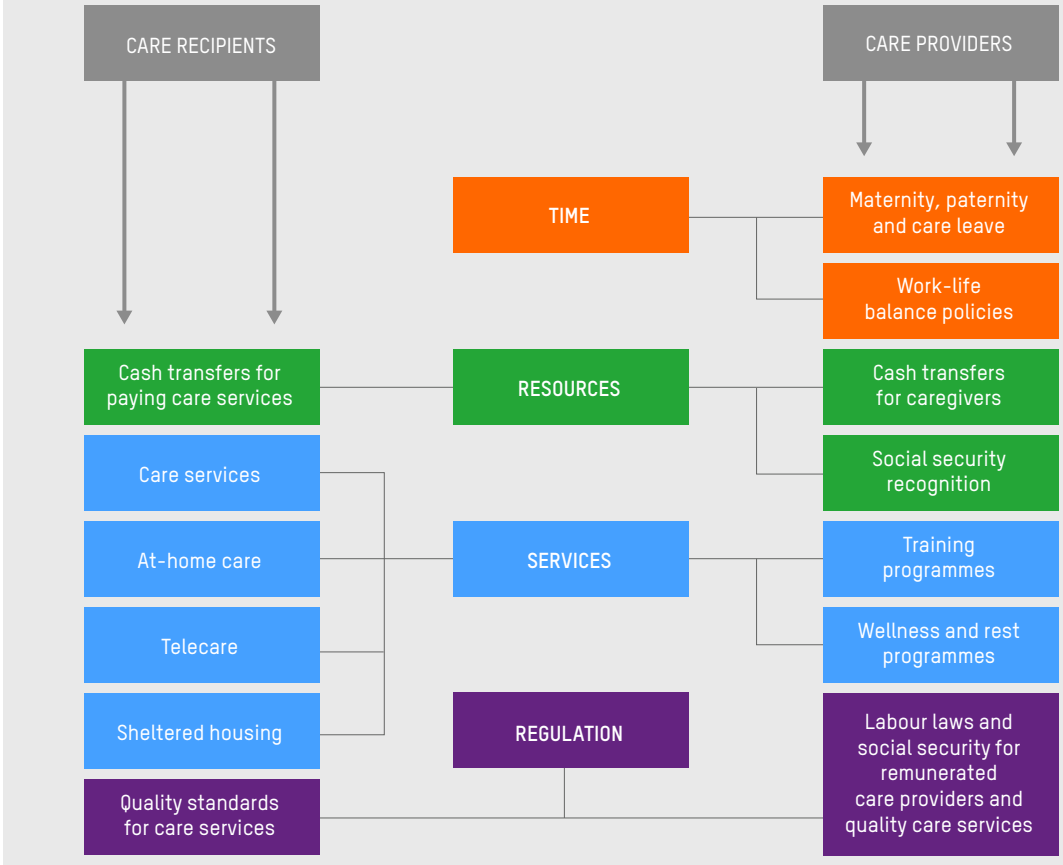
v) Are founded on social dialogue and representation. Care receivers, unpaid caregivers and paid care workers are included in policy decisions and evaluations in order to ensure these meet their needs and expectations.[60]

Promising moves towards a transformative approach to care in Latin America

Since 1977, the feminist movement in Latin America and the Caribbean has made significant progress on the care agenda, including on the idea of the shared responsibility of care. Following on from the 2010 Regional Conference on Women, the Brasilia Consensus (2010) highlighted care as a universal right that needs integrated policies to ensure that care is a shared responsibility of the government, private sector and society. Participating countries agreed to adopt measures concerning care policies as a means of addressing the challenges to women's autonomy and gender equality.

In practice, Uruguay is one of only a few countries to have developed an integrated approach to care (depicted in the diagram below) that considers both caregivers and care receivers, and which is defined in policy instruments (e.g. the 2015 Law 19353 on a National Integrated System of Care). Chile, Costa Rica and El Salvador are also working towards National Integrated Systems of Care. In Colombia and Ecuador, as in the cities of Mexico City and Cochabamba (Bolivia), women's organizations and national coalitions are leading discussions on integrated care policies and strategies.

FIGURE 4: URUGUAY'S APPROACH TO AN INTEGRATED CARE POLICY



Source: M.N. Rico and C. Robles (2016), Economic Commission for Latin America and the Caribbean

III. The importance of fiscal policies for transformative care agendas

Fiscal policies relate to the use of government spending, borrowing and tax policies (revenue raising) to influence economic and social conditions. Ultimately, they reflect what governments consider valuable and worthy of spending revenues on. To achieve a caring economy, we need to shift fiscal policies towards prioritizing wellbeing and equality over GDP growth. This means raising more revenue to support adequate investments in transformative care policies. It also requires restructuring tax systems away from regressive consumption taxes that entrench gender and economic inequalities by overtaxing those who are least able to pay, towards progressive taxes on those who can most afford to pay.[61]

Progressive taxation and care

Many governments currently over-rely on regressive taxes such as VAT, which penalize carers (predominantly women and those living in poverty) because they are more likely to be responsible for household budgets, reliant on consumption goods and in part-time employment, and therefore paying a higher proportion of their income on VAT. This also means that those who are disproportionately responsible for providing care are less able to afford care when care services are privatized or involve a user fee.

What is needed instead are taxes on corporations and individuals with top incomes and wealth, who continue to benefit from tax cuts despite their ability to pay. The amount raised by taxing an additional 0.5% of the wealth of the richest 1% over the next 10 years is equal to the investments needed to create 117 million jobs in education, health and elderly care and other sectors, and to close care deficits.[62] Addressing tax avoidance[63] and evasion can also go a long way in plugging the huge gaps in gender-responsive public service provision.[64]

Prioritizing public investments in care services and infrastructure is both a positive example of gender budgeting and an effective policy for promoting inclusive and sustainable economies.[65] As such, fiscal policies need to be grounded in an understanding of how tax systems, spending and borrowing interact with gender roles and differences in consumption, labour and income to affect women and men differently – and how by doing so, they increase or decrease inequalities.[66] Governments can undertake gender-responsive budgeting to examine how revenues are raised, lost and spent, who takes on the bulk of taxation, how taxes are affecting social norms and gender roles, and whether revenues raised are sufficient to close the gender gap. Women's movements and carers, especially from marginalized communities, need to be consulted on how tax impacts their lives and what a fairer tax system would look like.

HOW TO USE THE CARE POLICY SCORECARD

This section provides guidance on the main considerations for planning and undertaking an assessment using the Scorecard and disseminating the results.

I. Planning for the Scorecard assessment

First, decide on your objectives and consider this alongside the time, resources (human and financial) and relationships you have available to undertake the assessment. You may wish to undertake the Scorecard assessment to support and inform advocacy with national or sub-national government, or to increase your knowledge and understanding of care policies and their implementation in a particular country.

The table below provides a summary of some of the factors to consider in deciding how to undertake the assessment.

TABLE 2: DIFFERENT OPTIONS FOR UNDERTAKING THE SCORECARD ASSESSMENT

	In collaboration with a government ministry, department or agency	With a network/alliance of like-minded organizations (e.g. CSOs, research groups, think tanks)	As an individual organization
Pros	• Can provide an entry point with government counterparts to support relationship-building, dialogue and shared objectives around the care agenda • Can provide government buy-in to the Scorecard outcomes and make next steps, such as policy recommendations, more likely to be supported • Can provide official data	• Can provide an opportunity to develop shared advocacy priorities across the sector and build a coalition of actors addressing care issues • Can add weight and credibility to the assessment findings • Can provide more knowledge and resources to draw on • Can allow for a more participatory and collaborative design and research process	• Can be quicker to complete • Can provide more flexibility in when/how the assessment is undertaken • Can allow autonomy over the assessment criteria and scoring
Cons	• May take longer to complete assessment if there are competing government priorities • May need to negotiate on different interpretations of assessment criteria and scoring (that are non-official)	• May take longer to complete if multiple organizations are involved • May need to negotiate on different interpretations of assessment criteria and scoring	• May have fewer external sources of knowledge to draw on • May be more difficult to obtain government buy-in to the findings

Team composition: It is recommended to have a team of at least two or three people to undertake the assessment. This is important to confirm/triangulate responses to assessment criteria and help ensure that the scoring is as objective as possible. If undertaking the assessment with other organizations or government counterparts, it is recommended to nominate an overall lead

organization and focal point to oversee the assessment process, as well as a focal point within each participating organization.

Required skills: While specific expertise isn't required to do the Scorecard assessment, it is useful to ensure that the following skills are represented in the assessment team:

- Basic knowledge of research methods – ability to gather data and assess its quality, and an understanding of when and how to do interviews.
- Familiarity with policy- and/or law-making processes in the relevant country context (at national or sub-national level, depending on the focus of your assessment).
- Ability to interpret policy documents – understanding the inclusions and exclusions therein.
- Knowledge of actors – including key non-government actors – involved in policy making, implementation, data collection, impact assessment, etc.
- Understanding of budgetary allocations and government spending in the relevant country context (national or sub-national) to meet the requirements of the policy or legislation, and the on-the-ground realities. Understanding of budgetary trends.
- Familiarity with government monitoring and oversight processes.
- Experience of working with different trade unions, domestic worker groups or carers' organizations to understand the lived experiences of different categories of paid/unpaid care workers.

Note:

- It is recommended to have *at least two* people doing the scoring for an indicator. This is important for minimizing subjectivity and increasing consistency.
- Make sure the same people are doing the assessment for each indicator of a particular section (unpaid care/paid care/cross-sectoral). This is to ensure consistency and minimize differences in interpretation.
- You should answer ALL assessment criteria for each policy indicator.

Budget: In principle, the Scorecard assessment can be done with little to no additional budget, as the main 'cost' for the assessment itself will be staff time. It is recommended that staff participating in the Scorecard assessment have this recognized as one of their responsibilities for the duration of the assessment. However, depending on your advocacy objectives and with whom you plan to undertake the assessment, additional costs you may want to consider budgeting for include:

- *Initial meeting* with participating stakeholders to discuss the objectives, timeframe and process for developing and using the Scorecard.
- *Data collection* to gather key policy documents and other sources of verification to undertake the assessment (N.B. this would only incur a cost if done by a consultant).
- *Translation* of relevant assessment questions for supplementary interviews and/or for the final report.
- *Reimbursement* of any participant travel and phone/internet costs (if undertaking key informant interviews or focus group discussions).
- *Supplementary interviews* with decision makers, policy analysts, CSOs, caregivers and care receivers, and people involved in the design and/or implementation of the relevant policy areas.
- *Validation workshop* to share and validate assessment results and develop recommendations.
- *Report and communications products* including copy editing, design and publication/ dissemination.

Note: Depending on your context and budget, you may decide the above meetings are best done virtually (e.g. via Zoom) or in person.

Timeframe: It is recommended to allow approximately 4-6 months to complete the assessment.

Below is an indicative 4-month timeframe for doing *either* the unpaid *or* paid care policy section *plus* the cross-sectoral section (allow an extra 2-3 months if doing the full Scorecard).

- Collecting policy documents and sources of verification: 1 month
- Conducting supporting interviews, consultations with policy makers: 1-2 months
- Analysing documents, completing assessment criteria, validation workshop: 1-2 months
- Developing communications products, writing up results, report and dissemination launch: 1 month

II. Undertaking the Scorecard assessment

Deciding what to assess: First, decide which main section/s of the Scorecard you want to do – *either* unpaid care work policies *and/or* paid care work policies. This will depend on the focus of your organization's work, your advocacy objectives, and available time and budget. It is recommended to do the cross-sectoral policy section in addition to the main section/s you select, as this looks at social norms, which are often overlooked in public policies.

For the most comprehensive assessment, it is highly recommended to do all the policy areas within the chosen policy section (there are four policy areas for unpaid care, four for paid care and two for cross-sectoral policies). However, if you are limited by time or budget, you may decide to select just some of the policy areas within your chosen section that are most directly relevant to your work.

Note: Whether you are assessing all policy areas or a selected few, you should *complete all the indicators* within the policy areas. This is important to ensure consistency and accuracy of the assessment of a policy area.

Where there are multiple services or programmes under one policy (e.g. under sanitation services, latrines, wastewater disposal and garbage collection; under cash transfers, multiple cash transfer programmes) or multiple policies pertaining to a policy indicator, it is recommended that you assess each programme/service or policy separately.

Paid care policy tables – selecting a care worker category

For the paid care policy assessment, it is recommended to select *one category of care worker* for the assessment questions, based on your advocacy objectives and area of expertise (e.g. migrant domestic workers OR early childhood carers). This is because there is significant diversity in the range of experiences and relevance of policies to different care workers, making it difficult to answer the questions for all care workers at once. You can always assess a second category of care worker after you have done the first.

Audiences and the evidence they respond to best: In general, civil servants and policy makers tend to respond best to evidence that is generated by objective, credible methodology and that has clear solutions, while communities tend to respond best to evidence that is generated with their participation.[67] In developing your Scorecard, you will need to think about striking the right balance between the mix of sources and approaches to gathering the evidence.

FIGURE 5: WHO ARE WE TRYING TO INFLUENCE WITH EVIDENCE AND HOW?

POLICY MAKERS/ POLITICIANS

- Short briefings;
- Timely solutions that resonate with public mood and policy makers' values and priorities;
- Compelling stories;
- Big ideas;
- Positive visions.

CIVIL SERVANTS

- Objective,rigorous, credible methodology;
- Data;
- Technical details.

COMMUNITIES (GEOGRAPHIC, IDENTITY, INTEREST)

- Community-focused;
- Generated with their participation and participatory/action research.

ACTIVISTS, SUPPORTERS, GENERAL PUBLIC

- Human face to the story;
- Heroes and villains;
- Killer facts – easy to remember;
- Clear impacts of policy.

MEDIA

- Controversial,new;
- Human face to the story;
- Killer facts with numbers.

Source: Oxfam's Planning Research for Influencing guide

Gathering data and sources of verification: It is important that scores are assigned based on a verified source of information, not assumed or personal knowledge. Before starting the assessment process, you should aim to get a copy of each of the relevant policies for the indicators you are assessing, as a primary source of verification. This could either be through an internet search or by requesting it from the relevant government ministry/department/agency. You will then supplement this with other sources of verification, including evaluations, reports, media articles and interviews.

Types of data sources: The availability of sources of verification and supporting data will vary across different contexts and for different indicators. You should aim to use the best available sources that provide the most rigorous and objective data. The list below gives an indication of these potential sources. Where official government reports aren't available, move down the list to the next best available source. In contexts where government sources aren't considered reliable, use your judgement to select the most reliable source of information.

- Government or UN reports from the relevant ministry/department/agency
- Government white papers – these can provide useful information on budget allocation
- Independent or government evaluations – these can provide evidence of impact
- ILO CEACR reports – these can be used for monitoring the implementation of ILO conventions
- Interviews with government officials and NGOs/CSOs involved in the policy design process – these can identify who was involved in policy formulation and how the policy was designed
- Civil society Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) shadow reports
- NGO reports
- Media reports

More specific potential sources of verification are included under each indicator table. These sources are meant only as a guide, and it is recommended that assessors find national sources for the most context-specific data.

Annex 1 sets out key international human rights instruments and relevant provisions for unpaid and paid care work. Obligations under the international and regional human rights framework are complemented by labour standards set out in a variety of ILO conventions. Advocates can use this to complement their care policy advocacy with governments – by highlighting where commitments to international and regional conventions, frameworks and protocols are not being implemented in national policy. It can also be used as a guide for sources of verification when completing the assessment questions, particularly in the paid care section.

Supplementary interviews: If time and budget permit, you should aim to supplement and verify scores through interviews with relevant stakeholders such as government representatives, CSOs, community members or policy-focused researchers. This is especially important for the assessment questions around the policy development process and impact of policies, which are less likely to be rigorously reported on.

Interview methodology: You may choose to use either key informant interviews or a workshop-style approach with small focus groups looking at each of the policy indicators, or a combination of these. You can decide on the most appropriate methodology based on time and budget, questions to be answered and other factors relevant to your context. For all interviews, it is important to ensure that the right people are in the room – i.e. those who are most knowledgeable and authoritative on the specific policy area – and that you are aware of any power dynamics, e.g. in workshops with CSOs and government representatives. It is also important to be clear on the process for deciding what the final scores will be, e.g. by consensus or by the organization(s) leading the assessment making the decision.

It is up to you to decide how many interviews are needed but is recommended to carry out no more than 15 interviews and/or 6 focus groups. Any more than this and you will end up with a lot of data to process.

It is strongly recommended that you complete the desk review of policy documents and sources of verification *before* undertaking any interviews. This is so you know where the key data gaps are, and where to probe and what to focus on during the stakeholder interviews.

III. Adapting the Scorecard

Adapting the Scorecard for different contexts: You may decide to adapt the wording of particular assessment questions to make them more specific to your context. However, it is highly recommended that you maintain the overall *type* and *number* of assessment questions under each indicator, as they have been developed and tested to reflect critical domains of transformative care policy. Retaining the overall type and number of assessment questions is also important to enable consistency and comparability between different Scorecard assessments across countries.

Adapting the Scorecard for the sub-national level: Whether you decide to do the Scorecard at national or sub-national level will depend on: a) your advocacy and information priorities – where you see the most entry points and levers for change; b) where the best/most available information is; and c) the country's governance model. For contexts where the government is highly decentralized (i.e. where a range of powers, responsibilities and resources have been transferred to sub-national governments), you may decide to undertake the assessment at a sub-national level.

The assessment criteria are aimed at national-level policy but can be easily adapted for assessment at the sub-national level by simply substituting 'national' with the name of the district/state/county etc. for the first assessment criterion for each indicator and using this as the basis for the subsequent assessment criteria.

IV. Scoring

Before starting the scoring, make sure you have gathered in one place all the relevant written data sources, such as policy documents, evaluations, reports, information from websites, media articles, etc. Make sure you are familiar with them and how they relate to the policy indicators, as you will need to refer to these sources as part of the scoring process.

Begin with the first indicator for the section you are focusing on (unpaid care/paid care/cross-sectoral). It is recommended to work through the policy areas and indicators in order; however, you may find it easier to answer some policy areas and indicators than others, and choose to start with those. Where possible, try to complete a whole indicator before moving on to the next one. This is to ensure consistency in scoring within each indicator. After answering all the assessment criteria for an indicator, complete the scoring as shown below, then move to the next indicator.

Scoring the indicators: For each policy indicator there is a set of assessment criteria (12-22 for each indicator), with the option of either a 'Yes', 'Partially' or 'No' response.

Yes = 1
Partially = 0.5
No = 0

- For some assessment questions, you may feel it is difficult to give a definite 'Yes' or 'No' answer. In this instance, you can assign a partial score of 0.5. For example, you might assign a partial score when you can only answer 'Yes' to *part* of the assessment question, but feel it is appropriate to show that some progress is being made (see further guidance below). The 0.5 does not indicate a numerical equivalent of progress, i.e. the halfway point – rather it denotes that while some progress may have been made (i.e. the score should be more than 0), this falls short of a 1. In other words, assign a score of 0.5 to anything that you feel deserves a score more than 0 but less than 1.
- Where you unsure of what score to assign, confer with a colleague, policy maker, CSO representative or someone else who might have a view on it, and take a decision together.
- After answering Yes/Partially/No for each criterion in the indicator, add up the total score for that indicator. Note this total score in the last line of the assessment table.
- Next, divide the total score by the total number of assessment questions (this is provided in the last row of the table). Multiply this number by 100. This will give you the percentage. Write down the percentage you have scored in the assessment table.
- Taking the percentage you have just scored, check Table 3 below to assign the overall score (0-5) for the indicator. Mark your overall score in the 'Degree to which policy is transformative' cell in the assessment table.

Examples to illustrate partial scoring:

'*There is a national policy for the provision of piped water*' – a partial score can be given if the policy is under development but not yet finalized.

'*The policy provides for free ECCE services for all children between birth and 5 years of age*' – a partial score can be given if the policy provides for free ECCE services between birth and any age that is under 5 years of age.

'*The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds*' – a partial score can be given if CSOs or members of the general public were consulted but it is unclear whether women's rights organizations or women from diverse backgrounds were involved.

Scoring the policy areas: Once you have completed the scoring for all indicators, add up the total score and divide it by the total number of assessment questions for each policy area. Multiply this number by 100. This is the overall percentage. Taking the percentage you have just scored, check Table 3 below to assign the overall score for the policy area.

Note: Rounding percentage scores up/down: Anything between 0.5-0.9 of a decimal place should be rounded up to the nearest whole percentage. Anything between 0.1-0.4 of a decimal place should be rounded *down*. For example, a score of 45.5% is rounded up to 46%. A score of 45.4% is rounded down to 45%.

TABLE 3: DEGREE TO WHICH POLICIES ARE TRANSFORMATIVE FOR CARE

Percentage	Overall Score	Degree to which policies are transformative for care
0%	0	Policies do not exist
1-20%	1	Policies exist but are not transformative
21-40%	2	Policies exist and are transformative to a very limited extent
41-60%	3	Policies exist and are transformative to a limited extent
61-80%	4	Policies exist and are transformative to a moderate extent
81-100%	5	Policies exist and are transformative to a great extent

Documenting the score: In Annex 2 a sample scoring template is provided, which provides two additional columns for documenting the score. While it is not compulsory to include these columns, doing so is highly recommended so that you can verify how/why a certain score was assigned. This documentation will also make it easier to track how change happens over time if, for example, policies are amended or newly developed.

Assessment criteria	Score			Rationale for score	Sources of verification
	Yes	Partial	No		
There is a national policy for the provision of sanitation services	1	0.5	0	Explain why you assigned this score.	List what sources you consulted, e.g. National water and sanitation policy (2018-2023), Section 6.

Reporting the score: A reporting template is provided in Annex 3 with suggested key headings and layout to report the findings of the Scorecard.

V. Using the Scorecard for policy advocacy

As mentioned in 'Planning for the Scorecard assessment' above, how you carry out the Scorecard assessment and use the results will depend on your overall advocacy objectives.

Getting early support and buy-in for the Scorecard from government influencing targets can be useful for ensuring they take notice of the results and findings. Below are some ideas to help build ownership and buy-in from key stakeholders:

- Share and discuss the draft scoring in a safe space, such as through a **validation workshop**. This can also be a good opportunity to develop a **shared set of recommendations** for addressing gaps in indicators that have scored less well.
- Discuss findings in a **one-to-one meeting** with key decision makers.
- Develop a **short Scorecard report** (recommended) with the main findings of the assessment that can be shared with stakeholders, allies and influencing targets. A template for the report is provided in Annex 3.
- Ask government representatives and other key stakeholders to **comment on a first draft** of the Scorecard report and/or to **preview the final report** and speak at a launch.

- Develop a **policy brief** that integrates the Scorecard results with key recommendations for national/sub-national policy makers. It can be useful to develop this together with other CSO/research/think tank allies. Other knowledge products, depending on the audience, can include blogs, vlogs and posters.
- Co-host a **policy dialogue** or organize a **panel discussion** with key influencing targets at other national, regional or global events.
- Oxfam's Influencing for Impact Guide is a useful resource to support the planning and dissemination of the Scorecard,[68] as is its Planning Research for Influencing guide.

PART B:
THE CARE POLICY SCORECARD

Sections 1-3 below set out the key policy areas for addressing unpaid care and paid care work, as well as cross-sectoral policies. Each policy area within these sections includes a set of indicators, along with assessment criteria to develop an overall score for each indicator. At the start of each policy area there is an explanation of how it addresses inequalities in unpaid/paid care work and key considerations for policy design and implementation. With each indicator there is a brief description of its relevance for care and specific sources of verification. At the end of each policy area, a scoring matrix is provided to indicate the degree to which the policies are transformative.

The Scorecard has been developed with the knowledge that for some indicators there may be a lack of data and information for measuring achievement. These more aspirational indicators have been included to start a dialogue about what transformative care policies look like, and to highlight the need to collect data along these critical dimensions.

Note: Country-specific examples of care-related policy measures can be found in the evidence review published alongside the conceptual framework.

Annex 1 provides a list of international human rights commitments relevant to paid and unpaid care.

Annex 2 and Annex 3 contain scoring and reporting templates.

SECTION 1: UNPAID CARE WORK

This section sets out the key care policy areas related to unpaid care work, the policy measures they entail, how they address inequalities in heavy and unequal unpaid care work, and what makes them transformative. Annex 1 sets out key international human rights instruments and relevant provisions for unpaid and paid care work. This can also be used as a guide for sources of verification when completing the assessment questions.

Important points to consider for key assessment questions
The following groups and characteristics of people most likely to be marginalized and overlooked in policy making should be considered when answering assessment questions about accessibility/reach/inclusion/monitoring and design/impact. Questions related to these groups and characteristics are marked with an asterisk (*).

- **Groups/populations most likely to be underserved and marginalized*:** women, youth and older people, informally employed workers, single-parent households, minority religious/caste/race or ethnic groups, people with disabilities, people on low incomes, migrants, homeless people, refugees, people living in rural areas, LGBTQIA+ people.
- **Characteristics for inclusion in disaggregated* data:** age, gender, sexual orientation, religion/caste/ethnicity or race, income, disability, migration status, location (urban/rural).
- **Women and/or women's rights organizations from diverse* backgrounds** in terms of age, sexual orientation, religion/caste/ethnicity or race, income, disability, migration status, location (urban/rural), type (e.g. workers' organizations).

POLICY AREA 1.1: CARE-SUPPORTING PHYSICAL INFRASTRUCTURE

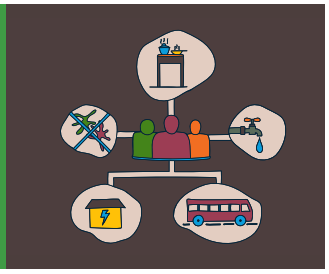
What it involves and how it addresses inequalities in unpaid care work
Basic infrastructure, such as piped water, electricity and public transport, can **reduce** the time and intensity of household/domestic care tasks, especially in low-income countries and rural and low-income communities, helping to free up women's time for studying, paid work, civic and political life, and leisure and social activities. Care-supporting physical infrastructure includes infrastructure to reduce the time and heavy labour of household tasks most common in low-income rural areas, such as collecting water and fuelwood. It also includes access to affordable and accessible public transport, which can reduce the time needed to reach essential public services such as health facilities, schools and banks, as well as provisions for technology and equipment that can reduce the time and intensity of domestic tasks such as cooking, cleaning and washing. The role of basic infrastructure is recognized in SDG Target 5.4[69] and ILO Convention 156 on Workers with Family Responsibilities Recommendation, 1981.[70]

Key considerations

- These policy measures are most relevant to low- and middle-income countries where access to quality and affordable basic services, infrastructure, and time- and energy-saving equipment and technologies (TESET) is limited, particularly in rural areas. However, they also apply to low-income communities in the Global North with poor access to quality public services and TESET.
- In many countries, women have primary responsibility for managing household water and sanitation; however, women are significantly underrepresented in water and sanitation management committees at local and national levels. Policies that include guidelines and quotas for the representation of women in water and sanitation management committees and decision making are therefore important.
- Advocates should be careful not to perpetuate the idea that TESET will necessarily 'free up' women's time. In some contexts, TESET can reduce the time spent on a single domestic care task but may not reduce women's time on unpaid care work overall – or may actually

increase it. For example, studies have found that in households where electricity is used to meet basic needs such as lighting, women spend more time on care and domestic tasks that they couldn't previously do before dark.[71] This highlights the importance of combining TESET interventions with social norms interventions that address the gendered nature of domestic tasks, so that men take on a greater share of the tasks.

POLICY AREA 1.1 INDICATORS



Indicator 1.1.1: Piped water

Relevance: The provision of and access to potable, reliable and affordable piped water can considerably reduce the time and energy spent on domestic care activities such as collecting and using water for drinking, cooking, cleaning, laundry, and bathing children and other dependants. This indicator is especially relevant for low-income countries and among low-income and rural communities where long distances to water sources or unreliable water supply can mean women spend several hours a day carrying heavy containers of water. In sub-Saharan Africa, only 55% of households are within 15 minutes of a water source and, collectively, women spend at least 15 million hours each day fetching and carrying water (compared to six million hours for men).[72]

Indicator 1.1.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of piped water	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that piped water services/facilities are universally available and accessible to everyone	1	0.5	0
The policy ensures that piped water services/facilities are free/affordable for low-income groups	1	0.5	0
Piped water services/facilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for piped water services/facilities is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0

Piped water services/facilities are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of piped water services/facilities	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for caregivers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management governance structures for piped water services/facilities	1	0.5	0
Score for Indicator 1.1.1 ___ /18	**___%**		
Degree to which policy is transformative (0-5)	**___**		

Sources of verification

- Access/coverage data on care-supporting physical infrastructure is commonly provided by demographic census, household budget surveys and time-use surveys.
- In Latin America, CEPALSTAT has statistics about access to clean water (SDG 6).
- UNECE Statistics Database Millennium Development Goals: Drinking water and sanitation.
- SDG Indicator 6.1.1, Indicator 6.3.2.

Indicator 1.1.2: Household electricity

Relevance: The provision of and access to reliable and affordable household electricity is important for reducing time and labour spent on domestic tasks by unpaid (and paid) care workers, with the help of time- and energy-saving equipment that uses electricity (such as electric light for working in the evenings, refrigeration, grain grinding mills, washing machines, electric stoves and vacuum cleaners, etc.). It is an especially relevant indicator for low-income countries and among rural and low-income communities.

Tax breaks or subsidies for low-income and marginalized communities can help ensure that they can access electricity. However, there is some controversy around electricity and fuel subsidies due to their environmental impact, highlighting the need to provide affordable environment-friendly energy for the most poor and marginalized people.

Indicator 1.1.2 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of household electricity	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that household electricity is universally available and accessible to everyone	1	0.5	0
The policy guarantees availability of free/affordable household electricity for 24 hours a day to everyone	1	0.5	0
Household electricity services/facilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for household electricity services/facilities is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Household electricity services/facilities are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of household electricity services/facilities	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for caregivers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for household electricity services	1	0.5	0
Score for Indicator 1.1.2 ____ /18	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Data on care-supporting physical infrastructure is commonly provided by demographic census, household budget surveys and time-use surveys.
- Some countries have programmes which aim to promote electricity supply for poorer parts of the population, e.g. specific electricity tariffs for people on low incomes, facilitated by tax legislation.
- In Latin America, CEPALSTAT has statistics about access to energy (SDG 7).
- The International Household Survey Network, Gender Data Navigator, Housing and Household Assets compile surveys from each country related to access to water, electricity, cooking and durable goods.

Indicator 1.1.3: Sanitation services and facilities

Relevance: The provision of and access to sanitation facilities and services such as latrines and toilets, rubbish collection and wastewater disposal avoids the spread of diseases; as such, it can reduce the time women spend on sanitation activities and looking after sick family and community members. Sanitation services are also relevant for reducing the time women spend on bathing and cleaning their children and other dependants.

Note: For this indicator, we recommend answering the assessment questions for one type of facility or service (e.g. latrines or rubbish collection).

Indicator 1.1.3 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of sanitation services and facilities	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that sanitation services/facilities are universally available and accessible to everyone	1	0.5	0
The policy ensures that sanitation services/facilities are free/affordable for low-income groups	1	0.5	0
Sanitation services/facilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for sanitation services/facilities is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Sanitation services/facilities are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0

The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of sanitation services/facilities	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for caregivers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for sanitation services/facilities	1	0.5	0
Score for Indicator 1.1.3 ____ /18	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Access/coverage data on care-supporting physical infrastructure is commonly provided by demographic censuses and household budget surveys.
- The UN SDG database (SDG Target 6.2) and the World Bank database also have data on basic infrastructure.
- WaterAid has data on affordability in certain contexts.
- Information on budget allocations is typically available through government white papers.
- Interviews with government officials and NGOs/CSOs involved in the policy design process may reveal who was involved in policy formulation and how the policy was designed.
- Evidence of impact may be gleaned from independent impact evaluations.

Indicator 1.1.4: Public transport

Relevance: The provision of and access to safe, frequent and affordable public transport (such as buses, trains and trams) that is accessible, reliable and well networked is particularly important in low-income contexts and rural areas where such infrastructure is lacking, and for populations that live far from places of paid work and care services such as schools, hospitals, eldercare centres, markets and pharmacies, who have to travel long distances to fulfil caring responsibilities. The affordability, regularity, reliability and networking of transport systems are important factors in determining whether or not they support people with care responsibilities, as is their accessibility for older people or people with disabilities, and for people with strollers, shopping carts etc.

Indicator 1.1.4 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of public transport	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that public transport services are free/affordable for low-income groups	1	0.5	0
Public transport services under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Public transport services under this policy are safe, reliable and well networked	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for public transport services is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Public transport services are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of public transport services	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for caregivers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for public transport services	1	0.5	0
Score for Indicator 1.1.4 ___/18	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Some countries have time-use surveys with specific questions about the time people spend using public transport.
- Some countries have specific statistics about travel, e.g. National Travel Survey - UK.
- UNECE has a database about transport.
- International Transport Forum provides key transport statistics.

Indicator 1.1.5: Time- and energy-saving equipment and technologies

Relevance: The provision of and access to time- and energy-saving equipment and technologies (TESET) such as grinding mills, clean-energy cookstoves, washing equipment and machines, dishwashers, gas cylinders and vacuum cleaners etc. has a significant impact on the time and intensity of unpaid domestic care tasks.

While the provision of TESET alone is not enough to reduce women's overall time spent on household care tasks (without addressing gendered norms around care, TESET can in fact increase the time women spend on care tasks by increasing the expectation that they do more care work), it can help to reduce the most time- and labour-intensive household care tasks. In some contexts, the availability of TESET can help to facilitate men taking on an equal share of care work.

Indicator 1.1.5 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of time- and energy-saving equipment and technologies (TESET)	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that TESET are universally available and accessible to everyone	1	0.5	0
The policy ensures that TESET are free/affordable for low-income groups	1	0.5	0
TESET programmes under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for TESET programmes is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/ implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
TESET programmes are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0

The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of TESET programmes	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for caregivers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for the provision of TESET	1	0.5	0
Score for Indicator 1.1.5 ___/18	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Data on care-supporting physical infrastructure is commonly provided by demographic census and household budget surveys.
- The International Household Survey Network, Gender Data Navigator, Housing and Household Assets compile the surveys from each country related to access to water, electricity, cooking and access to TESET.

Degree to which policies are transformative in Policy Area 1.1: Care-supporting physical infrastructure	
Total score across all indicators:	**____/90**
Percentage:	**____%**
Overall degree to which policies are transformative (0-5):	**_____**

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POLICY AREA 1.2: CARE SERVICES

What it involves and how it addresses inequalities in unpaid care work

Care services help to **redistribute** to government, the private sector and not-for-profit organizations the responsibility and costs of some of households' unpaid care work for pre-school children, people who are sick or elderly, or those with additional care needs. Care services include early childhood care and education (ECCE) services, such as programmes – typically centre- or home-based – that support children's survival, development and learning from birth to primary school entry, as well as workplace childcare services. A distinction is made between early childhood educational development (for 0–2 years of age) and pre-primary programmes (3 years to school-entry age).[73]

Long-term care services include services and policies that support people with long-term care needs, including people living with chronic physical illness or mental health conditions, older people and people with disabilities. These services are typically provided at home or in institutions.

Healthcare services encompass the provision of medical services for the entire population to maintain or improve health outcomes.[74] They include maternal and reproductive healthcare, which are important for the health and wellbeing of both caregivers and care receivers.

Key considerations

- The availability and affordability of childcare and eldercare services affect the choices that caregivers, particularly women, make regarding the type of paid work that they do, whether they stay at home, or how they combine paid work with unpaid care responsibilities.[75]
- Distance to healthcare and childcare facilities, user fees, insurance fees and quality of services provided are key factors determining access to these services, particularly in rural or low-income communities. It is important that care services are designed with the needs of carers in mind, e.g. with opening times before and after working hours, close to public transport, etc.
- Decent wages and working conditions for paid care workers – including training for increased staff qualification levels, staff development and pay progression opportunities – positively impact the quality of care services (**note:** this is reflected in the paid care policy section).

POLICY AREA 1.2 INDICATORS

Indicator 1.2.1: Public healthcare services

Relevance: The provision of and access to quality, affordable universal healthcare is not only important for improving health outcomes but also for reducing the time women spend caring for sick family and community members, and redistributing some of the workload from households to the government.

In many contexts, women are expected to fill the gaps in weak public healthcare systems by caring for sick family and community members, often putting themselves at increased risk of infectious diseases and other negative health and psychological impacts.

Comprehensive sexual and reproductive healthcare is an important component of healthcare policies. These services are essential for giving women more choice over the number and spacing of their children, greater control over their own bodies and their unpaid care workloads, and for improving the quality of care they are able to provide. They are also important for reducing mortality rates of both mothers and children.

Universal healthcare services should be of high quality, with trained health practitioners who are remunerated fairly (see paid care policy section). The universal healthcare system should also cover different specialties, including mental health and access to subsidized vaccines and medicines.

Indicator 1.2.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of public healthcare services	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations, including informally employed workers	1	0.5	0
The policy ensures that public health services are universally available and accessible to everyone	1	0.5	0
The policy ensures that public health services are proportional to people's ability to pay and free/affordable for low-income groups	1	0.5	0
Public health services under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
The policy includes the provision of sexual and reproductive healthcare services	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for public health services is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/ implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Public health services are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of public health services	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers	1	0.5	0

Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for caregivers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for public healthcare services	1	0.5	0
Score for Indicator 1.2.1 ___/19	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Information about a country's health system coverage is commonly provided by the Constitution. It may also be provided by some specific government programmes.
- The World Health Organization (WHO) data platform has an index of essential services coverage.
- Information collected under SDG Indicator 3.8.1: 'Coverage of essential health services' and SDG Indicator 3.8.2: 'Proportion of the population with large household expenditure on health as a share of total household expenditure or income' can also be used.
- Evidence of specific healthcare programmes promoted by national ministries.
- Legislation about maternity protection and access to health system.
- UN Minimum Set of Gender Indicators: Indicator 34 'Maternal mortality ratio'; Indicator 35 'Antenatal care coverage'.
- The WHO data platform provides data about maternal mortality.
- UN Millennium Development Goals Indicators, Target 5.B: Universal access to reproductive health.

Indicator 1.2.2: Early childhood care and education (ECCE) services

Relevance: The provision of and access to affordable, safe and quality ECCE is important for reducing the time women spend on unpaid care activities and for redistributing some of this workload from the private to public spheres. It also enables parents to better manage paid and unpaid care work responsibilities. More than 40% of all children below primary-school age – nearly 350 million children – need childcare but do not have access to it.[76]

Policies must ensure that childcare services are accessible, of high quality and offer safe spaces for children, through a sufficient number of centres staffed by trained teachers who are remunerated fairly. The policy should also ensure that there are no gaps between the period of parental leave, the start of ECCE provision and the start of school.

Indicator 1.2.2 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of early childhood care and education (ECCE) services	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations, including informally employed workers	1	0.5	0

The policy ensures that ECCE services are universally available and accessible to everyone	1	0.5	0
The policy ensures that ECCE services are proportional to people's ability to pay and free/affordable for low-income groups	1	0.5	0
The policy provides for free ECCE services for all children between birth and 5 years of age	1	0.5	0
The policy recognizes the importance of ECCE services having operational hours that are practical for the paid working hours of parents and/or that are at least 8 hours a day	1	0.5	0
ECCE services under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for ECCE services is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
ECCE services are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of ECCE services	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds as well as carers	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to redistribute time, costs and labour for unpaid carers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the redistribution of unpaid care work and/or on the wellbeing of children, parents and grandparents as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for ECCE services	1	0.5	0
Score for Indicator 1.2.2 ___/21		**____%**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification

- Some countries have specific surveys that aim to collect data about the use of childcare services. Independent or government evaluations may also have been conducted.
- Time-use surveys may provide information about childcare services. As an example, the 'Quality Life Survey' in Colombia asks about the usual type of care for every child over five.
- The OECD database has data about early childhood education.
- UNICEF education reports provide the net attendance rate one year before the official primary entry age.
- Signatory list ILO Convention on the Rights of the Child (1989).
- Some countries have administrative records from the ministry of education and other ministries.
- SDG Indicator 4.2.1 (participation rate in organized learning) can be used as a metric of coverage of ECCE policies. SDG Indicator 4.2.1 is disaggregated by gender.

Indicator 1.2.3: Care services for older people

Relevance: The provision of and access to affordable, safe and quality care services for older people is not only important for improving their health and ensuring they live dignified lives, but also for allowing for families and caregivers to receive support and redistribute some of the care responsibility from households to the government.

Indicator 1.2.3 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of care services for older people	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that care services for older people are universally available and accessible to all older people	1	0.5	0
The policy ensures that care services for older people are proportional to their ability to pay and free/affordable for low-income groups	1	0.5	0
Care services for older people under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for care services for older people is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Care services for older people are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			

There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of care services for older people	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds as well as those in need of care and their carers	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to redistribute the time, cost and labour for unpaid carers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the redistribution of unpaid care work and/or on the wellbeing of caregivers and care receivers as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for care services for older people	1	0.5	0
Score for Indicator 1.2.3 ___/19	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Specific legislation and social programmes/benefits for the elderly population.
- Time-use surveys may provide information about the eldercare system.
- The care of older people is a commitment of the SDGs: see here.
- OECD index of Old-age income poverty.
- WHO data about elder abuse.

Indicator 1.2.4: Care services for people with additional care needs

Relevance: The provision of and access to timely, quality and affordable care services for people with additional care needs, such as those living with a disability or a mental health condition, is important for supporting unpaid carers and redistributing unpaid care responsibilities within and between households, extended families, communities and the government. Given the continued prevalence of stigmatization and discrimination towards people living with disabilities or a mental health condition, it is particularly important that care services policies for these groups and others with additional care needs ensure that the wellbeing, dignity and rights of care receivers are respected.

Note: For this indicator, it is recommended to complete assessment questions for disability and mental health services separately.

Indicator 1.2.4 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of care services for people with additional care needs (such as a those living with a disability or mental health condition)	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved areas and marginalized* populations	1	0.5	0
The policy ensures that care services are available and accessible to all those with additional care needs	1	0.5	0
The policy ensures that care services for people with additional care needs are proportional to their ability to pay and free/affordable for low-income groups	1	0.5	0
Care services for people with additional care needs under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for care services for people with additional care needs is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Care services for people with additional care needs are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of care services for people with additional care needs	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds as well as those in need of care and their carers	1	0.5	0

There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to redistribute time, costs and labour for unpaid carers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the redistribution of unpaid care work and/or on the wellbeing of caregivers and care receivers as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for care services for people with additional care needs	1	0.5	0
Score for Indicator 1.2.4 __/19	**___%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Specific programmes that focus on people with additional care needs.
- Some countries have a question in household surveys about access to public cash transfers and assistance systems for people living with a disability or a mental health condition.
- Specific programmes and legislation about people living with a disability or a mental health condition.

Degree to which policies are transformative in Policy Area 1.2: Care services	
Total score across all indicators:	**____/78**
Percentage:	**____%**
Overall degree to which policies are transformative (0-5):	**_____**

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POLICY AREA 1.3: SOCIAL PROTECTION BENEFITS RELATED TO CARE

What it involves and how it addresses inequalities in unpaid care work

Social protection schemes provide a crucial safety net for those living in poverty and vulnerability, and help to reduce poverty and exclusion. They also play an important role in the **recognition** of care work as a valuable contribution to society that is worthy of the government's resources, and of women's contributions to this vital, life-sustaining work.

Unpaid care work responsibilities affect the extent to which women, particularly from low-income households, are able to access and use social protection provisions. Social protection schemes can help **reduce** the time women spend on care work or the associated costs of care, e.g. through provision of school meals, while improving the quality of care they are able to provide. Social protection schemes also play an important role in the **redistribution** of responsibility from households to the government and employers. This is the case for social protection schemes that acknowledge the care contingencies that occur in individuals' lives and address them by providing financial transfers or in-kind support to unpaid carers or people in need of care. These benefits are in connection with the costs of pregnancy, childbirth and adoption, disability and long-term care, raising children and caring for other family and community members.

Social protection benefits related to care include pensions, tax rebates and cash-for-care transfers. They also include cash transfer programmes and employment programmes with a specific care component, such as public works programmes that support people with care responsibilities to remain within or re-enter the formal labour force.

Key considerations

- These policies should be universal and founded on principles of solidarity between generations; they should consider gender, race and class inequalities, and people's ability to contribute financially to social protection schemes.
- Policies should recognize how gendered inequalities in care work shape women's access to social protection programmes.
- Social protection is a right for all workers. Informally employed workers and unpaid carers have the same right as formal workers to healthy and safe working conditions and to access social protection schemes. Such programmes should be designed to reach as many workers as possible.
- It is important that social protection measures do not have conditionalities that presuppose or reinforce the maternal roles of women/gendered division of labour. For example, conditional cash transfer (CCT) programmes targeted at women for care-related activities (e.g. taking children to school or to get vaccinated) can have the unintended negative effect of reinforcing gender roles of women (as opposed to men) as caregivers. CCTs that incentivize women to take part in paid work without factoring in their unpaid care work responsibilities can also have negative impacts on women, by leaving them more time-poor.[77]
- Where means testing is carried out, it is important that both women and men are involved in the needs assessments and that intersectional characteristics are included.

POLICY AREA 1.3 INDICATORS

Indicator 1.3.1: Public pension

Relevance: Policies that aim to increase carers' access to pension benefits are important for improving the living conditions of people with care responsibilities, improving the quality of care they provide, preventing older women from falling into poverty and reducing gendered disparities in standards of living in later life. On average, women retire with 40% less pension than men.[78] This gender pension gap is largely due to women's caring responsibilities and the resultant shorter periods they spend in paid work, as well as their greater likelihood of being in informal employment and earning lower wages compared to men.

The gender pension gap can be mitigated by universal social pensions. Public pension schemes are usually contributory, which excludes large parts of the population, particularly women. Pension schemes should therefore be non-contributory, acknowledging women's lower and less regular formal employment levels. They should recognize all forms of employment (formal/informal) and work (paid/unpaid), including the work of individuals who are full-time unpaid caregivers. Schemes should also include pensions for illness, disability, old age and unemployment, as well as death insurance.

In line with ILO Convention 102 on Social Security (Minimum Standards), it is important that pensions are sufficient to 'maintain the family of the beneficiary in health and decency'.[79]

Indicator 1.3.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of a public pension	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations, including informally employed women	1	0.5	0
The policy ensures that the pension scheme is universally accessible and available to all (i.e. is not targeted according to citizenship, contract type, employment status) and is non-contributory	1	0.5	0
The policy provides for illness, disability, old age, unemployment and death	1	0.5	0
The majority (≥ 75%) of all women eligible for pensions (above 60 years old, disabled, unemployed) are receiving a public pension	1	0.5	0
The policy provides pension amounts that are 'sufficient to maintain the family of the beneficiary in health and decency' (ILO Convention 102)	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0

The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for pension schemes is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/ implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Pension schemes are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of pension schemes	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets for women and informally employed workers	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of lack of provision	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, including informally employed women	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between households and the government, and/or improve the social and economic wellbeing of caregivers)	1	0.5	0
There is evidence of positive impact on the social and economic wellbeing of caregivers and/or a reduction in the gender pension gap as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for government pension schemes	1	0.5	0
Score for Indicator 1.3.1 ___/20	**___%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Legislation of pension system and data about public pension coverage.
- ILOSTAT has a database related to social protection around the world.

Indicator 1.3.2: Cash transfer policies related to care

Relevance: Cash benefits, cash transfer programmes for people with unpaid care responsibilities, and tax credits can contribute to household budgets, subsidize the cost of caring for children, older people or family members with disabilities, chronic illness or mental health issues and compensate for unpaid carers' forgone income. It is important that these transfers are of adequate amounts to meet the costs of caregiving and that they benefit low-income and vulnerable families in particular.

Cash transfer policies should be without behavioural conditionalities such as health and education – as their inclusion not only presumes availability of the supply of such services but, more importantly, puts additional pressure on women, as primary caregivers, to fulfil these conditionalities.

Indicator 1.3.2 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of cash transfer programmes related to care	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations, including informally employed women	1	0.5	0
The policy ensures that cash transfers are available and accessible to all those within the selected recipient categories of the policy (e.g. childcare-related cash transfers are available to all who have children)	1	0.5	0
The policy stipulates that cash and in-kind transfers related to care do not have conditionalities	1	0.5	0
The policy ensures that cash transfers meet the real level of costs of caring for children/older people/people with additional care needs, etc.	1	0.5	0
Cash transfers for care responsibilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for cash transfer programmes is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Cash transfer programmes are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of cash transfer programmes	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of lack of provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets for women and informally employed workers	1	0.5	0

The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between households and the government, and/or improve the social and economic wellbeing of caregivers)	1	0.5	0
There is evidence of positive impact on the social and economic wellbeing of caregivers and/or a transformation of gender norms as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for cash transfer programmes	1	0.5	0
Score for Indicator 1.3.2 ____ /20	**___%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Data on cash transfer programmes is commonly provided by the relevant ministry of each country.
- Information on cash transfer programmes during COVID-19 is provided in the UNDP Gender Tracker website.

Indicator 1.3.3: School meals or food vouchers

Relevance: Government provision of school (including pre-school and crèche) feeding programmes (breakfast and lunch at school) and food vouchers helps in providing adequate nutrition for children's development as well as reducing the time and cost of food preparation for low-income families – thereby reducing the time and energy that caregivers spend on food-preparation care activities.

Indicator 1.3.3 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of school meals and/or food vouchers	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations, especially low-income and single-parent households	1	0.5	0
The policy ensures that school feeding programmes/vouchers are available and accessible to all those within its recipient categories (e.g. school meals provided to all children going to public schools)	1	0.5	0
The policy ensures that school meals and/or food vouchers are free/affordable for low-income groups	1	0.5	0
The policy provides for flexibility (e.g. food vouchers can be used flexibly at a large number of stores and supermarkets) and autonomy (e.g. food vouchers can be used to buy a range of products without restrictions)	1	0.5	0

School meals and/or food vouchers under this policy are reaching the most underserved areas and populations, including those likely to be marginalized*, especially low-income and single-parent households	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for school meals and/or food vouchers is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
School meals and/or food voucher programmes are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and reach of school meals and/or food voucher programmes	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets especially for low-income and single-parent households	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute time, costs and labour for unpaid carers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work and/or on the social and economic wellbeing of caregivers and care receivers as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for school feeding programmes	1	0.5	0
Score for Indicator 1.3.3 ___ /19		**___ %**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification

- Data on school feeding programmes is commonly provided by the ministry of education or social affairs.
- Information on benefits during COVID-19 is provided in the UNDP Gender Tracker website.

Indicator 1.3.4: Care-sensitive public works programmes

Relevance: Public works programmes (PWPs) entail the payment of a wage (in cash, food or vouchers) by the government or an agent in return for the provision of labour, to produce a physical or social asset or service.[80] Commonly used to reduce poverty and vulnerability, PWPs can provide much-needed income to women but can also be a source of further time poverty for them. Taking care into account in the design and implementation of PWPs involves acknowledging the intertwined roles that women play as both paid workers and unpaid carers.

Some important care-sensitive provisions in PWPs include: flexible working times that cater to women's care responsibilities; provision of childcare at or near the workplace; providing work closer to home; ensuring regular breaks (including for breastfeeding) and lighter work for pregnant and lactating women or older women. Dedicated budget for these provisions, and their regular monitoring, will ensure that PWPs are implemented in a care-sensitive manner, thereby leading to transformative outcomes for caregivers. It is also crucial that PWPs contribute to the building of care infrastructure, such as roads and water sources, that reduce the time and energy spent on care provision.

Indicator 1.3.4 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of care-sensitive public works programmes (PWPs)	1	0.5	0
Accessibility and reach			
The policy prioritizes underserved and marginalized* populations	1	0.5	0
The policy ensures that the care-sensitive provisions of PWPs are universally available and accessible to everyone	1	0.5	0
The policy ensures that income from PWPs meets the real level of costs of caring for children/older people/people with additional care needs, etc.	1	0.5	0
The policy stipulates that PWPs provide onsite childcare, irrespective of the number of women workers or their children	1	0.5	0
The policy stipulates that PWPs are no more than 5km from women's homes; or, if further away, that provisions for transport are offered	1	0.5	0
Flexible working times are available at PWPs	1	0.5	0
PWPs allow regular breaks and/or lighter work for older women and pregnant and lactating women	1	0.5	0
Budgeting and administration			
The budget allocation for PWPs is sufficient to implement these care-sensitive provisions (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for these care-sensitive provisions in PWPs has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation for care-sensitive provisions in PWPs is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the care-sensitive PWP provisions	1	0.5	0
PWPs, including care-sensitive provisions, are primarily (≥ 80%) government funded or administered	1	0.5	0

Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the accessibility and reach of PWPs	1	0.5	0
Implementation of the care-sensitive provisions of the policy is monitored through the collection of publicly available data, disaggregated by age, sex and physical ability, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between households and the government, and/or improve the social and economic wellbeing of caregivers)	1	0.5	0
There is evidence of positive impact on the social and economic wellbeing of caregivers and/or a transformation of gender norms as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for PWPs	1	0.5	0
Score for Indicator 1.3.4 ____ /21		**___%**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification

- Data on PWPs is commonly provided by the relevant ministry of each country.
- Data can also come from independent research and evaluations of PWPs – especially those considering the impacts of PWPs on gender equality or women's empowerment.

Degree to which policies are transformative in Policy Area 1.3: Social protection benefits related to care	
Total score across all indicators:	**____/80**
Percentage:	**____%**
Overall degree to which policies are transformative (0-5):	**_____**

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POLICY AREA 1.4: CARE-SUPPORTING WORKPLACES

What it involves and how it addresses inequalities in unpaid care work

Care-supporting workplaces, through progressive policies on work-life balance, parental leave and sick leave, can support a balance between paid work and unpaid care responsibilities. These policies also promote a **redistribution** of care work from the household to the employer. Working arrangements that enable flexible working patterns are crucial for developing a diverse public sector workforce and increasing women's employment rates. Offering flexibility to men and women, as caregivers (for children and adults), allows for better redistribution of care work and balancing of paid work responsibilities alongside unpaid care. It also promotes better mental and physical health among workers and strengthens employers' recruitment and retention efforts.

Care-supporting work arrangements include flexitime, reduced working hours, pregnant workers' reasonable workplace accommodations (such as breastfeeding/expressing spaces and breaks), workplace anti-harassment and anti-discrimination protections, the right to obtain or request part-time work and related pro-rata benefits and entitlements, telework or ICT-mobile work options. They also include paid parental, medical and sick leave policies, as well as leave to support people with additional care needs and sick or older family members with care needs. Care-supporting work arrangements can help to shift gendered norms and roles that prescribe women and girls as caregivers and exclude men from caregiving. As such, they also support men to play an active role as fathers in caring for their children. They enable people with care responsibilities to balance their paid work and home life. Care-supporting work arrangements are important for jobs in both the formal and informal economy.[81]

Key considerations

- These policies are most prevalent and regulated/enforced in formal labour markets; however, all provisions around caregiving responsibilities are important to a wide range of labour markets, including the informal economy, and should be applied as such.
- Informally employed workers, especially women, often have less access to these workplace benefits – pushing them further into poverty and exhaustion as they struggle to manage paid and unpaid work responsibilities.
- Ideally, these policies should be combined with measures to address gendered norms around caregiving, and both men and women should be encouraged to utilize them. This can be achieved, for example, by senior managers championing and taking up flexible working policies, and promoting the polices on the organization's website and in job advertisements, etc.

POLICY AREA 1.4 INDICATORS

Indicator 1.4.1: Paid sick leave

Relevance: Policies that guarantee workers the right to care for themselves when sick, or to care for a sick spouse, partner, child, grandchild, parent or dependant, ensure that workers do not have to choose between a pay cheque, their own health or caring for those who depend on them. They guarantee the right to care and the right to be cared for.

Sick leave is paid time off from work when ill. It can include a mental health day and taking time away from work to go to a doctor's appointment. Sick leave policies should include provisions to care for sick family members or dependants, and to address health and safety needs related to domestic violence or sexual assault.

Almost 50% of the global labour force have no legal entitlement to sickness benefits.[82] During COVID-19, the need for paid sick leave, care or family leave has increased as workers have had to home-school children, have experienced prolonged illness themselves, or have been required to quarantine or to care for family members or dependants who are sick.[83]

Sick leave policies that include provisions for family and dependant care play an important role in the more equal **redistribution** of responsibility for caregiving between women and men, helping to shift gendered norms and roles that prescribe women and girls as caregivers and exclude men from caregiving.

Paid sick leave should be universal, covering both formally and informally employed workers, part-time workers, trainees, etc. It should also be of adequate duration and at full pay.

Indicator 1.4.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy that legally guarantees the right to paid sick leave	1	0.5	0
Accessibility and reach			
The policy ensures that paid sick leave is available and accessible to the entire labour force, including informally employed workers and those likely to be marginalized*	1	0.5	0
The policy includes paid leave to care for sick family members or dependants	1	0.5	0
The policy includes anti-discrimination provisions ensuring no income or employment losses are incurred by employees requesting sick leave	1	0.5	0
The policy is inclusive of a wide definition of family (e.g. aunts/uncles, grandparents), non-marital partners and LGBTQIA+ relationships	1	0.5	0
The policy provides for an adequate duration of paid sick leave	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for paid sick leave is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Paid sick leave provisions are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0

The policy includes provisions for the oversight and regulation of the accessibility and availability of paid sick leave	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers and/or on the transformation of gender norms around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between women and men – i.e. shift norms – or between households and employers, and/or improve the wellbeing of caregivers or care receivers)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers and care receivers and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for paid sick leave policies	1	0.5	0
Score for Indicator 1.4.1 ____ /21	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Legislation on sick leave is provided by ministries and departments of employment.
- Some worker categories have paid family care leave policies guaranteed by trade union conventions.

Indicator 1.4.2: Equal paid parental leave

Relevance: Equal parental leave policies should be considered as the ideal standard for recognizing the equal rights and responsibility of parents of all genders to care for their child/children. Equally paid, non-transferable parental leave is important for the gendered **redistribution** of care work, ensuring that such policies equally support men and women to be the caregiver. The more equal and generous parental leave policies are, the more they promote redistribution between genders. Parental leave that incentivizes and supports men to have an equal caregiving role is also important for supporting women to have greater access to secure, full-time employment, and for reducing the gender pay gap.

Parental leave should be universal, covering men and women in both formal and informal employment, irrespective of their gender and sexual orientation or whether they are biological or adoptive parents. To ensure uptake, parental leave needs to be for an adequate time period, well paid and non-transferable.

Indicator 1.4.2 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy that legally guarantees parental leave	1	0.5	0
Accessibility and reach			
The policy ensures that parental leave is available and accessible to all parents in the paid labour force, including informally employed workers and those likely to be marginalized*	1	0.5	0
The policy guarantees that parental leave is of equal pay (≥ 80% of salary) for all workers regardless of gender, sexual orientation and family structure	1	0.5	0
The policy guarantees that parental leave is of equal duration (≥ 14 weeks) for all workers regardless of gender, sexual orientation and family structure	1	0.5	0
The policy includes anti-discrimination provisions ensuring no income or employment losses are incurred by employees requesting parental leave	1	0.5	0
The policy is inclusive of parents who are adopting or having children through surrogacy or IVF	1	0.5	0
The policy ensures that leave provisions are non-transferable between parents	1	0.5	0
The policy includes leave provisions for pregnancy/childbirth complications such as miscarriage, stillbirth, etc.	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for the policy is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
The provisions under the policy are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the availability and accessibility of parental leave	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers and/or on the transformation of gender norms around care	1	0.5	0

Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between women and men – i.e. shift norms – and/or improve the wellbeing of caregivers or care receivers)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for paid parental leave policies	1	0.5	0
Score for Indicator 1.4.2 ___/22		**____%**	
Degree to which policy is transformative (0-5)		**____**	

Source of verification

- The World Bank book, Women, Business and the Law has data on legislation related to maternity/paternity and parental leave.
- Trade union conventions agreements.
- OECD database.

Indicator 1.4.3: Flexible working

Relevance: Flexible working arrangements, such as reduced daily hours of work, part-time work and flexible work schedules and locations, are important for enabling carers to better manage unpaid care and paid work, reduce their time poverty and improve their health outcomes. Care-friendly working arrangements should be universally accessible, irrespective of gender, sexual identity, health and family structure, since all employed women and men are likely to be or to become carers over the course of their working lives. Flexible working arrangements need to be provided for both formal and informal sector workers, recognizing the diversity of workplaces (including the home as a workplace) to enable workers to balance various working and care arrangements.

Indicator 1.4.3 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of flexible working arrangements	1	0.5	0
Accessibility and reach			
The policy covers underserved and marginalized* groups, including informally employed workers	1	0.5	0
The policy recognizes the home as a workplace	1	0.5	0
The policy provides for home-based work arrangements in combination with other options (e.g. reduced daily working hours, reduced workdays in a week, etc.) as possible modes of flexible work arrangements for caregivers	1	0.5	0
The policy ensures that all employees have the right to make requests for flexible working and no income or employment losses are incurred by employees requesting flexible working	1	0.5	0

Budgeting and administration			
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The policy includes provisions for the oversight of flexible working arrangements	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers and/or on the transformation of gender norms and behaviours around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between women and men – i.e. shift norms – and/or improve the wellbeing of caregivers or care receivers)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management governance structures for flexible working policies	1	0.5	0
Score for Indicator 1.4.3 ___/15		**____%**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification

- Policies related to family workplace benefits commonly fall under labour legislation.
- Some labour categories have access to a high level of benefits as a result of collective bargaining conventions and agreements.
- UN Minimum Set of Gender Indicators: qualitative indicator 2, 'Extent of country commitment to support reconciliation of work and family life'; indicator 2a, 'Whether or not ratified ILO convention 156 on workers with family responsibilities'.

Indicator 1.4.4: Onsite childcare

Relevance: The provision of and access to childcare at the workplace (onsite) or close to the place of work can reduce the time needed for drop-off and pick-up, allow parents to better manage paid and unpaid work responsibilities, and redistribute care work from households to the private sector and the government. Policies must ensure that childcare facilities are affordable, of high quality and offer safe spaces for children, and that childcare workers are trained well and remunerated fairly.

It is important that workplace childcare services are also offered to informally employed workers, where carers are least likely to have access to private childcare services.

Indicator 1.4.4 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of childcare onsite or close to the place of work	1	0.5	0
Accessibility and reach			
The policy covers underserved and marginalized* groups, including informally employed workers	1	0.5	0
The policy ensures that onsite childcare facilities are free/affordable for low-income groups	1	0.5	0
The policy ensures that the threshold for mandatory provision of onsite childcare facilities is determined by the total number of workers (both employees and sub-contracted or outsourced workers), not only the number of women	1	0.5	0
Onsite childcare facilities under this policy are being accessed by the most underserved and marginalized* groups, including informally employed workers	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for the policy is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
The provisions under the policy are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, affordability, reliability and accessibility of onsite childcare facilities	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers and/or on the transformation of gender norms and behaviours around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0

There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, redistribute the responsibility between women and men – i.e. shift norms – and/or improve the wellbeing of caregivers or care receivers)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for onsite childcare facilities	1	0.5	0
Score for Indicator 1.4.4 ___ /20	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification:

- UN Minimum Set of Gender Indicators: qualitative indicator 2, 'Extent of country commitment to support reconciliation of work and family life'; indicator 2a, 'Whether or not ratified ILO convention 156 on workers with family responsibilities'.

Indicator 1.4.5: Breastfeeding at work

Relevance: Breastfeeding is an important unpaid care activity, and every breastfeeding person should have the right to breastfeed at the workplace and in public. Legislation prohibiting discrimination against breastfeeding people and policies guaranteeing breaks and safe spaces for breastfeeding in workplaces are critical for recognizing the importance of unpaid care work and enabling breastfeeding people to balance their paid and unpaid care work responsibilities. For many breastfeeding people, lack of time and space for breastfeeding and/or expressing and storing milk at the workplace are a significant factor in delaying their return to paid work.

The time allowed for breastfeeding must be guaranteed without any income penalties for breastfeeding people and should cover the entire labour force (formal and informal).

Indicator 1.4.5 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for breastfeeding	1	0.5	0
Legislation and ratification			
There is legislation prohibiting discrimination against breastfeeding people	1	0.5	0
Accessibility and reach			
The policy covers underserved and marginalized* groups, including informally employed workers	1	0.5	0
The policy guarantees workers time for breastfeeding or expressing breastmilk during working hours, without penalty to their pay or hours worked	1	0.5	0
The policy guarantees free, private and safe spaces for breastfeeding or expressing breastmilk at places of work	1	0.5	0
The policy guarantees free, private and hygienic spaces for storing breastmilk at places of work	1	0.5	0

The provisions under this policy are being accessed by the most underserved and marginalized* groups, including informally employed workers	1	0.5	0
Budgeting and administration			
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the availability and accessibility of breastfeeding at work facilities	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care receivers	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognize its social and economic value, and/or improve the wellbeing of caregivers)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for workplace breastfeeding policies	1	0.5	0
Score for Indicator 1.4.5 ____/17		**____%**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification

- Breastfeeding benefits (as well as maternity, paternity and parental leave) are commonly provided for by the country's legislation and labour laws.
- The OECD database has access to breastfeeding rates.
- UN Minimum Set of Gender Indicators: indicator 2d, 'Whether or not ratified ILO convention 183 on maternity protection'.
- ILO CEACR reports for monitoring the implementation of ILO conventions

Degree to which policies are transformative in Policy Area 1.4: Care-supporting workplaces	
Total score across all indicators:	**____/95**
Percentage:	**____%**
Overall degree to which policies are transformative (0-5):	**_____**

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SECTION 2: PAID CARE WORK

This section sets out the key care policy areas related to paid care, the policy measures they entail, how they address vulnerable/unsafe working conditions/environments and discrimination against women and migrant care workers, and what makes them transformative.

Annex 1 sets out key international human rights instruments and relevant provisions for unpaid and paid care work. This can also be used as a guide for sources of verification when completing the assessment questions.

Note: For the paid care work policy indicators, it is recommended to answer the assessment questions for one category of care worker at a time. This is because there is a significant variation in the circumstances of different types of care workers. Paid care workers include early childhood educators, doctors, nurses, personal care workers, home-based carers, cooks, childminders and cleaners working in a household or office.

Informality and paid care workers

Many paid care workers, particularly in low-income contexts, are in informal employment. This means they fall outside of legal and regulatory frameworks and do not have formal contracts, access to social security benefits or the right to representation and freedom of association. Domestic workers, self-employed workers, workers on digital platforms and migrant care workers are particularly overrepresented among those working in informal employment.[84] COVID-19 has revealed the vulnerability of informally employed workers, who – excluded from social protection and social security benefits – have been pushed deeper into poverty. These workers have also been overlooked by pandemic relief and recovery packages, which have often prioritized employees with formal contracts and permanent jobs.[85] It is critical that the policies outlined in the indicators below are applicable to all sectors of the economy, including paid carers and informally employed workers.

Important points to consider for key assessment questions
The following groups and characteristics of people most likely to be marginalized and overlooked in policy making should be considered when answering assessment questions about accessibility/reach/inclusion/monitoring and design/impact. Questions related to these groups and characteristics are marked with an asterisk (*).

- **Groups most likely to be underserved and marginalized*:** women, youth and older people, informally employed workers, single-parent households, minority religious/caste/race or ethnic groups, people with disabilities, people on low-incomes, migrants, homeless people, refugees, people living in rural areas, LGBTQIA+ people.
- **Characteristics for inclusion in disaggregated* data:** age, gender, sexual orientation, religion/caste/ethnicity or race, income, disability, migration status, location (urban/rural).
- **Women and/or women's rights organizations from diverse* backgrounds** in terms of age, sexual orientation, religion/caste/ethnicity or race, income, disability, migration status, location (urban/rural), type (e.g. workers' organizations).

POLICY AREA 2.1: LABOUR CONDITIONS AND WAGE POLICIES

What it involves and how it addresses inequalities in paid care work

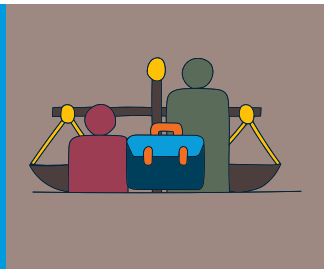
Labour legislation and policy measures that protect paid care workers, improve their labour conditions, wages and quality of work, and guarantee their right to decent and dignified work, ultimately result in an improved care work sector in general.[86]

Laws and policy measures to achieve decent work for paid care workers include, for example, the regulation of non-standard labour arrangements (predictable hours, rest time), minimum wage protections, social protections, equal pay for work of equal value for all paid care workers, workers' formalization, as well as regulations that apply to institutions and organizations that provide care services.

Key considerations

- Paid care workers should be able to enjoy labour rights, protections and wage standards to the same extent as other groups of workers, as a first step to ensure decent work in this sector.[87]
- Labour protections and wages of paid care workers should be competitive and comparable to occupational groups at similar levels in other sectors and should reflect their qualifications, responsibilities, duties and experience, e.g. as specified for nursing personnel in the ILO Nursing Personnel Recommendation, 1977 (No. 157).
- Challenging the idea that paid care work is an undefined job without the need for working schedules is vital to regulate paid care work and ensure that paid care workers enjoy the same labour rights and protections as other workers. This means defining the type of employment and contracts which paid care workers are subject to in order to guarantee clear working schedules, rest time, paid holidays and paid leave, as well as their right to work part time.[88]
- The creation of tax incentives, the existence of simplified or innovative registration processes and the development of initiatives that make visible the benefits of formalizing paid domestic work in the labour economy are some of the measures that appear to be successful when formalizing paid care work.[89]
- As care services around the world are provided to a large extent by cooperatives, NGOs and through digital platforms, the development of regulations that apply to these organizations is essential.[90]
- Given that live-in domestic workers experience hidden salary cuts in exchange for accommodation and food, yet there are no regulations over the quality of the accommodation and food they receive, legal frameworks that outline such deductions and control the live-in work environment of domestic workers are necessary.
- Considering that the ILO Domestic Workers Convention does not forbid in-kind payments for domestic labour, there is a need for regulations outlining the context-specific understanding of waged workers versus unpaid care workers and defining payment.
- Without concrete implementation mechanisms, the enforcement of national or universal labour standards, living wages and social protections is susceptible to failure.
- Poor working conditions in the paid care sector are often associated with prejudice based on class, caste, race and gender.

POLICY AREA 2.1 INDICATORS



Indicator 2.1.1: Minimum wage

Relevance: Some countries don't have established laws on minimum and living wages; or when they do have minimum wage legislation it is not necessarily extended to paid care and domestic workers,[91] who are underpaid. Including paid care workers in labour legislation will ensure a minimum standard of living for these workers and lead to greater recognition of the importance of paid care workers to the economy.

Indicator 2.1.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national minimum wage policy	1	0.5	0
Legislation and ratification			
Remunerated paid care workers are included in the general labour legislation as workers	1	0.5	0
Relevant convention/s (ILO Convention 189) have been ratified	1	0.5	0
There is national legislation outlining wage deductions and/or in-kind contributions for live-in care workers	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
The majority (>80%) of paid care workers, including informally employed workers, are receiving the minimum wage	1	0.5	0
The national minimum wage is sufficient to meet the cost of living	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-payment of minimum wages	1	0.5	0
The government collects and publishes disaggregated* data on the minimum wage, including for paid care workers	1	0.5	0

Design and impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address discrimination (based on gender, race, migration and documentation status, occupation) around a minimum wage for paid care workers in the policy objectives or purpose	1	0.5	0
There is evidence of positive impact on paid care workers, including informally employed workers, as a result of this policy	1	0.5	0
The policy was designed to transform social norms that see care work as less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring minimum wage policies	1	0.5	0
Score for Indicator 2.1.1 ____/17	**___%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification:

- Information about paid care workers' rights is provided by the country's legislation.
- Information about a country's labour market is commonly provided by household surveys.
- ILO conventions, including:
  - Convention 189 and Recommendation 201 aim to extend regular labour rights to all paid workers;
  - Convention 149 Nursing Personnel Convention;
  - Nursing Personnel Recommendation 157;
  - Convention 189 signatories;
  - Signatory list ILO Convention 143 on Migrant Workers, 1975.
- ILO statistics about minimum wage.
- Mywage.com compiles information about the minimum wage in each country.

Indicator 2.1.2: Gender wage gap and equal pay for equal work

Relevance: Over 70% of people in the paid healthcare workforce globally are women.[92] Many care workers in the health and early childhood sectors experience a 'care penalty' because care activities are commonly viewed as an extension of work done inside the home, which is done without payment and is widely considered unskilled and not valuable. However, as in other sectors, among paid care and domestic workers there is a diversity of specialisations, skills and experience, even though these are not necessarily related to formal education. This is the case in both high- and low-income countries.

This indicator is particularly relevant during the COVID-19 pandemic, where there have been significant increases in the workload of paid care and domestic workers, yet these haven't been met with increases in pay or recognition of skills. Ensuring equal pay and reducing the gender wage gap is not only important for improving the income and livelihood security of paid care workers (the great majority of whom are women), but also for helping to break the cycle of intergenerational participation in precarious informal work.

Indicator 2.1.2 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy on equal pay for equal work for men, women and LGBTQIA+ people	1	0.5	0
Legislation and ratification			
There is legislation that requires employers to publish data on the gender pay gap	1	0.5	0
Relevant convention/s (ILO Convention 100) have been ratified	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
The majority (≥ 80%) of paid care workers, including informally employed workers, are receiving equal pay for equal work	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes disaggregated* data on the gender wage gap, including for paid care workers, with indicators and targets	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address discrimination (based on gender, race, migration and documentation status, occupation) for paid care and/or domestic workers in the policy objectives or purpose	1	0.5	0
There is evidence of positive impact on paid care workers, including informally employed workers, as a result of this policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring gender wage gaps and equal pay for equal work	1	0.5	0
Score for Indicator 2.1.2 ___/14		**____%**	
Degree to which policy is transformative (0-5)		**_____**	

Sources of verification:

- Information about the labour market, including data on the gender pay gap, is commonly provided by household surveys.
- UN Minimum Set of Gender Indicators: indicator 13, 'Gender gap in wages, by occupation, age and persons with disabilities'.
- ILO Conventions, including:
  - ILO Convention 100 on equal remuneration for women and men, indicator 1a, Data provided by ILOSTAT;
  - ILO Convention 149 Nursing Personnel Convention;
  - Nursing Personnel Recommendation 157;
- ILO Global Wage Report 2018/2019 about gender pay gaps.
- Specific laws about gender pay gaps.
- The International Household Survey Network has a countries survey compilation.

Indicator 2.1.3: Working hours

Relevance: Policies to regulate working hours are important for guaranteeing decent work for paid care and domestic workers. There is a high incidence of long working hours in the paid care sector, which is highly informalized in many contexts. This is the case primarily in the health sector but also in the education sector. Domestic workers commonly have extended hours or unpredictable working days. Hence, regulation of working hours and conditions, taking into account rest, holidays and overtime, will increase the wellbeing of paid carers and domestic workers.

Indicator 2.1.3 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy that guarantees working hours regulation for all workers	1	0.5	0
Legislation and ratification			
The relevant convention/s (ILO Convention 189) have been ratified	1	0.5	0
The legislation is in line with ILO conventions outlining a standard 8-hour workday	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
The majority (≥ 80%) of paid care workers, including informally employed workers, have standard working hours	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-standard working hours	1	0.5	0

The government collects and publishes disaggregated* data on working hours, including for paid care workers, with indicators and targets	1	0.5	0
Design and impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address discrimination (based on gender, race, migration and documentation status, occupation) around working hours for paid care workers in the policy objectives or purpose	1	0.5	0
There is evidence of positive impact on paid care workers, including informally employed workers, as a result of this policy	1	0.5	0
The policy was designed to transform social norms that see care work as less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring working hours regulation	1	0.5	0
Score for Indicator 2.1.3 ____/15	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification:

- Information about paid care and domestic workers' rights is provided by the country's legislation.
- Some trade union conventions have agreements about working hours.
- ILO Convention 189 and Recommendation 201 aim to extend regular labour rights for paid domestic workers. See Convention 149 Nursing Personnel Convention and Nursing Personnel Recommendation 157.
- Information about labour market and work hours is commonly provided by household surveys.
- MyWage website has a compilation of countries' labour laws.

Indicator 2.1.4: Right to social security

Relevance: There is a high prevalence of paid care and domestic workers working under informal and non-standard employment arrangements and without formal contracts, even in countries with equal legislation for paid domestic workers. Social security has a contributory structure, meaning that governments, employers and employees contribute to it. Social security includes pensions, paid sick and parental leave and unemployment protection, among other benefits. In many contexts the provision of and access to social security benefits requires a formalized employment relationship; however, social security benefits should not be contingent on whether a worker has a formal contract.

This indicator is important for guaranteeing decent work and protections for paid and domestic workers, and recognizing the importance of their work. It is also important to ensure access to formalization pathways without punitive measures against informality.

Indicator 2.1.4 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy that guarantees access to social security benefits for all workers	1	0.5	0
Legislation and ratification			
There is legislation related to social security benefits for paid care workers, regardless of contract type	1	0.5	0
The relevant convention/s (ILO Conventions 102 and 189) have been ratified	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
The majority (≥ 80%) of paid care workers, including informally employed workers, have equal access to social security benefits	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for the policy is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
The policy is primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government publishes and collects data* on what percentage of paid care workers, including informally employed workers, have equal access to social security benefits	1	0.5	0
Design and impact			
The policy was developed through consultation with paid care and domestic workers and/or representative organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address discrimination (based on gender, race, migration and documentation status, occupation) around social security benefits for paid care workers in the policy objectives or purpose	1	0.5	0
There is evidence of positive impact on paid care workers, including informally employed workers, as a result of this policy	1	0.5	0

The policy was designed to transform social norms that see care work as less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for social security benefits	1	0.5	0
Score for Indicator 2.1.4 ____/18	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification:

- ILO Conventions 102 and 189.
- DLA Piper's database on employment contracts and policies around the world.

Indicator 2.1.5: Child rights and labour protection

Relevance: Child paid domestic work is classed by the ILO as one of the worst forms of child labour. An estimated 17.2 million children are in paid or unpaid domestic work in the home of a third party or employer.[93] In countries with high levels of inequality, poverty and informality, and a high prevalence of domestic workers and low levels of urbanisation,[94] it is common for young girls to work as domestic workers in exchange for food and housing or to supplement their family's income. This makes them vulnerable to sexual harassment and other forms of domestic violence.

Policies and legislation addressing child labour that define the government's duty to protect children are necessary for eradicating child labour and ensuring that every child has the opportunity to attend school and participate in other developmental activities that can help them achieve their full potential.

Indicator 2.1.5 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy prohibiting child labour	1	0.5	0
Legislation and ratification			
There is legislation related to child labour and protection	1	0.5	0
The relevant convention/s (ILO Convention 182) have been ratified	1	0.5	0
The legislation defines the age of a child as under the age of 18, in line with ILO Conventions 182 and 138	1	0.5	0
The legislation provides specific sanctions for violators	1	0.5	0
Accessibility and inclusivity			
The policy extends to all forms of child labour, including in informal paid care work	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0

The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes data* on the prevalence of child labour, including among informally employed workers	1	0.5	0
Design and impact			
The policy was developed through consultation with child rights organizations and paid care workers from diverse* backgrounds, including informally employed workers and/or their representative organizations	1	0.5	0
There is an explicit intention to address the prevalence and acceptability of child labour in the paid care work sector in the policy objectives or purpose	1	0.5	0
There is evidence of a reduction in child labour in the paid care sector as a result of this policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring child labour and protection policies	1	0.5	0
Score for Indicator 2.1.5 ___/15		**____%**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification:

- ILO Convention 189 signatory list.
- ILO Convention 182 'Worst Forms of Child Labour'.
- ILO report: Child labour and domestic work.
- ILO fact sheet: Child domestic work: global estimates 2012.
- ILO report: Ending child labour in domestic work and protecting young workers from abusive working conditions.

Degree to which policies are transformative in Policy Area 2.1: Labour conditions and wage policies	
Total score across all indicators:	**____/79**
Percentage:	**____%**
Overall degree to which policies are transformative (0-5):	**_____**

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POLICY AREA 2.2: WORKPLACE ENVIRONMENT REGULATIONS

What it involves and how it addresses inequalities in paid care work

Workplace environment regulations, labour legislation and policy measures adequately **reward** paid care workers through safe, healthy, decent, attractive and stimulating workplace environments – improving care workplaces and the quality of care work in general. Training programmes and career advancement opportunities with gender-equal participation are central measures to **redistribute** care work between women and men in a sector that is characterized by horizontal and vertical gender segregation (i.e. with women comprising the majority of paid care workers, but with men making up the majority of high-paid care workers and women the majority of low-paid care workers).

Laws and policies include: access to occupational health and safety measures and data-collection systems that cover physical and mental health; decent living conditions; work environments that are free from violence and harassment, as per the definition of ILO Convention 190; training and career advancement opportunities with gender-equal participation of care workers and career progression for women.

Key considerations

- Non-discrimination measures, ensuring access to occupational physical and mental health safeguarding, and the implementation of legislation and strategies to eliminate violence and harassment in care-related occupations are central to promoting a safe and healthy work environment for paid care and domestic workers. In comparison with other groups, they are at higher risk of violence in the workplace (this is true for healthcare personnel and domestic workers in particular), chronic physical ailments and fatigue from heavy labour, and psychological health risks, e.g. in the event of the death of the care receiver. Compiling evidence on employment injury and occupational-related disease in the paid care sector, through platforms such as the Employment Injury Social Security (EISS), provides a mechanism for developing occupational safety policies and compensation plans for workers.
- Mechanisms to promote adequate and continuous education, training and professionalization for paid care workers (including migrant workers) will improve workers' qualifications and raise standards in the care sector in general. Similarly, restructuring the organization of care labour should focus on matching supply with the needs of the population, and providing high-quality care services in remote areas and for vulnerable and at-risk population groups and communities.
- Promoting gender equality in the organization of labour and career advancement in the paid care sector is key.
- As with violence and other health risks, paid care workers, healthcare personnel and domestic workers experience a higher risk of abuse and harassment in the workplace than other groups of workers. Policies and regulations seeking the improvement of their workplace environments should incorporate fundamental principles and rights at work as well as a human rights-based approach.

POLICY AREA 2.2 INDICATORS

Indicator 2.2.1: Occupational health and safety in the workplace

Relevance: Paid care and domestic workers are vulnerable to occupational health and safety risks due to the nature of their work, which can include close contact with chemical cleaning products, medicines and people with disease, etc.

Long work hours and repetitive movements are other occupational health risks that increase the vulnerability of paid care and domestic workers.

It is important that work-related health and safety incidents are monitored through data collection, aiming to prevent and reduce workplace accidents. Risks relate to workers' mental as well as physical heath; for example, the emotional impact on a caregiver when a care receiver dies.

The importance of this indicator has become clear during the coronavirus pandemic; care workers' workload has increased and intensified due to strict cleaning and sanitisation regimes etc., while the risks associated with their work have also increased as they come into contact with infected people, often without adequate personal protective equipment (PPE).

Indicator 2.2.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for occupational health and safety in the workplace	1	0.5	0
Legislation and ratification			
There is legislation regulating health and safety trainings and labour inspections to detect potential risks in the workplace	1	0.5	0
The relevant convention/s (ILO Conventions 149, 155, 161, 189, 190) have been ratified	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
The majority (≥ 80%) of paid care workers, including informally employed workers, have access to preventive measures against infectious diseases such as COVID-19 and other risks associated with health hazards in the workplace	1	0.5	0
There are government-funded/administered public awareness campaigns to prevent occupational health and safety risks for paid care workers	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0

There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
There are staff occupational health and safety working groups to prevent accidents, and training regulations	1	0.5	0
The government collects and publishes disaggregated* data on occupational health and safety related incidents, including among informally employed workers	1	0.5	0
Design and impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address occupational health and safety for paid care workers in the policy objectives or purpose	1	0.5	0
There is evidence of a decrease in workplace health and safety incidents among paid care workers, including informally employed workers, as a result of the policy	1	0.5	0
There is evidence of increasing workplace provision of preventive measures including personal protective equipment (PPE) for workers, government awareness campaigns, trainings, etc.	1	0.5	0
The policy was designed to transform gender and social norms that see care work as less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring workplace health and safety	1	0.5	0
Score for Indicator 2.2.1 ___/18	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- Convention 149 Nursing Personnel Convention and Nursing Personnel Recommendation 157.
- ILO conventions concerning health and labour market: Conventions 149, 155, 161, 189 and 190.
- Labour legislation about the health and labour market.
- Most countries have health system statistics about accidents in the workplace and sick leave.

Indicator 2.2.2: Protection against gender-based discrimination, harassment and violence in the workplace

Relevance: Women workers, and workers of other discriminated-against genders, are vulnerable to gender-based discrimination, sexual abuse, harassment (physical and mental) and other types of violence in the workplace. Paid care and domestic workers who work inside private homes, especially those who are informally employed, are at particular risk. This is because of the lack of inspections and the difficulty these workers face accessing trade union organizations and grievance mechanisms.

Most countries with overlaps in working and living arrangements for domestic workers do not have set standards for live-in conditions contingent upon employment. The absence of a private space for the worker within the private household increases their risk of violence, sexual abuse and harassment.

This indicator is important for recognizing the right of all workers to a workplace free from discrimination, harassment and violence, mandating the protection of vulnerable workers (including women and LGBTQIA+ people) under international law, and ensuring that public and private employers are accountable.

Indicator 2.2.2: Assessment criteria	Score		
	Yes	Partial	No
There is a national policy to prevent gender-based discrimination, harassment and violence in the workplace	1	0.5	0
Legislation and ratification			
There is legislation to prevent gender-based discrimination, harassment and violence in the workplace	1	0.5	0
The relevant convention/s (ILO Convention 190) have been ratified	1	0.5	0
National laws are in compliance with the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW)	1	0.5	0
The legislation prohibits discrimination on the basis of pregnancy	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
There are government-funded/led public awareness campaigns to prevent gender-based violence (GBV) and discrimination against care and domestic workers	1	0.5	0
The policy guarantees the protection of the worker from retaliation by the employer or other governmental agencies	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes disaggregated* data on the incidence of GBV and discrimination against paid care workers, including informally employed workers, with indicators and targets	1	0.5	0
There are mechanisms in place to measure the impact of the policy on paid carer workers, e.g. a reduction in the incidence of GBV and discrimination in the workplace	1	0.5	0

Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address gender-based discrimination, harassment and violence in the workplace among paid care workers, including informally employed workers, in the policy objectives or purpose	1	0.5	0
The policy was designed to transform gender norms around gender-based discrimination, harassment and violence in the workplace	1	0.5	0
There is evidence of the decreasing incidence of workplace GBV (including sexual harassment, abuse and other types of violence) among paid care workers, including informally employed workers	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring policies on ending gender-based discrimination, harassment and violence in the workplace	1	0.5	0
Score for Indicator 2.2.2 ___/19	**___%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification:

- Information on gender-based discrimination, harassment and violence in the workplace is commonly provided by labour market legislation, policy registration and convention agreements.
- ILO Convention 190 signatory list (Violence and Harassment Convention, 2019).

Indicator 2.2.3: Workplace inspections and grievance mechanisms

Relevance: Policies to regulate inspections in the labour market are important to guarantee that labour legislation and decent working conditions are fully implemented and adhered to, ensuring decent work conditions, respect and dignity for workers, and access to justice. Grievance mechanisms provide workers with a clear process for accessing safety through direct removal from dangerous work environments, and for accessing justice through litigative collective bargaining mechanisms that decrease risks of retaliation.

This indicator is particularly important for paid domestic workers, as this sector is characterized by a high number of informal workers, lack of labour legislation and poor working conditions. This indicator is also especially important for care and domestic workers who live in their workplaces.

Indicator 2.2.3: Assessment criteria	Score		
	Yes	Partial	No
There is a national policy for the provision of workplace inspections and grievance mechanisms to ensure decent working conditions	1	0.5	0
Legislation and ratification			
There is legislation to ensure that paid care workers have access to justice, courts, tribunals and other conflict-resolution mechanisms	1	0.5	0
The legislation provides for workplace inspections, including if the workplace is a private home	1	0.5	0
The relevant convention/s (ILO Convention 189 and Recommendation 201) have been ratified	1	0.5	0

Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
The policy specifies access to temporary safe housing arrangements for the complainant during the time of the grievance	1	0.5	0
The policy specifies that for migrant workers, access to a translator is guaranteed to provide support with grievance reporting	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions, including the right to labour union representation	1	0.5	0
The government collects and publishes disaggregated* data on how many people have been able to access justice, courts, tribunals and other conflict-resolution mechanisms	1	0.5	0
Design and impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse* backgrounds	1	0.5	0
There is evidence of more successful litigative processes and decreasing hesitancy in reporting abuse as a result of this policy	1	0.5	0
The policy was designed to transform social norms that see care work as less skilled/valuable than other forms of paid work, and which result in it being less regulated	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring policies to ensure workplace inspections and grievance mechanisms	1	0.5	0
Score for Indicator 2.2.3 ___/16	**___%**		
Degree to which policy is transformative (0-5)	**___**		

Sources of verification:

- This information is commonly provided by labour legislation and conventions agreements.
- ILO Convention 189 and Recommendation 201 signatory list.
- Labour legislation about the health and labour market.
- Trade union conventions and agreements about policies to regulate workplace inspections and grievance mechanisms.

Degree to which policies are transformative in Policy Area 2.2: Workplace environment regulations	
Total score across all indicators:	_____/53
Percentage:	_____%
Overall degree to which policies are transformative (0-5):	_____

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POLICY AREA 2.3: MIGRANT CARE WORKERS' PROTECTIONS

What it involves and how it addresses inequalities in paid care work

Legislation and policies that protect migrant paid care workers' labour rights by eliminating exploitative or abusive labour conditions help to **reward** and **recognize** migrant workers in this sector by generating improvements in the quality of their work and lives; they also benefit the care work sector in general by expanding and improving the care labour force and services.

Key considerations

- Regulations that guarantee that migrant care workers (especially those employed in what are conventionally understood as 'low-skilled' jobs, such as long-term care and domestic work) are protected by labour legislation and social protections to the same extent as other groups of workers are vital. For example, some countries implement regulation and licensing requirements for private agencies that hire migrant workers and develop registration processes with the aim to formalize migrant workers.
- Legislation and policies that guarantee paid migrant care workers access to equal labour opportunities and rights, social protections, and fair recruitment and treatment by employers, have a positive impact on the lives of migrant workers.
- Fragile, unstable and non-standard types of employment and status keep paid migrant care workers in vulnerable working and living conditions and make them susceptible to poor treatment and abuse.
- Migrant care workers (who make up a significant proportion of paid care and domestic workers) are among the least protected categories of workers globally and are often excluded from labour and social protections by their legal status.
- The right to have children and attend to their family's care needs is particularly important for migrant paid care and domestic workers who live in the workplace.

POLICY AREA 2.3 INDICATORS

Indicator 2.3.1: Equal rights and protections for migrant care workers

Relevance: Among the paid care workforce there is a high proportion of women who have migrated (either between rural and urban areas or between countries) to work in the paid care sector as carers, paid domestic workers and nurses. Sending-country governments often have limited

protections for their citizens abroad; many receiving countries also have limited protections for migrant workers, who are often employed under informal conditions.

Migrant domestic workers are therefore less likely to have access to labour rights and legal protections than non-migrants or formally employed migrants, and are more vulnerable to abuse and exploitation in the workplace.

To guarantee decent work for migrants in paid domestic work, some countries make cooperation agreements with the sending country, comprising protections (social and legal) and preventing human trafficking. This indicator is important for ensuring equal rights and protections for migrant care workers.

Indicator 2.3.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy to ensure equal rights and protections for different groups of migrant workers (e.g. internal migrants, migrants returning to country of origin, international migrants)	1	0.5	0
Legislation and ratification			
There is legislation to ensure access to equal rights and protections for migrant care workers	1	0.5	0
The relevant convention/s (ILO Convention 189) have been ratified	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed migrant workers	1	0.5	0
The policy ensures that working permits for migrant care workers are not tied to the individual employer	1	0.5	0
The policy ensures the provision of specialized services to support migrant care workers (e.g. legal, health and occupational advice in their first language)	1	0.5	0
The policy includes international bilateral cooperation agreements with sending countries to guarantee protections and prevent human trafficking	1	0.5	0
The policy ensures that migrant care workers have access to family rights[95]	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes disaggregated* data on how many migrant workers have been able to access equal rights and protections	1	0.5	0

Design and impact			
The policy was developed through consultation with migrant paid care workers and/or representative organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address discrimination against migrant care workers in the policy objectives or purpose	1	0.5	0
There is evidence of a positive impact on migrant care workers, including informally employed workers, as a result of this policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring policies to ensure equal rights and protections for migrant workers	1	0.5	0
Score for Indicator 2.3.1 ___/17	**_____%**		
Degree to which policy is transformative (0-5)	**_____**		

Sources of verification:

- Convention 189 signatory list, international cooperation agreements and national labour legislation.
- Domestic worker migrants' associations and trade unions.

Degree to which policies are transformative in Policy Area 2.3: Migrant care workers' protections	
Total score for indicator:	_____
Percentage:	**_____%**
Overall degree to which policies are transformative (0-5):	_____

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POLICY AREA 2.4: RIGHT TO ORGANIZE

What it involves and how it addresses inequalities in paid care work

The involvement of paid care workers in trade unions, workers' associations and cooperatives ensures their **representation** in decision-making spaces, helping to ensure fair and decent working conditions. This includes decisions relating to laws that promote and guarantee paid care workers' freedom of association, social dialogue mechanisms and collective bargaining, and alliance building between unions and CSOs.

Key considerations

- There is evidence of the positive effects of paid care workers' representation (inclusion and participation) in social dialogue and collective bargaining spaces, as seen in the improvement of their labour conditions and occupational health and safety, as well as the successful challenging of gender discrimination and reductions in the risk of violence in care work environments.[96]

POLICY AREA 2.4 INDICATORS

Indicator 2.4.1: Right to representation and negotiation, freedom of association and right to strike

Relevance: Trade unions and workers' associations or cooperatives are critical mechanisms for protecting and promoting the rights of all workers, especially those in sectors that are prone to abuse and exploitation.

Paid care and domestic workers experience barriers to participating in collective bargaining and organizing in trade unions, labour organizations and labour cooperatives, in part due to the high levels of informality as well as prohibitive legislation. Despite this, there is a strong movement of domestic care workers' organizations and cooperatives, many of which have associations with gender and racial justice movements.

Trade unions and workers' organizations and cooperatives are also important spaces for women's leadership and representation.

Indicator 2.4.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy on the right of all workers to join cooperatives, trade unions and workers' associations	1	0.5	0
Legislation and ratification			
There is legislation on the right of all workers, including informally employed workers and migrant workers, to representation and negotiation, freedom of association and right to strike	1	0.5	0
Relevant convention/s (ILO Conventions 87, 98, 154 and 189) have been ratified	1	0.5	0
Accessibility and inclusivity			
The policy extends to all workers, occupations and population groups and those most likely to be marginalized*, including informally employed paid care workers	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms for paid care workers, including informally employed and migrant workers, who are penalized for activity in unions	1	0.5	0

The government collects and publishes disaggregated* data on the participation of paid care workers in collective bargaining and trade unions	1	0.5	0
There are mechanisms in place to measure the impact of the policy on paid care workers, e.g. ease of registration, efficiency of bargaining, etc.	1	0.5	0
Design and impact			
The policy was developed through consultation with paid care workers and/or representative organizations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address discrimination around the right to representation and negotiation, freedom of association and right to strike for paid care workers, including informally employed and migrant workers, in the policy objectives or purpose	1	0.5	0
There is evidence of increased participation of paid care workers, including informally employed and migrant workers, in collective bargaining and organizing in trade unions as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring policies on the right of all workers to join cooperatives, trade unions and workers' associations	1	0.5	0
Score for Indicator 2.4.1 ___/14		**____%**	
Degree to which policy is transformative		**____**	

Sources of verification

- ILO Conventions 87, 98 and 154; Convention 189 signatories.
- ILO Statistics on collective bargaining.
- Trade union agreements, which ensure the right to freedom of association, to strike, to representation and to negotiate.

Degree to which policies are transformative in Policy Area 2.4: Right to organize	
Total score for indicator:	**____/14**
Percentage:	**____%**
Overall degree to which policies are transformative (0-5):	**____**

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SECTION 3: CROSS-SECTORAL POLICIES TO ADDRESS UNPAID AND PAID CARE WORK

This section sets out key cross-sectoral policy areas related to both unpaid and paid care work, the policy measures they entail, how they address inequalities, and what makes them transformative. Annex 1 sets out key international human rights instruments and relevant provisions for unpaid and paid care work. This can also be used as a guide for sources of verification when completing the assessment questions.

Important points to consider for key assessment questions

The following groups and characteristics of people most likely to be marginalized and overlooked in policy making should be considered when answering assessment questions about accessibility/reach/inclusion/monitoring and design/impact. Questions related to these groups and characteristics are marked with an asterisk (*).

- **Groups most likely to be underserved and marginalized*:** women, youth and older people, informally employed workers, single-parent households, minority religious/caste/race or ethnic groups, people with disabilities, people on low-incomes, migrants, homeless people, refugees, people living in rural areas, LGBTQIA+ people.
- **Characteristics for inclusion in disaggregated* data:** age, gender, sexual orientation, religion/caste/ethnicity or race, class or income, disability, migration status, location (urban/rural).
- **Women and/or women's rights organizations from diverse* backgrounds** in terms of age, sexual orientation, religion/caste/ethnicity or race, class or income, disability, migration status, location (urban/rural), type (e.g. workers' organizations).

POLICY AREA 3.1: SOCIAL NORMS INTERVENTIONS

What it involves and how it addresses inequalities in unpaid and paid care work

Social norms related to unpaid and paid care work are collective beliefs that consider care work to be a woman's natural role and sole responsibility, as well as unskilled, unproductive and not 'work'. Shifting these norms is critical for **recognizing** the value of both unpaid and paid care; **redistributing** unpaid care work between women and men in the household, and between households, governments and the private sector; and improving working conditions for paid care workers. Norms change can be achieved through policy measures that promote information, education and awareness-raising campaigns on valuing and recognizing caregiving, e.g. through school and university curricula, and national and sector legislation on media and advertising standards.

Key considerations

- Multi-sectoral, multi-level interventions are needed: at the community level, awareness raising through different methods; and at the national level, organized diffusion of key messages through wider public engagement/media campaigns and coordinating with policy makers and the private sector to tackle restrictive gender norms.
- Working with role models and champions can help to challenge prevailing norms in communities and begin to build a social movement.
- Working with men and boys is key to changing harmful gender norms; not only do men typically hold power over others in their community, but men can also be constrained (albeit in different ways than women) by strict patriarchal gender norms that dictate which forms of masculinity are acceptable.
- These policies are relevant for all contexts but are particularly important in countries with high levels of both gender inequality and gender-inequitable attitudes.

POLICY AREA 3.1 INDICATORS

Indicator 3.1.1: Standards prohibiting gender stereotypes in advertising and media representations

Relevance: Public policies and legislation prohibiting harmful gender stereotypes in all advertising and media representations are important for shifting harmful gender norms and, as a consequence, promoting a gendered redistribution of care work. They are also important for addressing gender-based violence and gender inequalities in education and paid work, since gender stereotypes can inform and perpetuate rigid ideals of masculinity and femininity which shape responses towards those perceived to transgress dominant norms.

Indicator 3.1.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy to address gender stereotypes in advertising and media representations	1	0.5	0
Legislation and ratification			
There is legislation prohibiting harmful gender stereotypes in media representations for all population groups, including those likely to be marginalized*	1	0.5	0
The legislation includes sanctions and fines for violation of its provisions	1	0.5	0
Accessibility and inclusivity			
The policy covers all sectors and forms of advertising (private and public) and all media representations (e.g. TV, radio, newspapers, social media, etc.)	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes complaints and grievance redressal mechanisms in case of non-implementation/violation of its provisions	1	0.5	0
The government collects and publishes disaggregated* data on compliance with the policy, with indicators and targets	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0

There is an explicit intention to address gender norms related to care in the policy objectives or purpose	1	0.5	0
There is evidence of an increase in gender-balanced representations in advertising and/or media as a result of the policy	1	0.5	0
There is evidence of a positive impact on transforming gender norms related to care as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring policies to address gender stereotypes in advertising and media representations	1	0.5	0
Score for Indicator 3.1.1 ___/14		**____**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification:

- National legislation and regulation related to advertising. Some countries have specific institutions for advertising regulations, such as the Advertising Standards Authority (ASA) in the UK.

Indicator 3.1.2: Government awareness-raising campaigns

Relevance: Government awareness-raising campaigns are important to sensitize the wider public about the value of care work and shift social norms around rigid gender roles. They can include media campaigns encouraging men to share care work more equally, information materials and practical guides for fathers and care work professionals, as well as campaigns to shift public perceptions around the value of care work to societies and economies.

Indicator 3.1.2 Assessment criteria	Score		
	Yes	Partial	No
There is a national policy on government awareness-raising campaigns that aims to recognize and value care work and/or shift gender norms around care	1	0.5	0
Accessibility and inclusivity			
The campaigns are carried out regularly and at scale (national level)	1	0.5	0
Campaign messaging regarding care work is inclusive of all population groups, including those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Campaigns are primarily (≥ 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The government collects and publishes disaggregated* data on how many people have been reached by the campaigns, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on gender norms and unpaid care work	1	0.5	0

Design and impact			
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds, and workers' associations	1	0.5	0
There is an explicit intention to address norms related to care (e.g. care work seen as not skilled/valuable or as a woman's responsibility) in the policy objectives or purpose	1	0.5	0
There is evidence of a positive impact on transforming gender norms related to care as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for government awareness-raising campaigns	1	0.5	0
Score for Indicator 3.1.2 ___/13		**____%**	
Degree to which policy is transformative (0-5)		**____**	

Sources of verification:

- Information on policies related to awareness-raising campaigns are commonly provided by specific ministries, such as the ministry of communication.

Indicator 3.1.3: Education policies that address gender stereotypes

Relevance: Education policies that use the school curriculum to address gender stereotypes, teach care as a value and encourage the uptake and equitable distribution of care are critical for fostering positive gender norms from an early age.

Indicator 3.1.3 Assessment criteria	Score		
	Yes	Partial	No
There is a national education policy that addresses gender stereotypes	1	0.5	0
Accessibility and inclusivity			
The policy covers underserved areas and populations, including those likely to be marginalized*	1	0.5	0
The policy ensures that anti-gender-stereotyping training and curricula are applicable to all schools and age groups (pre-primary, primary, secondary)	1	0.5	0
Programmes under this policy are reaching the most underserved areas and populations, especially those likely to be marginalized*	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for the policy is being sufficiently (≥ 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Programmes under the policy are primarily (≥ 80%) government funded or administered	1	0.5	0

Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the programmes/services	1	0.5	0
The government collects and publishes disaggregated* data on how many students and teachers have been reached by the programmes, with indicators and targets	1	0.5	0
Design and impact			
There is an explicit intention to address gender stereotypes around care work in the policy objectives or purpose	1	0.5	0
The policy was developed through consultation with women and/or women's rights organizations from diverse* backgrounds	1	0.5	0
There is evidence of a positive impact on transforming gender norms related to care as a result of the policy	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring education policies for addressing gender stereotypes	1	0.5	0
Score for Indicator 3.1.3 ___/15		**_____%**	
Degree to which policy is transformative (0-5)		**_____**	

Sources of verification:

- Ministry of education repository on education policies.

Degree to which policies are transformative in Policy Area 3.1: Social norms interventions	
Total score across all indicators:	**_____/42**
Percentage:	**_____%**
Overall degree to which policies are transformative (0-5):	**_____**

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POLICY AREA 3.2: MEASUREMENT FRAMEWORKS AND DATA COLLECTION

What it involves and how it addresses inequalities in unpaid and paid care work

Data collection is critical for the **recognition** of unpaid care work in government policy making and priority setting – because what doesn't get measured doesn't get seen. It includes the regular collection of national-level data on women's and men's time use to inform policy making and budget allocation related to the **reduction** and **redistribution** of unpaid care work and the promotion of gender equality. This can include through standalone time-use surveys or time-use modules as part of labour force surveys and demographic and health surveys. Ideally, national time-use data is supported by qualitative and/or context-specific data that examines factors related to gendered patterns of care.

It is also vital that measures of economic and societal progress recognize the value of unpaid care work and the importance of people's time (and the impact of time poverty), and can gain a picture of the society's overall wellbeing and sustainability. National measurement frameworks should therefore include specific indicators on people's ability to receive and provide care (such as the time spent by different groups of people on unpaid care, the gender gap in provision of unpaid care, or the quality of care received) and assess the impact of policies on these indicators.[97]

Key considerations

- The government's responsibility to collect time-use data on unpaid care work is contained within SDG 5.4, Indicator 5.4.1, which requires governments to track the 'proportion of time spent on unpaid domestic and care work, by sex, age and location'.
- When dimensions of supervisory care and multitasking are measured, they have been shown to substantially increase women's daily care hours compared to men's. It is therefore critical to measure these dimensions to provide a complete picture of the gendered dynamics of care.
- To reveal intersecting inequalities, data should be disaggregated by age, sex, ethnicity, race, migration status, disability and income level.

POLICY AREA 3.2 INDICATORS

Indicator 3.2.1: Measurement frameworks

Relevance: Measurement frameworks that capture the social and economic value of unpaid and paid care work make visible how unpaid care contributes to the economy and is affected by macroeconomic policies. This includes indicators on people's ability to receive and provide care, and on time use. This is important for the recognition of care work and for better reflecting care in social and economic policy making.

The Genuine Progress Indicator, OECD's How's Life? and New Zealand's Living Standards Measurement Framework are some examples of indicators and measurement frameworks that aim to capture unpaid care and wellbeing more broadly.

Indicator 3.2.1 Assessment criteria	Score		
	Yes	Partial	No
There is a national measurement framework that captures and monitors progress on wellbeing	1	0.5	0
Accessibility and inclusivity			
The framework captures unpaid and paid care, including indicators on people's ability to receive and provide care, and on time use	1	0.5	0
The framework ensures that intersectional demographics* are analysed as part of the tracking progress	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient for developing, updating and using the framework (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
There is adequate government human resource and technical capacity for developing, updating and using the framework	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for overseeing the development and use of the framework to track progress on wellbeing indicators	1	0.5	0
There is publicly available data from national labour force statistics on key indicators related to people's ability to receive and provide care, and their time use, disaggregated by population groups (including those most likely to be marginalized*)	1	0.5	0
Design and impact			
The framework has led to time-use surveys being conducted regularly	1	0.5	0
The framework is being used to analyse inequalities and changes in paid and unpaid care and the effects of macroeconomic policies on paid/unpaid care work, poverty and gender inequality	1	0.5	0
Evidence generated on paid and unpaid care work is being used by key ministries and departments to inform policy decisions and budget allocations	1	0.5	0
Feminist economists and/or carers were/are involved in the development of the framework	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for developing, updating and using the national measurement framework	1	0.5	0
Score for Indicator 3.2.1 ____/12	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- National measurement frameworks published by bureaus of statistics, such as New Zealand's Living Standards Measurement Framework and the UK Office of National Statistics measurement of wellbeing.

Indicator 3.2.2: Time-use data collection

Relevance: Policies related to improving data collection on time use are critical for making care work and gendered inequalities visible for policy influencing and monitoring, and for recognizing care work as work. Time-use data captures how people spend their time across paid work, unpaid work, leisure and self-care, which is critical for better understanding wellbeing beyond income and

consumption. It is also important for highlighting the high levels of care work performed by women, their resulting time poverty, and the unequal distribution of paid and unpaid work between men and women. SDG 5.4.1 – the 'proportion of time spent on unpaid domestic and care work, disaggregated by sex' – recognizes the growing importance of time-use data to public policy.

Key considerations

- When dimensions of supervisory care and multitasking are measured, they have been shown to substantially increase women's daily care hours compared to men's. It is therefore critical to measure these dimensions in time-use surveys to provide a complete picture of the gendered dynamics of care.
- The addition of qualitative data collection methods can provide important supplementary insights into the health and wellbeing of caregivers and care receivers, as well as potential shifts in gender norms over time.

Note: This indicator applies to the collection of time-use data for *unpaid* care work.

Indicator 3.2.2 Assessment criteria	Score		
	Yes	Partial	No
There is a policy to ensure that national time-use surveys are conducted with periodic frequency (at least once in the last 10 years) and/or questions on unpaid care are mandated to be included in national labour force surveys	1	0.5	0
Accessibility and inclusivity			
The policy ensures that intersectional demographics* are collected and analysed in time-use surveys	1	0.5	0
The policy specifically mandates data collection from underserved areas and populations, including those likely to be marginalized*	1	0.5	0
The policy ensures that time-use surveys include questions on supervisory care and time spent on multitasking	1	0.5	0
The policy ensures that supplementary qualitative data is periodically collected alongside time-use surveys	1	0.5	0
Budgeting and administration			
The budget allocation is sufficient for designing and implementing time-use surveys (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
Time-use surveys are primarily (≥ 80%) government funded or administered	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing time-use surveys	1	0.5	0
There is publicly available time-use data from national labour force statistics, disaggregated by population groups (including those likely to be marginalized*)	1	0.5	0
Design and impact			
The policy was developed through consultation with women and women's rights organizations from diverse* backgrounds	1	0.5	0

National time-use survey data is used by key ministries and departments to inform policy decisions and budget allocations	1	0.5	0
Women are equally (≥ 50%) represented in management and governance structures for monitoring policies related to time-use data collection	1	0.5	0
Score for Indicator 3.2.2 ___/13	**____%**		
Degree to which policy is transformative (0-5)	**____**		

Sources of verification

- National time-use surveys (around 117 time-use surveys were collected in 94 countries between 2000 and 2016).
- Some databases on time use are provided by EUROSTAT and CEPALST.
- The International Household Survey Network has a compilation of time-use surveys – see 'Topic Others - Time Use', and in the topic 'Economic Structure, Participation in Productive Activities and Access to Resources'.
- The UNSD web portal has access to time-use statistics.

Degree to which policies are transformative in Policy Area 3.2: Measurement frameworks and data collection	
Total score across all indicators:	____/25
Percentage:	____%
Overall degree to which policies are transformative (0-5):	____

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ANNEXES

ANNEX 1: UNPAID AND PAID CARE WORK IN INTERNATIONAL HUMAN RIGHTS COMMITMENTS

The table below sets out key international human rights instruments and relevant provisions for unpaid and paid care work. Obligations under the international and regional human rights framework are complemented by labour standards set out in a variety of ILO conventions.

Advocates can use this table to complement their care policy advocacy with governments – by highlighting where commitments to international and regional conventions, frameworks and protocols are not being implemented in national policy. The table can also be used as a guide for sources of verification when completing the assessment questions, particularly in the paid care section.

Note: In addition to the international frameworks, there are several relevant regional rights frameworks, such as the Maputo Protocol in Africa and the ASEAN Human Rights Declaration in Asia, which can also be used to further contextualize assessments of government commitments and actions.

Convention (ratification status as of June 2021)	Relevance to unpaid care work
Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW – 1979) Ratified by 189 countries[98]	Establishes the framework for substantive equality between men and women. Among other things, the framework includes the responsibility of both parents to bring up children and the requirement of governments to provide social services that enable parents to combine family with work and public life. Obliges States to introduce maternity leave with pay or with comparable social benefits without loss of former employment, seniority or social allowances (Article 11).
International Covenant on Economic, Social and Cultural Rights (ICESCR – 1981) Ratified by 171 countries[99]	Guarantees women the right to work on an equal basis with men (Article 6) and equal rights at work (Article 7). Specifies that special protection should be accorded to mothers during a reasonable period before and after childbirth. During such periods, working mothers should be accorded paid leave or leave with adequate social security benefits (Article 10).
Beijing Declaration and Platform for Action (1995)[100]	Recognizes the importance of tackling the unequal distribution of paid and unpaid work between men and women as an essential step towards achieving gender equality.
Protocol to the African charter on human and peoples' rights on the rights of women in Africa (Maputo Protocol – 2005) Ratified by 15 countries[101]	Recognizes that both parents bear the primary responsibility for the upbringing and development of children and that this is a social function for which the State and the private sector have secondary responsibility (Article 13).
Convention on the Rights of the Child (1989) Ratified by 176 countries[102] **Convention on the Rights of Persons with Disabilities (2006)** Ratified by 182 countries[103]	Establishes the right to care for vulnerable groups, such as children and people with disabilities, and their caregivers. Stipulates the responsibility of both parents for care of children, as well as that of governments to provide support for disabled people and their families and caregivers.

ILO Convention No. 156 (1983) on Workers with Family Responsibilities – ratified by 45 countries[104]	Aims to ensure equal opportunities for women and men and workers who have dependants, and commits governments to developing or promoting public or private community services such as childcare and family services and facilities (Article 5b).
ILO Convention No. 183 (2000) on Maternity Protection – ratified by 39 countries[105]	Aims to ensure proper protection, maternity leave and benefits for women workers, helping to balance women's paid and unpaid work responsibilities.
ILO Resolution I (2013) concerning statistics of work, employment and labour underutilization[106]	Defines 'work' as 'any activity performed by persons of any sex and age to produce goods or to provide services for use by others or for own use'. This means that key unpaid care activities – such as fetching water, cleaning, decorating and maintaining one's own dwelling or premises, childcare and instruction, and transporting and caring for older, dependent or other household members – are classified as a form of own-use production work.

Convention (ratification status as of June 2021)	Relevance to paid care work
ILO Convention No. 87 (1948) Freedom of Association and Protection of the Right to Organize Ratified by 157 countries[107] **ILO Convention No. 98 (1949) Right to Organize and Collective Bargaining** Ratified by 168 countries[108]	Enshrines the right to freedom of association and the right to organize for all workers.
ILO Convention No. 97 (1949) Migration for Employment Convention (Revised) Ratified by 51 countries[109] **ILO Convention No. 143 (1975) Migrant Workers (Supplementary Provisions)** Ratified by 26 countries[110]	Aims to ensure that migrant workers' labour rights are respected, and their conditions of employment embrace basic human rights, equality of treatment and protection against abuse. This has a direct impact on the living and working conditions of paid care workers because migrant workers are largely employed in this sector, especially in domestic, healthcare and long-term care occupations.
ILO Convention No. 100 (1951) Equal Remuneration Ratified by 173 countries[111]	Aims to ensure equal remuneration for *work of equal value* for men and women.
ILO Convention No. 102 (1952) on Social Security (Minimum Standards) Ratified by 59 countries[112]	Sets a framework of important basic social security principles on which any social security system should be based. These are: medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit and survivors' benefit.
ILO Convention No. 138 (1973) Minimum Age Ratified by 173 countries[113]	General instrument that establishes the minimum age for employment (18 years old) with the aim to abolish child labour.

ILO Convention No. 149 (1977) Nursing Personnel Ratified by 41 countries[114] **ILO Nursing Personnel Recommendation No. 157 (1977)**	Recognizes the vital role of nursing personnel and other health workers for the health and wellbeing of populations. It sets minimum labour standards and working conditions that are specifically designed to highlight the special conditions in which nursing is carried out.
UN International Convention (1966) on the Elimination of All Forms of Racial Discrimination Ratified by 182 countries[115]	Ensures people's right to live free from racial discrimination in all its forms. Defines 'racial discrimination' as 'any distinction, exclusion, restriction or preferences based on race, colour, descent, or national or ethnic origin' (Article 1).
ILO Convention No. 154 (1981) Collective Bargaining Ratified by 49 countries[116]	Extends the scope of, and involve parties in, collective bargaining.
ILO Convention No. 155 (1981) Occupational Safety and Health Ratified by 148 countries[117]	Gives adequate protection regarding 'occupational safety and health and the working environment'.
UN International Convention (1990) on the Protection of the Rights of All Migrant Workers and Members of Their Families Ratified by 56 countries[118]	Aims to ensure that migrant workers and their families' rights are respected. Defines 'migrant worker' as 'a person who is to be engaged, is engaged or has been engaged in a remunerated activity in a State of which he or she is not a national'.
ILO Convention No. 181 (1997) on Private Employment Agencies Ratified by 35 countries[119]	Recognizes the goal of promoting flexibility in labour markets, permitting private employment agencies (which commonly employ domestic and care workers) to operate, while setting standards regarding the responsibilities of these agencies and of employers in relation to agency workers.
ILO Declaration (1998) on Fundamental Principles and Rights at Work and its Follow-up[120]	Ensures that fundamental principles and labour rights (freedom of association, collective bargaining, elimination of forced and child labour, elimination of workplace discrimination) are respected, regardless of whether countries have ratified relevant ILO conventions.
Convention No. 182 (1999) on the Worst Forms of Child Labour Ratified by 187 countries[121]	Aims to eliminate the worst forms of child labour such as slavery practices, child prostitution, illicit activities or practices that put a child's health, safety or morals at risk.
ILO Declaration (2008) on Social Justice for a Fair Globalization[122]	Promotes decent work by expressing ILO's vision for decent and dignified work in the context of globalization.
ILO Convention No. 189 (2011) on decent work for domestic workers Ratified by 32 countries[123] **Domestic Workers Recommendation, 2011 (No. 201)[124]**	Extends fundamental principles and labour rights, conditions of employment and work for domestic workers globally under a human rights framework, and by paying attention to migrant labour and occupational health and safety as well as private labour agencies.
ILO Convention No. 190 (2019) Prevention of Violence and Harassment at the workplace Ratified by 6 countries[125]	Affirms that everyone has the right to a world of work free from violence and harassment. It includes the first international definition of violence and harassment, including gender-based violence, in the world of work.

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ANNEX 2: CARE POLICY SCORECARD: SCORING TEMPLATE

The scoring template contains each of the policy areas, indicators and assessment questions in an Excel document that can be adapted as needed, depending on which policy area/s you are focusing on.

As well as the score itself, the template for each indicator includes a column for explaining the score and for documenting the source/s of verification.

Download the scoring template.

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ANNEX 3: CARE POLICY SCORECARD: SAMPLE REPORTING TEMPLATE

This document provides a template for developing a report on the Scorecard assessment, including key findings and recommendations. It is meant as a guideline and can be adapted to suit individual needs.

Executive summary

A summary of the main findings and their implications for an enabling policy environment on care.

- *Include the key things you want people to know if they only read this section.*

Dashboard results

The executive summary should include a visual representation of the scores for each policy area and indicator. An example dashboard is provided below, though you can present this however you choose.

EXAMPLE DASHBOARD TO ILLUSTRATE RESULTS

SECTION 1: UNPAID CARE WORK

Policy Area 1.1	Policy Area 1.2	Policy Area 1.3	Policy Area 1.4
Overall score	Overall score	Overall score	Overall score
Indicator 1.1.1	*Indicator 1.2.1*	*Indicator 1.3.1*	*Indicator 1.4.1*
Indicator 1.1.2	*Indicator 1.2.2*	*Indicator 1.3.2*	*Indicator 1.4.2*

SECTION 2: PAID CARE WORK

Policy Area 2.1	Policy Area 2.2	Policy Area 2.3	Policy Area 2.4
Overall score	Overall score	Overall score	Overall score
Indicator 2.1.1	*Indicator 2.2.1*	*Indicator 2.3.1*	*Indicator 2.4.1*
Indicator 2.1.2	*Indicator 2.2.2*	*Indicator 2.3.2*	*Indicator 2.4.2*

SECTION 3: CROSS-SECTORAL POLICIES

Policy Area 3.1	Policy Area 3.2
Overall score	Overall score
Indicator 3.1.1	*Indicator 3.2.1*
Indicator 3.1.2	*Indicator 3.2.2*

KEY

Percentage	Overall score	Degree to which policies are transformative for care
0%	0	Policies do not exist
1-20%	1	Policies exist but are not transformative
21-40%	2	Policies exist and are transformative to a very limited extent
41-60%	3	Policies exist and are transformative to a limited extent
61-80%	4	Policies exist and are transformative to a moderate extent
81-100%	5	Policies exist and are transformative to a great extent

Scope and methodology

A description of how you went about the assessment.

- *Include a section on the scope of the assessment. For example, if you are focusing on some policy areas or indicators, explain why (contextual relevance, links to key advocacy moments, relevance to organizational agenda/area of organizational focus, etc.).*
- *Include an explanation of the process for gathering and analysing data, for example: desk review and criteria used; interviews and the criteria and selection process used; the process for validating scores/findings; the main people/organizations undertaking the assessment and their profile; when the assessment was undertaken and how long it took, etc.*
- *Include a sub-section on sources of verification to describe the main sources used.*
- *Include a sub-section on limitations, such as availability of data sources or interview subjects, time available for the assessment, etc.*

Results

A more detailed explanation of the results and findings.

- *Highlight the key policy areas and indicators that scored highest and were found to be the most transformative – provide examples where possible.*
- *Highlight the key policy areas and indicators that scored lowest and were found to be the least transformative – provide examples where possible.*
- *Highlight any policy areas, indicators or assessment questions that were particularly difficult to assess due to data gaps.*

Promising policies and practices

An opportunity to highlight any contextually relevant policies that were not assessed but that provide a good example that could be replicated or adopted/adapted by the country.

- *For example, you may have done the assessment at the national level and found that national childcare policies are very weak, but you are aware that there is a strong childcare policy at the district level. This is useful to highlight as a best practice and can also be reflected in the recommendations.*

Recommendations

An opportunity to advise national/sub-national governments on how to address key policy gaps and build on existing good policies and practices.

- *Keep the recommendations focused on the government (as opposed to private sector or civil society) as the primary duty-bearer, and on the level you assessed – i.e. national or sub-national.*
- *Link the recommendations back to the main findings and be as specific as possible. For example, if the government scored very low on Policy Area 1.3 on social protection benefits related to care, make specific recommendations linked to the assessment questions that scored the lowest, such as coverage of informally employed workers or inclusion of women in the policy design process.*
- *For specific policy areas and indicators, you can use the subheadings of the assessment questions to help shape the focus of a recommendation, for example:*
  - *Accessibility and reach/inclusivity*
  - *Budgeting and administration*
  - *Regulation and monitoring*
  - *Design and impact*

- *In most contexts, availability of data will be a key issue. This could be a main recommendation area, with specific examples of where data collection needs improving (e.g. on accessibility and reach or design and impact) and for which types of policies.*

Annexes

Supplementary information that is useful to include but not essential for understanding the main findings and implications.

- *It is recommended to include the completed scoring template with the individual scores, justification for the scores and sources of verification.*

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REFERENCES

1 A. Parvez Butt, C. Coffey, P. Espinoza Revollo, R. Harvey, M. Lawson, K. Piaget, D. Sarosi and J. Thekkudan. (2020). Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis. Oxfam International. https://www.oxfam.org/en/research/time-care

2 Ibid.

3 D. Chopra. (2018). Women's economic empowerment programmes: towards a 'double boon' instead of drudgery and depletion. International Policy Centre for Inclusive Growth. See: https://ideas.repec.org/p/ipc/opager/379.html and One Pager, p. 379

4 A. Shah and J. Lerche. (2020). Migration and the invisible economies of care: Production, social reproduction and seasonal migrant labour in India. *Trans Inst Br Geogr*. 2020; 45:719–734

5 N. Folbre. (2018). Developing Care: Recent Research on the Care Economy and Economic Development. International Development Research Centre. https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/57142/IDL-57142.pdf?sequence=2&isAllowed=y

6 A. Parvez Butt et al. (2020). Time to Care. Op. cit.

7 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work, (p. xxxviii). https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.

8 Ibid., (p. 6).

9 Women's Budget Group. (2019). Spirals of Inequality: How unpaid care is at the heart of gender inequalities. https://wbg.org.uk/wp-content/uploads/2020/04/Spirals-of-Inequality-final-1.pdf

10 K. Piaget, C. Coffey, S. Molano, M. José Moreno Ruiz. (2020). Caring for people caring for justice and rights. Oxfam. https://www.oxfam.org/en/research/feminist-futures

11 A. Parvez Butt et al. (2020). Time to Care. Op. cit.

12 A. Parvez Butt et al. (2020). Time to Care. Op. cit.

13 Women's Budget Group. (2019). Spirals of Inequality. Op. cit.

14 UN Women (2018). Turning Promises into Action: Gender Equality in the 2030 Agenda for Sustainable Development. New York: UN Women. https://www.unwomen.org/en/digital-library/publications/2018/2/gender-equality-in-the-2030-agenda-for-sustainable-development-2018

15 Age International. (2018). Who Cares? Why older women's economic empowerment matters for the sustainable development goals. https://www.ageinternational.org.uk/policy-research/publications/older-womens-work/

16 A. Parvez Butt et al. (2020). Time to Care. Op. cit.

17 Oxfam. (2020). Feminist Futures: Caring for people, caring for justice and rights. https://policy-practice.oxfam.org/resources/feminist-futures-caring-for-people-caring-for-justice-and-rights-621046/

18 D. Chopra. (2013). A Feminist Political Economy Analysis of Public Policies Related to Care: A Thematic Review. IDS. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/2795/ER9%20Final%200nline.pdf;jsessionid=B9892C700E21E8EF5C7A51F638D2769E?sequence=1

19 M. Bolis et al. (2020). Care in the Time of Coronavirus: Why care work needs to be at the centre of a post-COVID-19 feminist future. Oxfam International. https://policy-practice.oxfam.org/resources/care-in-the-time-of-coronavirus-why-care-work-needs-to-be-at-the-centre-of-a-po-621009/

20 Oxfam, Promundo-US and MenCare. (2020). Caring Under COVID-19: How the Pandemic Is – and Is Not – Changing Unpaid Care and Domestic Work Responsibilities in the United States. B. Heilman, M.D.R. Castro Bernardini and K. Pfeifer. Boston: Oxfam, & Washington, DC: Promundo-US. https://promundoglobal.org/wp-content/uploads/2020/06/BLS20186_PRO_HowICare_CovidCare_template_002_V2.pdf

21 OECD. (2020). Informality and Social Protection in the time of COVID-19. Background policy note. https://www.oecd.org/dev/HLM-Thematic-note-Informality-social-protection-post-COVID-19.pdf

22 UN Women. (2020). From Insight to Action: Gender Equality in the Wake of COVID-19. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142

23 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.; Levy Institute. (2008). The Unpaid Care Work–Paid Work Connection, Working paper No. 541. http://www.levyinstitute.org/publications/the-unpaid-care-workpaid-work-connection

24 A. Hochschild and A. Machung. (2012). The second shift: Working families and the revolution at home. Penguin; A. Young. (2008). 'The Work-Family Divide for Low-Income African Americans'. In The Changing Landscape of Work and Family in the American Middle Class, edited by E. Rudd and L. Descartes. Lanham, MD: Lexington Books

25 J. Williams. (2010). 'Chapter 2. One Sick Child Away from Being Fired'. In Reshaping the Work-Family Debate. Cambridge: Harvard University Press

26 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. Cit. p. 94

27 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. Cit.

28 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. Cit. p. 97

29 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. Cit.

30 P. Hondagneu-Sotelo. (2001). Doméstica: Immigrant Workers Cleaning and Caring in the Shadows of Affluence. Berkeley: University of California Press

31 ILO Convention No. 189 (2011) on decent work for domestic workers

32 ILO Conventions 97 and 143 Migration for Employment Convention (Revised), 1949 (No. 97) and Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)

33 K. Lippel. (2016). Addressing Occupational Violence: An overview of conceptual and policy considerations viewed through a gender lens. GED Working Paper No. 5/2016. ILO; ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

34 J. Fudge. (2011). Gender and Migration: Workers at the Interface of Migration and Development. Decent Work for Migrant Care Workers. https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/meetingdocument/wcms_155339.pdf

35 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

36 D. Elson. (2017). Recognize, Reduce and Redistribute Unpaid Care Work: How to Close the Gender Gap, pp. 52-61. https://journals.sagepub.com/doi/abs/10.1177/1095796017700135

37 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

38 Ibid.

39 Agenda 2030 Feminista. (2019). Monitoring Sexual and Reproductive Rights in Catalonia's 2030 Agenda: An Instrument Of Feminist Advocacy. http://www.agenda2030feminista.org/wp-content/uploads/2020/02/Monitoring_instrument_SRR.pdf

40 S. Razavi. (2007). The Political and Social Economy of Care in a Development Context. Conceptual Issues, Research Options and Policy Options. UNRISD. https://www.unrisd.org/80256B3C005BCCF9/(httpAuxPages)/2DBE6A93350A7783C12573240036D5A0/$file/Razavi-paper.pdf

41 See: https://www.ilo.org/global/topics/wages/minimum-wages/beneficiaries/WCMS_436492/lang--en/index.htm

42 UN Women. (2020). Progress of the World's Women 2019-2020: Families in a Changing World. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2019/progress-of-the-worlds-women-2019-2020-en.pdf?la=en&vs=3512

43 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

44 UNRISD. (2016). Flagship Report: Policy Innovations for Transformative Change. https://www.unrisd.org/80256B42004CCC77/(httpInfoFiles)/2D9B6E61A43A7E87C125804F003285F5/$file/Flagship2016_FullReport.pdf

45 Ibid.

46 C. Enriquez. (2018). Extract from the civil society report: Spotlight on Sustainable Development 2018. https://www.2030spotlight.org/sites/default/files/spot2018/chaps/Spotlight_Innenteil_2018_box41.pdf

47 D. Chopra. (2013). A Feminist Political Economy Analysis of Public Policies Related to Care: A Thematic Review. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/2795/ER9%20Final%20Online.pdf;jsessionid=B9892C700E21E8EF5C7A51F638D2769E?sequence=1

48 S. Himmelweit and A. Plomien. (2014) Feminist perspectives on care: theory, practice and policy. In Evans, Mary, Hemmings, Clare, Henry, Marsha, Johnstone, Hazel, Madhok, Sumi, Plomien, Ania and Wearing, Sadie, (eds.). *The SAGE Handbook of Feminist Theory*. London, UK: Sage Publications

49 C. Bishop. (2018) Unpaid Care and Domestic Work: a global challenge with local solutions. https://oecd-development-matters.org/2018/03/14/unpaid-care-and-domestic-work-a-global-challenge-with-local-solutions/; A.R. Hochschild. (2000). Global Care Chains and Emotional Surplus Value. In W. Hutton and A. Giddens (eds). On The Edge: Living with Global Capitalism. London: Jonathan Cape

50 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

51 UNRISD. (2016). Flagship Report. Op. cit., chapter 3.

52 Ibid.

53 Women's Budget Group. (2020). Creating a Caring Economy: A Call to Action. https://wbg.org.uk/wp-content/uploads/2020/10/WBG-Report-v10.pdf

54 Oxfam. (2020). Feminist Futures. Op. cit.

55 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

56 Women's Budget Group. (2020). Creating a Caring Economy. Op. cit.

57 UN SDG Indicators Metadata repository: https://unstats.un.org/sdgs/metadata?Text=&Goal=5&Target=5.4

58 UNRISD. (2016). Flagship Report. Op. cit., chapter 3.

59 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit., p.113

60 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

61 Women's Budget Group. (2020). Creating a Caring Economy. Op. cit.

62 A. Parvez Butt et al. (2020). Time to Care. Op. cit.

63 For example, the United Nations Economic Commission for Africa (UNECA) estimates that Africa loses more than $50bn each year to illicit financial flows, and in particular through tax evasion. See: https://www.uneca.org/sites/default/files/PublicationFiles/iff_main_report_26feb_en.pdf

64 S. Ambrose and D. Archer. (2020) Who Cares for the Future: finance gender-responsive public services. ActionAid. https://actionaid.org/publications/2020/who-cares-future-finance-gender-responsive-public-services

65 İ. İlkkaracan, K. Kim and T. Kaya. (2015). The Impact of Public Investment in Social Care Services on Employment, Gender Equality, and Poverty: The Turkish Case. Istanbul Technical University, Women's Studies Center in Science, Engineering and Technology and the Levy Economics Institute of Bard College. https://www.levyinstitute.org/pubs/rpr_8_15.pdf

66 Oxfam. (2019). Gender and Taxes: The gendered nature of fiscal systems and the Fair Tax Monitor. https://policy-practice.oxfam.org/resources/gender-and-taxes-the-gendered-nature-of-fiscal-systems-and-the-fair-tax-monitor-620868/

67 Oxfam. Planning Research for Influencing. https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620756/rg-planning-research-influencing-diagram-bw-en.pdf?sequence=1

68 Oxfam. Influencing for Impact Guide: How to deliver effective influencing strategies.https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621048/gd-influencing-for-impact-guide-150920-en.pdf

69 See: https://indicators.report/targets/5-4/

70 See: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C156#A2

71 A. Parvez Butt et al. (2018). Exploring the need for gender-equitable fiscal policies for a human economy. Evidence from Uganda and Zimbabwe. https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620417/rr-gender-equitable-fiscal-policies-human-economy-080318-en.pdf?sequence=7

72 UN Women. (2015). Progress of the world's women 2015-2016: Transforming economies, realizing rights. http://www.unwomen.org/-/media/headquarters/ attachments/sections/library/publications/2015/ poww-2015-2016-en.pdf?la=en&vs=0

73 ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

74 Ibid.

75 ILO. (2016). Women at Work: Trends 2016. https://www.ilo.org/gender/Informationresources/Publications/WCMS_457317/lang--en/index.htm

76 A.E. Devercelli and F. Beaton-Day. (2020). Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital. World Bank. https://openknowledge.worldbank.org/handle/10986/35062

77 R. Holmes and N. Jones. (2010). Rethinking social protection using a gender lens. Overseas Development Institute. https://odi.org/en/publications/rethinking-social-protection-using-a-gender-lens/

78 World Economic Forum. (2020, August 3). Coronavirus is creating retirement insecurity. These 10 steps can defuse the timebomb of an ageing population. https://www.weforum.org/agenda/2020/08/here-are-10-steps-to-diffuse-the-timebomb-of-an-ageing-population-post-covid19/

79 See: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::p12100_instrument_id:312247

80 See GSDRC, Public works programmes: https://gsdrc.org/topic-guides/social-protection/global-issues-and-debates-2/public-works-programmes/

81 WIEGO, ILO and UNICEF. (2021). Family-Friendly Policies for Workers in the Informal Economy. https://www.unicef.org/reports/family-friendly-policies-workers-informal-economy

82 ILO. (2020). Social Protection Spotlight. ILO brief. https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---soc_sec/documents/publication/wcms_744510.pdf

83 ILO. (2020). A quick reference guide to common COVID-19 policy responses. https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---act_emp/documents/publication/wcms_754728.pdf

84 See: https://www.ilo.org/global/topics/wages/minimum-wages/beneficiaries/WCMS_436492/lang--en/index.htm and ILO. (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

85 Oxfam. (2021). The Inequality Virus: Bringing together a world torn apart by coronavirus through a fair, just and sustainable economy. https://www.oxfam.org/en/research/inequality-virus

86 ILO Convention No. 189 (2011) on decent work for domestic workers

87 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

88 Ibid.

89 Ibid.

90 Ibid.

91 See: https://www.ilo.org/global/topics/wages/minimum-wages/domestic-workers/WCMS_438276/lang--en/index.htm

92 WHO. (2019). Gender equity in the health workforce: Analysis of 104 countries. Health Workforce Working paper 1. https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y

93 See: https://www.ilo.org/ipec/areas/Childdomesticlabour/lang--en/index.htm. The ILO defines child domestic work as when children aged 5 to 17 years perform domestic tasks in the home of a third party or employer.

94 C. Tacoli. (2012). Urbanization, gender and urban poverty: paid work and unpaid carework in the city. Urbanization and Emerging Population Issues Working Paper 7. IIED and UNFPA

95 This includes the right to bring their families and protection for their family, as well as the right to have a family and attend their family care needs

96 ILO (2018). Care Work and Care Jobs for the Future of Decent Work. Op. cit.

97 Women's Budget Group. (2020). Creating a Caring Economy. Op. cit. https://wbg.org.uk/wp-content/uploads/2020/10/WBG-Report-v10.pdf

98 https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

99 https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

100 https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf

101 https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa

102 https://www.ohchr.org/en/hrbodies/crc/pages/crcindex.aspx

103 https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html

104 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312301

105 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::no:11300:p11300_instrument_id:312328

106 https://www.ilo.org/global/statistics-and-databases/standards-and-guidelines/resolutions-adopted-by-international-conferences-of-labour-statisticians/WCMS_230304/lang--en/index.htm

107 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312232

108 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312243

109 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312242

110 ILO Conventions No. 97 and 143 Migration for Employment

111 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312245

112 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312247

113 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312283

114 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312294

115 See OHCHR Status of ratification interactive dashboard: https://indicators.ohchr.org/ (last accessed 2 June 2021)

116 https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:312299

117 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312226

118 See OHCHR Status of ratification interactive dashboard: https://indicators.ohchr.org/ (last accessed 2 June 2021)

119 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312326

120 https://www.ilo.org/wcmsp5/groups/public/---ed_dialogue/---actrav/documents/publication/wcms_111431.pdf

121 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:312327)

122 https://www.ilo.org/global/meetings-and-events/campaigns/voices-on-social-justice/WCMS_099766/lang--en/index.htm

123 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:2551460

124 https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:::NO:12100:P12100_ILO_CODE:R201:NO

125 https://www.ilo.org/dyn/normlex/en/f?p=1000:11300:0::NO:11300:P11300_INSTRUMENT_ID:3999810

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