THE CARE-RESPONSIVENESS BAROMETER

A framework to plan, measure and improve the care-responsiveness of policies, investments and institutions

Care work, paid, unpaid or underpaid, is a critical social and economic good. There is a need to place it at the core of all policy decisions and investments in development work, as well as across institutions. The Care-Responsiveness Barometer has been developed as a guiding tool for all institutions to plan, measure and improve the care-responsiveness of their work.

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ACKNOWLEDGEMENTS

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Yamini Mishra (Amnesty International)

EDITORIAL SUPPORT

Divya Gupta
Helen Bunting

ACRONYMS

5 Rs	Recognize, Redistribute, Reduce, Reward and Represent
ADB	Asian Development Bank
DFI	Development finance institution
ECD	Early childhood development
EMSF	Environmental and social management framework
GBP	British Pound Sterling
GDP	Gross domestic product
IEC	Information, education and communication
IFC	International Finance Corporation
IFI	International financial institution
ILO	International Labour Organization
INGO	International non-government organization
ITUC	International Trade Union Confederation
IWRAW	International Women's Rights Action Watch
IWWAGE	Initiative for What Works to Advance Women and Girls in the Economy
KPA	Key performance area
MDB	Multilateral development bank
MIS	Management information system
NGO	Non-government organization
PSI	Public Service International
PFM	Public finance management
RFD	Results framework document
ToR	Terms of reference
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNI	UNI Global Union (formerly Union Network International)
USD	United States Dollars
WB	World Bank
WBG	World Bank Group

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1 INTRODUCTION

Care work,[1] whether it is unpaid, underpaid or paid, is a critical social and economic good. It includes taking care of oneself, each other, children, older persons, family members living with disability or illness/disease, as well as domestic activities like cooking, feeding, cleaning, washing, procuring goods and services, mending, fetching water and firewood — tasks that are critical for the survival of human beings. Without someone investing time, effort and resources in these essential tasks, families, communities and even entire economies would come to a halt (Coffey, et al. 2020b).

Much of this care work is done within households for free, or is unpaid and is mostly carried out by women and girls. However, many women who live in poverty also provide care for others, for example as domestic and health workers. Such workers are also often underpaid and work without the benefit of social and labour protection. They are among the most exploited workers in the world, according to the International Labour Organization (ILO) [Addati, et al. 2018].

Care work is more than physical and emotional work. It is an expansive and all-inclusive concept that relates to everyone's well-being. Thus, valuing and recognizing care work would help to create a society that respects and comes closer to the attainment of universal human rights (Coffey, et al. 2020b).

Box 1: Key definitions

Care-responsiveness: The ability of a system (service, infrastructure, institution or programme) to meet the needs and concerns of care-givers and care recipients.

Care work: This includes two overlapping activities – (1) direct personal and relational care activities such as childcare, or caring for an ill person; and (2) indirect care activities such as cooking and cleaning.

Unpaid care work: Caring for people, such as bathing a child or taking care of adults who are sick or frail, and undertaking domestic work such as cooking and doing laundry, without receiving any explicit financial compensation. It usually takes place within households but can also involve caring for friends, neighbours or other community members, including on a voluntary basis.

Paid care work: Caring for people or doing domestic work for pay. It takes place in public and private sectors such as education, health and social work, but also in private households. Domestic workers might care directly for other people and carry out tasks such as cleaning, cooking and washing clothes.

Underpaid care work: Paid care work, which is mostly informal, often without a contract and/or any form of social security. The wages paid for such work, especially domestic work, are low and often less than legal minimum wage.

Care sectors: These include childcare, long-term care and care services for older persons, education services, health services, social work, personal care and domestic work such as cooking, cleaning, fetching water, etc.

Care-related businesses: Paid care services provided by individual entrepreneurs or the private sector that include day-care centres, crèches, care homes, nursing homes, hospitals and schools.

Care policies: Care policies are public policies that allocate resources to recognize, reduce and redistribute unpaid care work in terms of money, services and time or level of effort invested. They encompass the direct provision of childcare and care services for older persons, care-related social protection transfers and benefits given to workers with family or care responsibilities, unpaid care workers, or people who need care. They include care-relevant infrastructure that reduces women's workload, such as obtaining water, providing sanitation and procuring energy. They also include labour regulations such as leave policies and other family-friendly working arrangements, which enable a better balance between paid employment and unpaid care work.

Transformative care policies: Care policies which guarantee human rights, agency and the well-being of both care-givers (whether paid or unpaid) and care recipients. Care policies are transformative when they contribute to the recognition of the value of unpaid care work, the reduction of the care workload and the redistribution of care responsibilities between women and men and between households and the state. The policies also need to reward care workers adequately and promote their representation, as well as that of care recipients and unpaid carers.

Adapted from L. Addati, et al. (2018). *Care work and care jobs for the future of decent work*;[2] and C. Coffey, et al. (2020). *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*.[3]

Care work is also still largely invisible in policy and decision making. As such, there is an urgent need for policies that not only recognize care work but place it at the heart of economic thinking, planning and decision making. This will help ensure the greater well-being of society, sustainable human development, economic growth and prosperity for all. To realize such a vision, care practices must become a universal standard and they ought to be transformative (see Box 1). A recent study (2020) by the Women's Budget Group, a UK-based independent network of voluntary women's organizations, estimates that this would require countries such as the UK to invest 2–5% of their GDP in the care sector and raise employment in care work by 10%, with decent wages and social protection.

Unfortunately, universal and transformative care policies are still a distant dream, particularly in low- and middle-income countries (Addati, et al. 2018). There is an urgent need to acknowledge care as a critical social and economic good and place it at the core of all development policy decisions and investments.

This recognition needs to be understood in a multi-faceted way.

RECOGNIZE THE VALUE OF CARE WORK FOR SOCIETY AND THE ECONOMY

Estimating the value of care work in monetary terms may be a matter of debate. However, the fact remains that if unpaid care work were to be valued on the basis of hourly minimum wages, it would amount to almost $11 trillion[4] or 9% of global GDP (Addati, et al. 2018). Simply put, the value of unpaid care work alone would make it the third largest economy in the world, after that of the US and China. Other estimates, for example in the UK, have shown that in 2015, unpaid care workers for people living with disability or illness/disease contributed services worth £132bn a year to the economy – nearly as much as spending

that year on the National Health Service (Glasby and Thomas, 2018). The study also pointed out that in the US, unpaid care for people living with dementia, if provided by the government, could cost taxpayers an estimated $232bn per year. Care work thus provides enormous benefits to society and economies all over the world and its value cannot be underestimated.

UNDERSTAND THE GENDER IMPLICATIONS OF THE UNEQUAL DISTRIBUTION OF CARE WORK AND REDISTRIBUTE CARE-BASED LABOUR

Women perform three-quarters of the global total of unpaid care work. This means care work has far-reaching gender implications. Women also make up two-thirds of underpaid and paid care workers (Coffey, et al. 2020b). Many of these care workers belong to communities and groups that already face discrimination based on gender, class, caste, race, ethnicity, nationality and sexual orientation (Coffey, et al. 2020b). This disproportionate share of unpaid care work carried out by women is also the main barrier to them accessing secure and full-time jobs and participating in the formal workforce. For instance, in 2018, as many as 606 million women of working age declared themselves to be unavailable for employment or not seeking a job due to unpaid care work (Addati, et al. 2018).

A more equitable sharing of unpaid care work across all genders is essential to ensuring that more women can secure jobs with higher wages and benefit from and contribute to the formal economy (Addati, et al. 2018). It is also critical to bringing about greater gender parity and sustainable economic growth, especially in low- and middle-income countries.

Furthermore, with an increasing number of people in need of care, an urgent case can be made for government and market-supported care provisions. In 2015, an estimated 2.1 billion people were in need of care services globally. By 2030, it is expected that an additional 100 million older persons and 100 million children will need care services (Addati, et al. 2018).

However, universal access to childcare and care services for older persons is far from being realized. Globally, the gross enrolment in early childhood education services for children under 3 years old was only 18.3% in 2015. For pre-primary education for children between 3 to 6 years, enrolment barely reached 57% (Addati, et al. 2018). Public provision of long-term care services for older persons and those living with disabilities are close to non-existent in most countries (Addati, et al. 2018). Universal provision of affordable and quality care services is desperately needed.

REDUCE THE WORKLOAD AND TIME SPENT ON PROVIDING CARE-BASED LABOUR THROUGH EFFICIENT INFRASTRUCTURE AND SERVICE DELIVERY

Unpaid care work is further increased due to lack of public infrastructure facilities for water, sanitation, energy and transport. The time and energy spent by women and girls in collecting water and fuel wood, for instance, has been well documented across the globe. Yet infrastructure growth and investment plans often fail to take into account such labour that goes into providing care work. An even bigger constraint is the lack of time-saving technologies for reducing such work. It is hard, physical work, most often done by women living in poverty, particularly in rural areas.

REWARD CARE WORKERS WITH DECENT JOBS IN THE CARE SECTOR

The feminization of unpaid care responsibilities also extends to the paid care sector. Women constitute approximately two-thirds of the global care workforce and over three-quarters in the Americas, Europe and Central Asia (Addati, et al. 2018).[5] However, even when care work is paid, studies show that the conditions under which it is carried out at the local and global levels are challenging. They manifest in the informal nature of work, lack of decent working conditions, low wages, limited or no social protection measures and unequal (power) dynamics and relations between employers and employees (Coffey, et al. 2020b).

Most of these paid or underpaid care workers are employed in education (123 million) and in health and social work (92 million), according to the ILO (Addati, et al. 2018). As mainstream macro-economic frameworks prioritize fiscal consolidation at all costs, experience shows that this leads to inevitable cuts in social sector spending and the public provision of services. This not only increases women's unpaid work but also adversely impacts their paid work patterns (Coffey, et al. 2020a). On the other hand, just doubling the investment in the care economy could lead to the creation of 269m new jobs by 2030 (Addati, et al. 2018). Given the prevailing gender norms and socialization processes, most of these will be taken up by women, thus increasing female workforce participation. Nevertheless, it would be in the interest of all groups to break the stereotype and increase men's participation in the paid care sector, too.

It is also the case that poor-quality jobs for care workers lead to poor-quality care work (Addati, et al. 2018). It is detrimental to the well-being of those who receive care, provide care and also for unpaid care-givers, who have few options available. If new jobs in care are created, they must be built on the principles of decent work and social protection.

REPRESENTATION OF CARE WORKERS, ESPECIALLY MIGRANTS, IN SOCIAL DIALOGUE

Unfortunately, care workers are often denied their basic right to association, whether they are working in the informal sector or even in the formal sector, which are often categorized as essential services. This leads to limited opportunities for dialogue and collective bargaining – both necessary for securing quality care-related jobs. Migrant workers, who have a large presence in informal care work and often slip through formal safety nets, are particularly vulnerable. They need to be adequately represented in care-related decision-making forums.

Box 2: The 5R Framework

Diane Elson, a British economist and gender and social development specialist, originally conceived the Triple R framework, viewing unpaid care work as three inter-connected dimensions – recognition, reduction and redistribution. The ILO added the decent work agenda to make it the 5R Framework by including the dimensions of rewarding and representation of care workers.

The five elements:

Recognize unpaid and underpaid care work, primarily done by women and girls, as work or production with real value.

Reduce the total number of hours spent on unpaid care tasks through time-saving devices and access to care-supportive infrastructure and services.

Redistribute care work more fairly within the household, from women to men and shift the responsibility from unpaid care work to state or market provisioning of services.

Reward – regulate and implement decent terms and conditions of employment with equal pay for work of equal value for all care workers.

Represent care-givers in design and decision making related to care policies and ensure collective bargaining rights for care workers.

These 5 Rs together provide a strategic framework for addressing all care-related inequalities. The framework calls for a reprioritisation of our public policy mandates from the lens of human rights and gender. It provides guidance for defining a clear set of solutions for a care-responsive economy. Given the comprehensive nature of the framework, Oxfam has, thus, used the 5R Framework as a guidance document while designing the indicator framework of the care-responsive barometer.

Source: L. Addati, et al. (2018). *Care work and care jobs for the future of decent work*;[6] and C. Coffey, et al. (2020). *Feminist Futures: Caring for people, caring for justice and rights*.[7]

2 PURPOSE OF THE BAROMETER

The COVID-19 pandemic has greatly exacerbated adverse conditions in the already neglected care sector. Overburdened health systems, successive lockdowns and the closing of many essential services such as schools, day-care centres and food services have increased the demand for care work across the board. This rising demand for care services is also likely to increase the already disproportionately high share of care work that women and girls perform, according to UN Women (2020). Emerging evidence from rapid assessment surveys conducted by the agency in many Asian countries (Bangladesh, Maldives, Pakistan and Philippines) shows that while domestic work and unpaid care have increased for both men and women, the increase in responsibilities have fallen more on women.

However, the pandemic has also thrown up an opportunity to build a gender-just future. Governments all over the world are working towards a strong and resilient economic and social recovery, with significant support from United Nations (UN) organizations, development finance institutions, (DFIs), multilateral development banks (MDBs), institutional donors, international non-government organizations (INGOs) and national non-government organizations (NGOs), as well as the private sector. The care sectors have seen an increase in innovative policy making and financing, especially in healthcare and social protection. Women's groups across the world have highlighted the impact of the pandemic on care work. As a result of their efforts, an understanding of the importance of the care economy is now much stronger within these institutions.

There is both an opportunity and an obligation to bring unpaid, underpaid and paid care work into the frontline agenda of all recovery efforts in order to move towards a more equal and gender-just future. It is imperative that the care perspective is integrated within all development policy prescriptions, financial investments and institutions in a way that truly advances gender equality in the post-pandemic context.

With this in mind, Oxfam has co-created a set of Care Principles that could serve as an important advocacy tool for promoting the care agenda across all sectors. It has done so in collaboration with various care workers' associations and feminist organizations, including the Bretton Woods Project, Amnesty International, International Women's Rights Action Watch (IWRAW), Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE), International Trade Union Confederation (ITUC), International Domestic Workers Federation (IDWF), UNI Global Union (formerly Union Network International) and Public Service International (PSI). These principles, summarized in Box 3 below, are discussed in rigorous detail in an accompanying publication.[8]

Box 3: Building on the foundations of care principles

Internal to organizations and enterprises

1. Develop a care-responsive institutional strategy .

2. Appoint a committee to an advisory and oversight role.

3. Mitigate care work-related disadvantages and discrimination in recruitment, hiring and performance appraisals.

4. Ensure pay parity and transparency regarding salary and other benefits.

5.Promote a family-friendly work environment (crèches, flexi-time, care leave policies, etc.).

6. Make parental benefits and maternity protection available for everyone, including a return-to-work policy for women.

7. Redefine and redistribute care work (paternal leave, crèche facilities, etc. for all employees).

8.Provide mentorship and training for to build skills in the care perspective.

9. Encourage platforms that promote the voice, agency and leadership of care workers, including the right to association and collective bargaining.

10. Ensure that occupational safety for women and men is in place.

11. Extend all benefits and social protection measures to part-time and contractual workers.

12. Make provisions for protection from exploitation and vulnerability arising from accidents, illness and unemployment.

13. Protect the rights of care providers engaged by employees.

14. Put in place a costed care institutional action plan and allocate the necessary resources to achieve it.

External programming

15. Promote care-centric public policies and sector reforms, including universal provision of quality and affordable care services.

16. Influence public finance management (PFM) systems that track and encourage care-responsive investments.

17. Recognize and address informal and non-standard employment.

18. Strengthen civil society participation and collective bargaining.

19. Prioritize and invest in research, advisory services and the collection of time-use data.

20. Ensure project selection and situational analyses are informed by time-use patterns and the gendered division of labour.

21. Involve women and care workers (including associations) as stakeholders.

22. Integrate care work reduction and redistribution features within project design.

23. Earmark care-responsive budgets.

24. Pursue minimum standards of care across all supply chain contracts and when working with partner organizations.

25. Focus on labour management and grievance redressal from a care perspective during the project implementation phase.

26. Ensure operations and maintenance (O&M) actions include women in the organization.

27. Create monitoring and information systems which track compliance on care-related commitments.

28. Focus on particular categories of workers (children, migrant workers, etc.) who face multi-dimensional vulnerability.

The Care-Responsiveness Barometer[9] takes this a step further by providing an accountability framework to help a) integrate the care perspective across sectors; b) improve care-responsive planning, programming, financing and monitoring; and c) promote a culture of care-responsive institutions. It captures both process initiatives and results to provide a comprehensive understanding of the care-responsiveness of an institution. Crucially, it will also enable relevant institutions to assess the adoption of the care principles during the post-pandemic recovery process.

The barometer can be used by governments; UN agencies; DFIs; MDBs; institutional donors; INGOs; women's groups and national NGOs; and the private sector. It has been designed primarily to serve as a planning and self-assessment tool for staff within organizations. The focus is on providing entry point tips and suggestions for improving care-responsiveness within operations. The barometer will therefore be particularly helpful for senior programme managers, project staff and human resource departments within all institutions.

However, the barometer can also be used for performance assessment and as an audit tool by development organizations. Last but not least, it will be valuable for civil society groups who advocate for governments, DFIs and MDBs to pursue improved care-responsiveness in policies and investments, and map the progress of their work on care.

3 STRUCTURE OF THE BAROMETER

The barometer has been structured to assess care-responsiveness on five different levels within organizations: the development environment; policy/strategic interventions; financial and technical assistance; programme/project efficacy; and institutional mainstreaming.

Each level is further organized around multiple operational dimensions. The dimensions include performance indicators and standards that the organization should work towards to attain robust, credible and effective care-responsiveness.

1. **Development environment:** This level has been developed with an aim to map and assess the macro-level policy context in which the organization operates. This will enable it to communicate its contribution and achievements on care-responsiveness to key stakeholders and external audiences. The indicator framework builds on two dimensions, including:
    a. **The development and policy context**: It is vital to understand the socio-economic and political context and the policy and fiscal framework that the organization is attempting to influence, directly or indirectly. This dimension is more useful for UN organizations, DFIs, MDBs and institutional donors that have influence across multiple regions and countries and want to benchmark and review the effectiveness of their work in those geographies over multiple timelines. However, indicators can also be customized by INGOs and NGOs for a quick assessment of the care-responsiveness of their policies and fiscal priorities at the national and sub-national levels.
    b. **Outcomes and outputs of operations:** Results that can be directly attributed to the organization's actions. This dimension helps capture the actual contribution in terms of people affected by the organization in the course of its care-related work. Here again, the indicators can also be customized by INGOs and NGOs to assess the number of people covered at the country level in national and sub-national government programmes.

Box 4: The development environment and organizational care-responsiveness

It is important to understand that organizations may need to map the overall context of development from a care perspective. However, they can only influence the context and do not have any control over actual policy measures taken by governments. Many institutional donors and INGOs work in geographical areas that have low levels of human development and would, by default, score low on this dimension. Development environment parameters should thus be used only for understanding the policy context within which the organization functions and how it contributes to influencing it, in order to become more care-responsive. These parameters should not be used as a measure of the organization's own care-responsiveness.

2. **Policy/strategic interventions:** This level focuses more on an organization's operations related to strategic research and policy advocacy/influencing of government actions. The dimension captures aspects that define the result areas and strategic priorities of an organization on policy making. Externally, it focuses on the aspects of the macro-economy and PFM that an organization seeks to impact. The indicators mainly target the internal documents produced by the organization that

guide its own work, but can also be customized to review the government policy and budget documents that the organization aims to influence. The indicator framework builds on two service dimensions, including:

a. **Results and strategic priority-setting.** These assess the organization's vision-building and strategic planning processes and the key result areas it seeks to influence.

b. **Policy influencing and fiscal reforms.** These address the policy influencing role of the organization, especially in terms of the sectors covered and the types of policy prescriptions it promotes. This parameter also helps assess if the strategic priorities of the organization match its policy influencing agenda, budgetary allocations and expenditure.

Box 5: Policy/strategic interventions and organizational care-responsiveness

Organizations are most often driven by their vision and strategic plan documents. These documents define, in detail, what the organization's priorities will be in the next few years. It is important that these documents have a strong care perspective integrated, so that all organizational actions are guided by the same. Equally important, though, is to understand how the organization translates the strategic priorities into its policy prescriptions. For example, an organization working on climate resilience may have a strategic priority on gender equality, but its sectoral work could still be focusing on promoting clean fuel policies that may increase the care workload of women. The policy and strategic interventions parameters would help the organization place care within its priority result areas and assess whether its policy influencing actions have translated into achieving them.

3. **Financial and technical assistance:**

   a. **Financial instruments – budgets, grants and loans:** Assess the investment priorities of the organization, including the government expenditure budget, the loans and grants disbursed for DFIs, MDBs and institutional donors, the budget received and spent by the UN and INGOs/NGOs, and portfolio investments made by the private sector.

   b. **Research, technical and advisory services:** Identification of research and learning that can guide various actors, especially governments, on the care economy. This includes surveys, research studies, policy briefs, consultancy assignments and, most importantly, capacity-building programmes (training and workshops).

4. **Programme/project efficacy:** This level has been designed keeping in mind the need to adopt a care lens throughout a project cycle. The aim is to ensure that all projects are care-responsive to the extent possible. It builds on the project cycle framework, from project identification and preparation to the appraisal and approval stages, and from project implementation to completion and impact evaluation. This level has been especially developed for project staff in development organizations to look out for areas where care-responsiveness could be weak, and integrate unpaid, underpaid and paid care work across all investments. It also provides various entry points to integrate care-based concerns across the project cycle. The indicator framework builds on four key project cycle dimensions, including:

   a. Project identification: ensuring that the initial project documents/concept notes develop, incorporate and consider information on time-use and care-work patterns.

b. Project preparation, appraisal, negotiations and approval: all project documents/proposals should include a systematic analysis of care work, with identified activities and results for addressing related concerns.

c. Resource allocation, disbursement, implementation and monitoring: the focus should be on sex-disaggregated and care-responsive indicators along with funding and capacity building for both.

d. Completion and evaluation: there should be a review of project reporting templates and evaluation terms of reference (ToRs) for information on care work-related actions and the impact on time-use and care.

5. **Institutional mainstreaming:** This level serves as a guide for the organization to audit its own internal operations and systems from a care economy lens and to realign its priorities to pursue a more care-responsive development approach.

   a. Operational systems and procedures: Actions undertaken at the institutional level that affect overall functioning and performance.

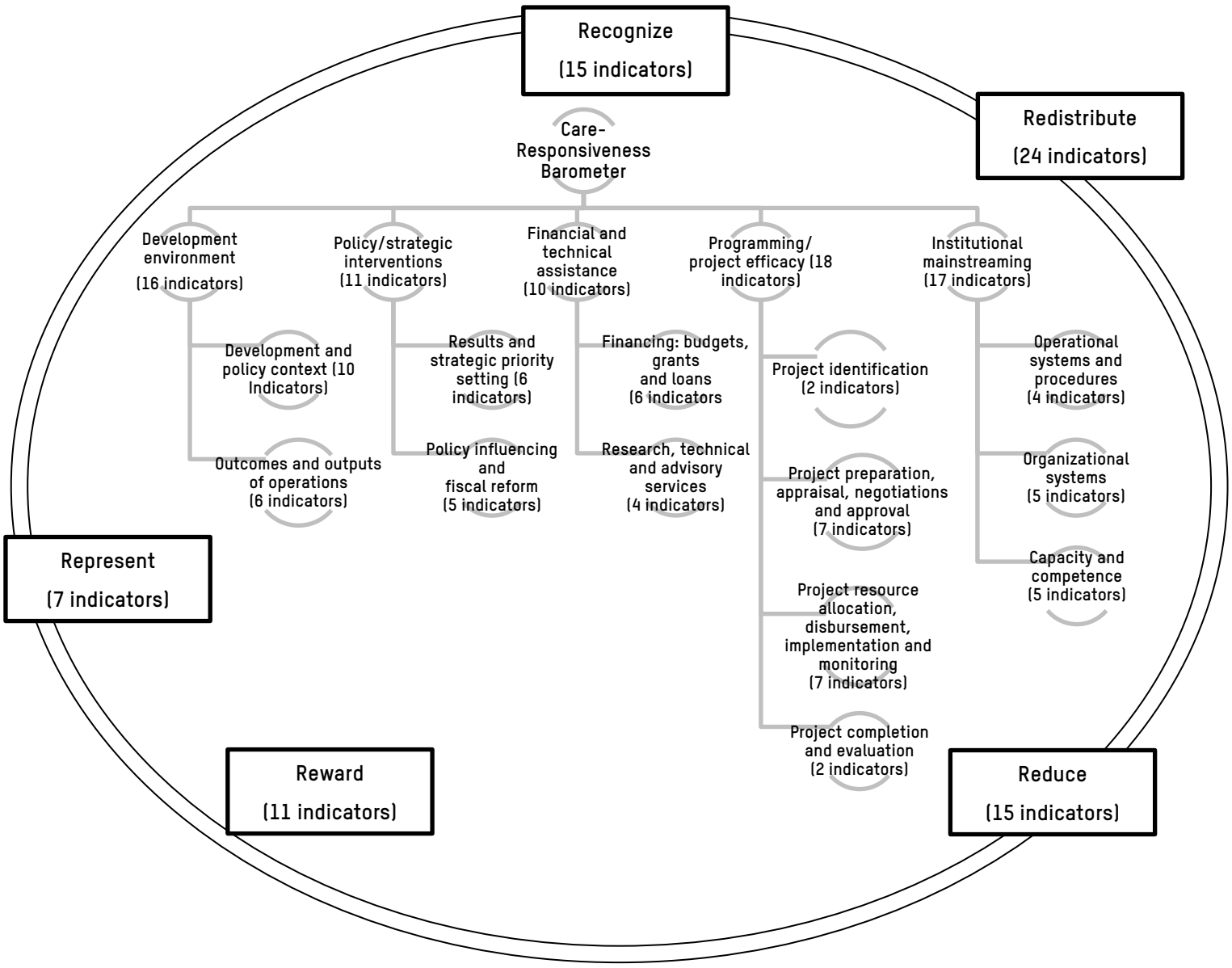
   b. Organizational systems: Internal institutional processes that guide human resources policies and performance tracking systems.

   c. Capacity and competence: Track the sensitivity and expertise of management, staff and partners to incorporate a care perspective in their work.

All levels have been designed to be used independently. Each level includes a set of recommended and desirable indicators, which the organization can choose from to implement and measure. It is advised to begin initially with the recommended indicators and then move towards the desirable indicators. Organizations can also use a combination of levels, selecting indicators across various domains to develop their own assessment framework. The overall structure of the barometer is explained in Figure 1.

Furthermore, all the indicators have also been mapped against the ILO's 5R framework: recognize, redistribute, reduce, reward and represent (see Box 2 on page 9). This will help organizations to understand the focus of their care-responsive work and to move towards a more comprehensive approach.

Figure 1: Care-Responsiveness Barometer – overall structure



4 THE BAROMETER TOOLKIT

The barometer has been designed to facilitate the integration of care-responsiveness across the board. It is not only an assessment tool, but also a guiding framework for enabling action. Multiple tools have been provided as part of the barometer toolkit. These tools can be used independently and also in conjunction with each other, as an organization moves from analysis to the planning, review and assessment stages.

1. **Checklist for analysis**: The checklist is the most basic and important tool of the barometer. It is a set of self-guided questions in 'yes', 'no' and number format.
    a. At the project level, it provides an at-a-glance picture of whether the desired actions for enabling a care-responsive project have been undertaken, and whether the final project stands the test of satisfying the minimum standards of care-responsiveness. The checklist can be used independently as an entry point tool by any organization that desires to introduce care-responsiveness into project planning.
    b. For other levels, the checklist serves as a data-gathering tool to help review progress on the indicators. Information in the checklist can be gathered through document reviews, key informant interviews or by filling out questionnaires/surveys.
2. **Tip-sheet:** The tip-sheet is a tool for analysis, planning and monitoring of progress.
    a. As a first step, it is a road map for understanding the entry points and actions that can be undertaken or are needed to integrate a care perspective into the organization's work. It builds on current practices and examples from the development sector for satisfying the minimum standards of care-responsiveness. These have been drawn up after a detailed literature review and multiple consultations with civil society organizations, women's groups, care workers and care worker associations. The tip-sheet be used as an extensive planning tool to chart out the actions required at various levels. It can also serve as an initial guidance note for deliberation on strategies at workshops and training programmes.
    b. When used for monitoring or performance assessment, the tip-sheet provides detailed criteria for scoring against indicators and determining the reason for the score. Each indicator needs to be rated separately and independently using the assessment tip-sheet. Most indicators contain multiple criteria, which means that two or more must be met in order to approach the minimum requirements of care-responsiveness, and three or more must be met to satisfy them. Most of the data for these can be generated by reviewing the checklist. Once the checklist is filled in, its data should be used to evaluate progress on an indicator using the tip-sheet. A rating of 'missing', 'approaching' or 'satisfying' minimum requirements can then be provided for the indicator, depending on the degree to which the criteria is met or not. This is also done using the tip-sheet.
3. **Scoring sheet:** The scoring sheet is used to fill in the results or scores for each indicator in a template and then calculate the final rating. These results are calculated using the methodology outlined on page 24.
    a. At the project level, the scoring sheet can be used to guide appraisals and approval processes by setting a minimum benchmark score that a project must achieve, in order to advance to the next stage.

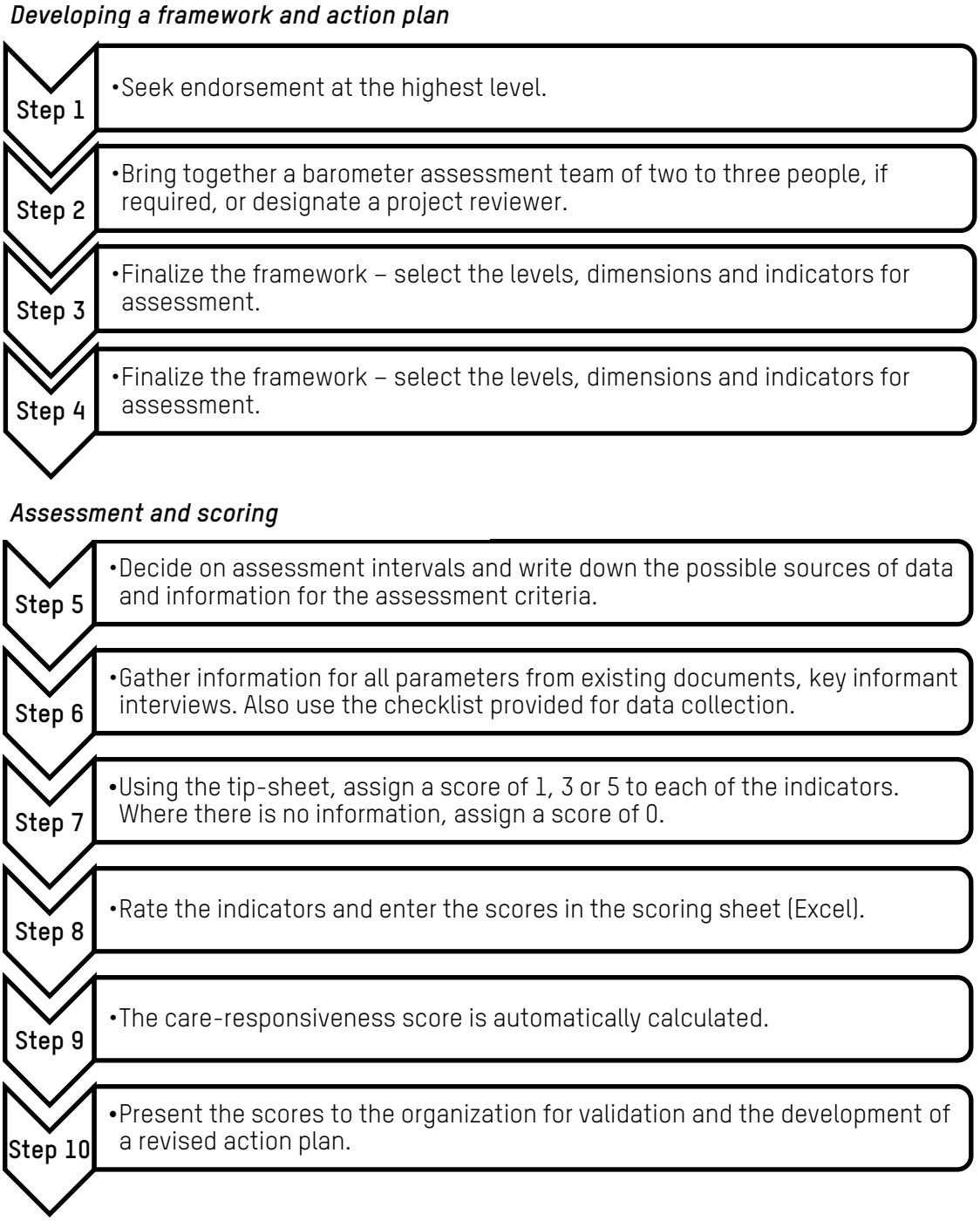
b. At other levels, the scoring sheet mainly provides a measure of progress and helps highlight the changes made over time. It should be used more as a tool for self-reflection to enable the setting of higher benchmarks and goals, and to develop new programmes and budget cycles informed by the findings. The use of the scoring sheet, however, is optional and it should only be used once the required capacity building processes and systems have been put in place for care-responsive actions. However, it can be used in the initial stages to establish a baseline.

Separate toolkits have been provided at the end of this document for each level. All toolkits include all three segments mentioned above.

5 USING THE BAROMETER

The barometer is meant to be used by different stakeholder groups, based on the level at which they operate and how much information they want to feed back into their work. The stakeholder groups might include internal staff at head office and regional/sub-office or project levels. They might also include external civil society organizations and women's groups. However, there are some critical steps that are important to keep in mind when using the barometer (see Figure 2).

Figure 2: How to use the barometer



Step 1: Before launching the exercise, the process should be endorsed at the highest level to ensure effective implementation, and that it receives the support of senior managers.

Step 2: Put the barometer assessment team in place. For the programme/project level, designating a project reviewer to ensure accountability is recommended, while for other levels, it is advisable to have an inter-disciplinary team of three people, with at least one gender expert.

Step 3: Once the team is finalized, the next step is to finalize the framework. This can include any one level or multiple levels that the organization wants to target (Table 1). For example, if only projects are to be reviewed, the customized project level can be used at the planning and appraisal stage for new projects. For internal organizations and enterprise assessment, use the customized institutional mainstreaming framework.

After selecting the level, finalize a framework and a set of goals with indicators and targets that the organization aims to achieve. When undertaking this exercise for the first time, it is advisable to include all the recommended indicators in the framework. Later on, as the care-responsive work within the organization is strengthened, other desirable indicators can also be added. These should be selected based on the priorities of the organization and in consultation with senior management and programme heads.

Step 4: The next step is to study the tip-sheet for the selected indicators and design a care-responsive action plan for the project or organization. At the project level, use the tip-sheet for examples and options to make the necessary changes in the project strategy, activities and budget documents to strengthen care-responsiveness.

For other levels, the assessment team can first develop a care-responsive organizational plan and submit it to the senior management for review and approval for follow-up action. However, it is advisable to use the tip-sheets as a training tool for relevant staff in workshops in order to develop a more participatory care-responsive organizational action plan.

Table 1: Suggested frameworks for various organizations

UN organizations, DFIs and MDBs at corporate level	**Institutional donors and INGOs at head-office level**
• Development and policy context • Outcomes and outputs of operations • Operational systems and procedures • Organizational systems	• Results and strategic priority-setting • Outcomes and outputs of operations • Financing: budgets and grants • Operational systems and procedures • Organizational systems • Capacity and competence
UN organizations, DFIs and MDBs at country level	**INGOs and NGOs at country level**
• Results and strategic priority setting • Policy influencing and fiscal reform • Financing grants and loans • Research, technical and advisory services • Capacity and competence	• Policy influencing and fiscal reform • Financing: grants and loans • Research, technical and advisory services • Capacity and competence

Private sector (investment agencies)	Private sector (companies and consulting firms)
• Results and strategic priority setting • Financing: grants and loans • Operational systems and procedures • Organizational systems • Capacity and competence	• Research, technical and advisory services • Organizational systems • Capacity and competence
UN organizations, DFIs, MDBs and institutional donors at project	**INGOs and NGOs at the project level**
• Project identification • Project preparation, appraisal, negotiations and approval • Resource allocation, disbursement, implementing and monitoring • Completion and evaluation	• Project preparation and appraisal • Resource allocation, implementing and monitoring • Completion and evaluation

Step 5: Once the action plan is in place, the barometer assessment team should score and assess progress at regular intervals. It is also advisable to undertake an initial assessment to establish a baseline to monitor an organization's progress on its care-responsive strategy and actions being undertaken. Using the checklist, write down all the possible data and information sources for the assessment criteria and also set up a system for data gathering.

Figure 3: Using the checklist

Complete the checklist. Answer YES or NO for each question.		
No.	**Question**	**Yes/No**
1	Does the project's social and gender analysis include time-use data and/or a care analysis?	Yes
2	Do the project's scope and/or objectives include reducing, rewarding or redistributing care work?	No
3	Does the project recognize/include paid and/or unpaid care workers as intended participants?	No

Step 6: The assessment and scoring procedure is designed to be conducted based on document reviews and deliberations with select project staff and managers. It does not require any primary survey. Prepare a list of documents that will be required for the assessment. This is especially important at the organizational level, where regional/sub-offices may be required to fill in forms that can then be collated at head-office level. All these processes need to be systematic and should focus on capturing evidence to support the assessment.

Step 7: Once the checklist is complete, use the tip-sheet to score the indicators. Provide a score of 1, 3 or 5 to each of the indicators, based on the criteria for the assessment mentioned in the tip-sheet. Where there is no information available, provide a score of 0. It needs to be noted here that the tip-sheet is meant as a guideline, not a strict measure.. The barometer assessment team needs to customize the criteria to factor in the functions and operational systems of the organization.

The rating system allows for an independent assessment of each indicator while aspiring to higher levels of achievement. A three-category rating system is proposed below:

Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements
1 point	3 points	5 points

Missing minimum requirements: This rating acknowledges that while some action/s might have been taken to incorporate a care perspective, a systematic approach and serious efforts are lacking . It also indicates that there is no focused strategy to meet the minimum benchmark requirements for becoming care-responsive. Hence, a score of only one point has been allocated for any indicator that falls short and misses the minimum requirements.

Approaching minimum requirements: This rating recognizes that there is a strategy in place to improve care-responsiveness within the organization's operations. However, the commitment may not yet have been fully internalized and/or it still faces constraints in meeting the minimum benchmark. While a score of three points is awarded for an indicator that 'approaches' a minimum level of care-responsiveness, it is important that actions are identified and recommended to actually meet and satisfy the minimum requirements.

Satisfies minimum requirements: This rating indicates that the care-responsiveness strategy has been fully incorporated in the corporate, country or project plan and that the standard benchmark for care-responsiveness has been achieved. A score of five points has been allocated for indicators that satisfy minimum requirements.

Figure 4: Using the tip-sheets

Assign a score using the tip-sheet. For example, based on the checklist, it is clear that for indicator 1.1 (see below), one of the three criteria has been met. According to the tip-sheet, this qualifies as 'approaching minimum requirements'.

Indicator 1.1. Project concept note includes information on time-use, unpaid and underpaid/paid care work and women's workforce participation

Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements
Meets none of the following: • Project social and gender analysis includes time-use data and/or care analysis • Project scope and/or objectives include reducing, rewarding or redistributing care work • Project recognizes/includes underpaid, paid and/or unpaid care workers as intended participants	Meets any one of the following: • Project social and gender analysis includes time-use data and/or care analysis • Project scope and/or objectives include reducing, rewarding or redistributing care work • Project recognizes/includes underpaid, paid and/or unpaid care workers as intended participants	Meets two or more of the following: • Project social and gender analysis includes time-use data and/or care analysis • Project scope and/or objectives include reducing, rewarding or redistributing care work • Project recognizes/ includes underpaid, paid and/or unpaid care workers as intended participants

Box 6: Identification of good practices

The barometer has been designed with the Care Principles as the guiding framework. It builds on the commitment of an organization to achieve minimum requirements of care-responsiveness for any institution. The three-scale rating system helps users understand the progress of their organization towards this goal.

Noting that this may be a process, organizations should ideally be striving to satisfy the minimum requirements across their operations.

As an organization increasingly strengthens its work on care, it will be important to identify, share, replicate and scale up good practices that have been achieved at various levels. The barometer can also be used as a framework for this.

Using the barometer, 'good practices' can be defined as:

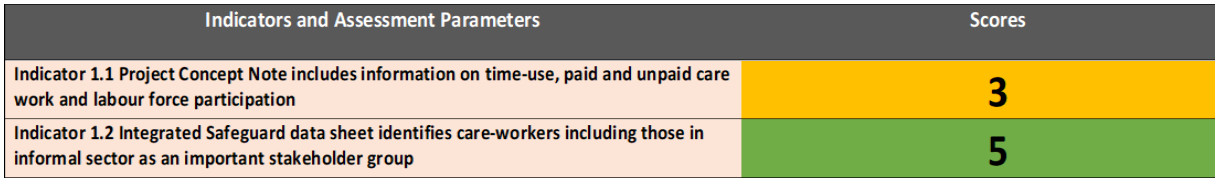
- Achievement of minimum requirements for desirable indicators; and
- Achievement of parameters beyond those required to satisfy minimum requirements.

These good practices should be well-documented and highlighted, while presenting the results at all levels.

Step 8: The scores for each of the indicators need to be fed into the scoring sheet. The scoring sheet is also provided in Excel format so as to enable an automatic calculation of results.

Figure 5: Using the scoring sheet

Place the score against the indicator in the template for the scoring sheet. In the given example, the score for indicator 1.1 will be 3 points. Similarly, place the scores for all indicators in the matrix.



Indicators and Assessment Parameters	Scores
Indicator 1.1 Project Concept Note includes information on time-use, paid and unpaid care work and labour force participation	3
Indicator 1.2 Integrated Safeguard data sheet identifies care-workers including those in informal sector as an important stakeholder group	5

Step 9: As each indicator is rated and points allocated in the barometer toolkit for dimensions R factors and levels, total care-responsiveness scores for the level are automatically calculated. The calculation uses the basic formula of actual scores divided by the total possible score for each dimension and R factor. The total score is calculated as an unweighted average of the dimension scores (Table 4).

Table 2: Score calculation and interpretation

For each dimension/ R factor, the maximum possible score should be calculated	**Maximum possible score** Total number of indicators included in the dimension/R factor, multiplied by the maximum possible score for each indicator, i.e. 5 for satisfying minimum requirements.
The actual score for each dimension/'R' factor needs to be calculated	**Actual score** Aggregate (sum total) scores of all indicators in the dimensions/R factor.
Care-responsiveness score	**Dimension care-responsiveness score** Actual score in the dimension divided by the maximum possible score. **'R' factor care-responsiveness score**

<table>
<tr><td></td><td>Actual score for the ‘R’ factor, divided by the maximum possible score.</td></tr>
<tr><td>Overall care-responsiveness score</td><td>Care-responsive score
Simple aggregate of dimension scores</td></tr>
<tr><td>Interpreting the care-responsiveness score</td><td>• A rating of 0.33 or less is depicted in amber and indicates that the organization is missing minimum requirements.
• A rating between 0.34 and 0.66 is depicted in yellow and indicates that the organization is approaching minimum requirements.
• A rating of 0.67 or above is depicted in green and indicates that the organization satisfies minimum requirements.
<table>
<tr><td>0 – 0.33</td><td>0.34 – 0.66</td><td>0.67 – 1.0</td></tr>
<tr><td>Missing minimum requirements</td><td>Approaching minimum requirements</td><td>Satisfies minimum requirements</td></tr>
</table></td></tr>
<tr><td>Depicting change</td><td>Project-level assessment is a one-time activity. For other levels, however, it is as important to measure the change in status as it is to measure the current status. The results for those levels should always be interpreted with respect to the change from the previous year or a baseline. The change is depicted using the following arrow symbols, corresponding with the nature of change or deviation from the baseline: a decrease, no change or an increase.
<table>
<tr><td>↓</td><td>↔</td><td>↑</td></tr>
<tr><td>Decrease from baseline</td><td>No change</td><td>Increase from baseline</td></tr>
</table></td></tr>
</table>

Step 10: The results should be presented in a single sheet, using the composite three-signal scoring method (Figure 6).

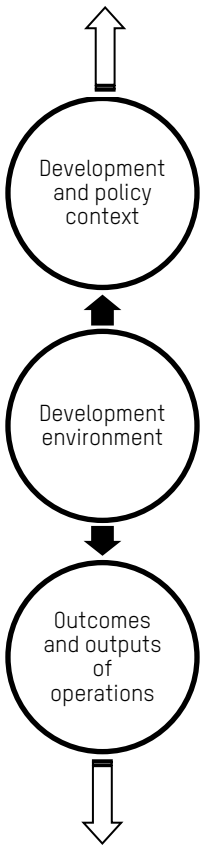
Figure 6: Sample[10] results sheet

<table>
<tr><td colspan="3">Institutional Mainstreaming</td><td colspan="3"> 
</td><td colspan="3">0.53</td></tr>
<tr><td colspan="9">DIMENSIONAL SCORES</td></tr>
<tr><td>Operational systems and procedures</td><td>0.55</td><td>↑</td><td>Organizational systems</td><td>0.70</td><td>↑</td><td>Capacity and competence</td><td>0.44</td><td>↔</td></tr>
<tr><td colspan="9">‘R’ SCORES</td></tr>
<tr><td>Recognize</td><td colspan="2">Redistribute</td><td colspan="2">Reduce</td><td>Reward</td><td colspan="3">Represent</td></tr>
<tr><td>1.00</td><td colspan="2">0.20</td><td colspan="2">0.60</td><td>0.60</td><td colspan="3">0.60</td></tr>
<tr><td colspan="9">GOOD PRACTICES</td></tr>
<tr><td colspan="9"></td></tr>
</table>

DEVELOPMENT ENVIRONMENT

INDICATOR FRAMEWORK

1. Paid care work as a percentage of GDP.
2. Recognizing the contribution of unpaid care work to GDP.
3. Public sector spending/investment in the care sectors as a percentage of GDP.
4. Female workforce participation.
5. Universal access to affordable and quality care infrastructure services – water, sanitation and electricity.
6. Universal access to affordable and quality care services – childcare, care for older persons and people living with disabilities, healthcare, and early childhood and primary education.
7. The percentage of the employed population working in the care sectors.
8. The percentage of care workers with access to decent work, social protection, the right to association and collective bargaining rights.
9. Legal changes/reforms introduced in the last five years that support the care economy.
10. The level of statistical and administrative capacity to capture time-use statistics and care work.



1. People supported by the organization with access to care infrastructure services – water, sanitation and electricity.
2. People supported by the organization in the space of one year with access to care services – childcare, care of older persons and people living with disabilities, healthcare, and early childhood and primary education.
3. Share of care workers who participate in employment generation/job-focused interventions supported by the organization.

4. Share of care workers who are covered under social safety net programmes supported by the organization.
5. Care-related businesses (such as crèches, day-care centres, homes for older persons, etc.) benefitting from financial services supported by the organization
6. Technical and capacity-building support for care sensitization (training) and care-responsive reforms and investments.

CHECKLIST

No.	Question	YES/NO/VALUE	
		Previous year	Current year
1.	What is the value of paid care work as a percentage GDP?		
2.	Is there an estimate of what unpaid care work contributes to GDP?		
3.	Is the contribution of unpaid care work to GDP published as part of official statistics?		
4.	What is public sector spending/investment in the care sectors as a percentage of GDP?		
5.	What is the female workforce participation rate?		
6.	What proportion of the population has access to basic water services?		
7.	What proportion of the population has access to sanitation services?		
8.	What proportion of the population has access to electricity services?		
9.	Is there any legislation/policy/programme to support universal access to childcare services?		
10.	Is there any legislation/policy/programme to support universal access to healthcare services?		
11.	Is there any legislation/policy/programme to support universal access to early childhood education?		
12.	Is there any legislation/policy/programme to support universal access to primary education?		
13.	Is there any legislation/policy/programme to support universal access to care services for older persons?		
14.	Is there any legislation/policy/programme to support universal access to care services for people living with disabilities?		
15.	What is the proportion of the employed population working in the care sectors?		
16.	What is the proportion of care workers with access to decent work?		
17.	What is the proportion of care workers with access to social protection?		
18.	Do unpaid care workers from within the family also have access to social protection?		
19.	Does the country recognize the right to association for care workers?		
20.	What is the proportion of care workers involved in associations with collective bargaining rights?		

21.	Have there been any legal changes/reforms introduced that support the care economy in the last five years?		
22.	Have there been any time-use surveys undertaken in the last five years?		
23.	Have there been any time-use surveys undertaken in the last three years?		
24.	Number of people (million) supported with access to basic water services		
25.	Number of people (million) supported with access to sanitation services		
26.	Number of people (million) supported with access to electricity services		
27.	Number of people (million) supported with access to improved urban living conditions		
28.	Number of people (millions) supported access to childcare services		
29.	Number of people (million) supported access to healthcare services		
30.	Number of people (million) supported access to early childhood education		
31.	Number of people (million) supported with access to primary education		
32.	Number of people (million) supported with access to care services for older persons		
33.	Number of people (million) supported with access to care services for people living with disabilities?		
34.	Of those who participate in employment generation/job-focused interventions, what is the percentage who are care workers?		
35.	Of those covered by social security safety net programmes, what is the percentage who are care workers?		
36.	Number of care-related businesses benefitting from financial services supported by the organization		
37.	Have you provided technical assistance and capacity-building support for care-sensitization and care-responsive reforms and investments?		

TIP-SHEET

DEVELOPMENT AND POLICY CONTEXT

Indicator 1.1 Paid care work as a percentage of GDP		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
More than 75% of clients[11] have paid care work valued at less than 2% of GDP OR Country/region of work has paid care work valued at less than 2% of GDP	Around 25% of clients have paid care work valued at more than 2% of GDP, of which at least one-fifth of countries have paid care work valued at more than 5% of GDP OR	Around 50% of clients have paid care work valued at more than 2% of GDP, of which at least one-fifth of countries have paid care work valued at more than 5% of GDP OR

	Country/region of work has paid care-work valued at more than 2% of GDP	Country/region of work has paid care work valued at more than 5% of GDP
Indicator 1.2 Recognizing contribution of unpaid care work to GDP		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
More than 75% of clients do not estimate the contribution of unpaid care work to GDP as part of official statistics OR Country/region of work does not estimate the contribution of unpaid care work to GDP as part of official statistics	Around 25% of clients estimate the contribution of unpaid care work to GDP, of which at least one-fifth of countries also publish the same as part of official statistics OR Country/region of work estimates but does not publish the contribution of unpaid care work to GDP as part of official statistics	Around 50% of clients estimate the contribution of unpaid care work to GDP, of which at least one-fifth of countries also publish the same as part of official statistics OR Country/region of work estimates and publishes the contribution of unpaid care work to GDP as part of official statistics
Indicator 1.3 Public sector spending/investment in the care sectors as a percentage of GDP		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
More than 75% of clients have public sector spending/government investments in care sectors of less than 1% of GDP OR Country/region of work has public sector spending /government investments in care sectors of less than 1% of GDP	Around 25% of clients have public sector spending/government investments in care sectors that are more than 1% but less than 2% of GDP OR Country/region of work has public sector spending/government investments in care sectors of more than 1% but less than 2% of GDP	Meets one of the following: Around 50% of clients have public sector spending/ government investments in care sectors of more than 1% but less than 2% of GDP Around 25% of clients have public sector spending/investments in care sectors of more than 2% of GDP OR Country/region of work has public sector spending/government investments in care sectors of more than 2% of GDP
Indicator 1.4 Female workforce participation		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
• More than 50% of the clients have a female workforce participation rate of less than 30% OR • Country/region of work has a female workforce participation rate of less than 30%.	Meets one of the following: • Around 50% of clients have a female workforce participation rate of more than 30% but less than 50% • Around 25% of clients have a female workforce participation rate of more than 50% OR • Country/region of work has a female workforce	Meets one of the following: • Around 75% of clients have a female workforce participation rate of more than 30% but less than 50% • Around 50% of clients have a female workforce participation rate of more than 50% OR • Country/region of work has a female workforce

	participation rate of more than 30% but less than 50%	participation rate of more than 50%
Indicator 1.5 Universal access to affordable and quality care infrastructure services – water, sanitation and electricity		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • 80% of clients have universal access to water services • 60% of clients have universal access to sanitation services • 50% of clients have universal access to electricity services OR • Country/region of work has universal access to none of these services: water, sanitation, electricity	Meets any two of the following: • 80% of clients have universal access to water services • 60% of clients have universal access to sanitation services • 50% of clients have universal access to electricity services OR • Country/region of work has universal access to any one of these services: water, sanitation, electricity	Meets all of the following: • 80% of clients have universal access to water services • 60% of clients have universal access to sanitation services • 50% of clients have universal access to electricity services OR • Country/region of work has universal access to any two or more of these services: water, sanitation, electricity
Note: Services as per standards defined by the UN Sustainable Development Goals or similar international benchmarks		
Indicator 1.6 Universal access to affordable and quality care services: childcare, care for older persons and people living with disabilities, healthcare, and early childhood and primary education		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • 30% of clients have universal access to childcare services • 50% of clients have universal access to healthcare services • 80% of clients have universal access to early childhood and primary education OR • Country/region of work has universal access to none of these services: childcare, healthcare, and early childhood and primary education	• Meets any two of the following: • 30% of clients have universal access to childcare services • 50% of clients have universal access to healthcare services • 80% of clients have universal access to early childhood and primary education OR • Country/region of work has universal access to any one of these services: childcare, healthcare, and early childhood and primary education	• Meets three or more of the following: • 20% of clients have universal access to care services for older people or people living with disabilities • 30% of clients have universal access to childcare services • 50% of clients have universal access to healthcare services • 80% of clients have universal access to early childhood and primary education OR • Country/region of work has universal access to any two or more of these services: childcare, healthcare, and early childhood and primary education
Note: Services as per standards defined by the UN Sustainable Development Goals or similar international benchmarks		

Indicator 1.7 Percentage of the employed population working in the care sectors		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
For more than 40% of the clients, the percentage of employed people working in the care sectors is less than 5% OR In the country/region of work, the percentage of employed people working in the care sectors is less than 5%	Meets one of the following: • For around 40% of clients the percentage of employed people working in the care sectors is more than 5% but less than 10% • For around 15% of clients, the percentage of employed people working in care sectors is more than 10% OR • In the country/region of work, the percentage of employed people working in the care sectors is more than 5% but less than 10%	Meets one of the following: • For around 60% of clients, the percentage of employed people working in the care sectors is more than 5% but less than 10% • For around 30% of clients, the percentage of employed people working in the care sectors is more than 10% OR • In the country/region of work, the percentage of employed people working in the care sectors is more than 10%
Indicator 1.8 Percentage of care workers with access to decent work, social protection, the right to association and collective bargaining rights		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
For less than 20% of the clients, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 5% OR In the country/region of work, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is less than 5%	Meets any one of the following: • For around 20% of clients, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 5% but less than 10% • For around 5% of clients, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 10% • For around 5% of clients, a percentage of unpaid care workers from within the family also have access to social protection OR • In the country/region of work, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 5% but less than 10%	Meets any two of the following: • For around 40% of clients, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 5% but less than 10% • For around 20% of clients, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 10% • For around 10% of clients, a percentage of unpaid care workers from within the family also have access to social protection OR • In the country/region of work, the percentage of care workers with access to decent work, social protection, the right to association and/or collective bargaining rights is more than 10%

Indicator 1.9 Legal changes/reforms introduced in the last five years that support the care economy		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
25% or less of the (client) countries have introduced legal changes/reforms (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.) in the care sector OR Country/region of work has introduced no legal changes/reforms (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.) in the care sector	More than 25% but less than 50%of the (client) countries have introduced legal changes/reforms (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.) in the care sector OR Country/region of work has introduced at least one legal change/reform (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.) in the care sector in the last five years	More than 50% of the (client) countries have introduced legal changes/reforms (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.) in the care sector OR Country/region of work has introduced more than one legal change/reform (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.) in the care sector in the last five years
Indicator 1.10 Level of statistical and administrative capacity to capture time-use statistics and care work		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Less than 30% of the clients have undertaken time-use surveys in the last five years OR Country/region of work has not undertaken time-use surveys in the last five years	Meets one of the following: • Around 30% of clients have undertaken time-use surveys in the last five years • Around 10% of clients have undertaken time-use surveys in the last three years OR • Country/region of work has undertaken time-use surveys in last five years	Meets one of the following: • Around 60% of clients have undertaken time-use surveys in the last five years • Around 25% of clients have undertaken time-use surveys in the last three years OR • Country/region of work has not undertaken time-use surveys in last three years

OUTCOMES AND OUTPUTS OF OPERATIONS

Indicator 2.1 People supported by the organization to access care infrastructure services – water, sanitation and electricity – in one year		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • 20 million supported to access basic water services • 150 million supported to access sanitation services • 30 million supported to access electricity services	Meets any two of the following: • 20 million supported to access basic water services • 150 million supported to access sanitation services • 30 million supported to access electricity services	Meets all of the following: • 20 million supported to access basic water services • 150 million supported to access sanitation services • 30 million supported to access electricity services
Note: These target numbers are based on World Bank targets for the given year. The targets need to be updated based on an organization's own targets and the size of the country		
Indicator 2.2 People supported by the organization in one year to access care services: childcare, care for older persons and people living with disabilities, healthcare, and early childhood and primary education		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • 20 million supported to access childcare services • 200 million supported to access healthcare services • 200 million supported to access early childhood and primary education	Meets any two of the following: • 20 million supported to access childcare services • 200 million supported to access healthcare services • 200 million supported to access early childhood and primary education	Meets three or more of the following: • 20 million supported to access childcare services • 200 million supported to access healthcare services • 200 million supported to access early childhood and primary education
Note: These target numbers are based on World Bank targets for the given year. The targets need to be updated, based on an organization's own targets and the size of the country		
Indicator 2.3 Share of care workers among people who participate in employment generation/job-focused interventions supported by the organization		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
At least 10% of participants in employment generation/ job-focused interventions are in the care sector.	More than 10% but less than 20% of participants in employment generation/job-focused interventions are in the care sector.	More than 20% of participants in employment generation/job-focused interventions are in the care sector.
Indicator 2.4 Share of care workers who are covered by social safety net programmes supported by the organization		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
At least 10% of the participants in social safety net programmes are from the care sector.	More than 10% but less than 30% of the participants in social safety net programmes are from the care sector.	More than 30% of the participants in social safety net programmes are from the care sector.

Indicator 2.5 Care-related businesses (e.g. crèches, day-care centres, homes for older persons, etc.) benefit from financial services supported by the organization		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
50,000 or fewer care-related businesses benefit from these financial services.	More than 50,000 but fewer than 100,000 care-related businesses benefit from these financial services.	More than 100,000 care-related businesses benefit from these financial services.
Note: The target numbers proposed are suggestive in nature and should be re-affirmed at the time of assessment, based on the existing situation and size of an organization		
Indicator 2.6 Technical and capacity-building support for care sensitization (training) and care-responsive reforms and investments		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
25% or less of the clients have been provided with technical assistance and capacity-building support for care sensitization and care-responsive reforms and investments.	More than 25% but less than 50%of the clients have been provided with technical assistance and capacity-building support for care sensitization and care-responsive reforms and investments.	More than 50% of the clients have been provided with technical assistance and capacity-building support for care sensitization and care-responsive reforms and investments.

SCORING SHEET

Dimension	Target 'R'	Indicators	Recommended (R) or desirable (D)	Scores (dummy figures)
Development and policy context	R1	Indicator 1.1 Paid care work as a percentage of GDP	D	3
Development and policy context	R1	Indicator 1.2 Recognizing the contribution of unpaid care work to GDP	D	1
Development and policy context	R2	Indicator 1.3 Public sector spending/investment in the care sectors (as a percentage of GDP)	D	1
Development and policy context	R4	Indicator 1.4 Female workforce participation rate	D	3
Development and policy context	R3	Indicator 1.5 Universal access to affordable and quality care infrastructure services: water, sanitation and electricity	D	3
Development and policy context	R2	Indicator 1.6 Access to affordable and quality care services: childcare, care for older persons and people living with disabilities, healthcare, and early childhood and primary education	D	3
Development and policy context	R2	Indicator 1.7 Percentage of the employed population working in the care sector	D	1
Development and policy context	R4	Indicator 1.8 Percentage of care workers with access to decent work, social protection, the	D	1

		right to association and collective bargaining rights		
Development and policy context	R4	Indicator 1.9 Legal changes/reforms introduced in the last five years that support the care economy	R	5
Development and policy context	R1	Indicator 1.10 Level of statistical and administrative capacity to capture time-use statistics and care work	R	5
Outcomes and outputs of operations	R3	Indicator 2.1 People supported by the organization to access care infrastructure services: water, sanitation and electricity	R	5
Outcomes and outputs of operations	R2	Indicator 2.2 People supported by the organization in one year to access care services: childcare, care for older persons and people living with disabilities, healthcare, and early childhood and primary education	R	5
Outcomes and outputs of operations	R4	Indicator 2.3 Share of care workers who participate in employment generation/job-focused interventions supported by the organization	D	1
Outcomes and outputs of operations	R4	Indicator 2.4 Share of care workers who are covered by social safety net programmes supported by the organization	R	5
Outcomes and outputs of operations	R2	Indicator 2.5 Care-related businesses (e.g. crèches, day-care centres, homes for older persons, etc.) benefitting from financial services supported by the organization	D	1
Outcomes and outputs of operations	R2	Indicator 2.6 Technical and capacity building support for care-sensitization (training) and care-responsive reforms and investments	D	3

POLICY AND STRATEGIC INTERVENTIONS

INDICATOR FRAMEWORK

1. Diagnostic and assessment papers include a gendered analysis of time-use, work patterns and infrastructure usage.
2. Gender assessments includes statistical information and analysis on paid and unpaid care work.
3. Vision documents, operational strategies and action plans endorse the need for reforms and investment in care-related sectors.
4. Vision documents, operational strategies and action plans emphasize care-related infrastructure and services as a key priority for investment.
5. Vision documents, operational strategies and action plans include a valuation of the care economy and the need for labour regulations and social protection for care workers.
6. Women's groups and care workers' associations (collectives and unions) are consulted in the stakeholder engagement process for vision documents, operational strategies and action plans.

1. Macro- and sector-level policy support promotes universal and public provision of care-related infrastructure and services.
2. Macro- and sector-level public finance reforms do not result in a negative impact on the care sectors.

3. Public finance management (PFM) projects support care policy reforms and implementation.
4. PFM projects support decent work and social protection for care workers.
5. Women's groups and care workers' associations (collectives and unions) are involved as important stakeholders in the policy dialogue and engagement process.

CHECKLIST

No.	Question	Assessment		
		YES/NO/VALUE	Reference notes	Supporting evidence
1.	Do the context analysis documents (diagnostic studies, country assessments, sector profiles, etc.) include data/analysis on gendered time-use patterns?			
2.	Do the context analysis documents (diagnostic studies, country assessments, sector profiles, etc.) include data/analysis on gendered work patterns/gender roles?			
3.	Do the context analysis documents (diagnostic studies, country assessments, sector profiles, etc.) include data/analysis on gendered infrastructure usage?			
4.	Do the context analysis documents (diagnostic studies, country assessments, sector profiles, etc.) include data/analysis on gendered jobs/female workforce participation?			
5.	Does the gender assessment include statistical information and analysis on time spent by men and women on unpaid care work?			
6.	Does the gender assessment include a data breakdown of women's unpaid care work?			
7.	Does the gender assessment include statistical information and analysis on employment trends in paid care work?			
8.	Does the gender assessment include statistical information and analysis on the valuation of paid and unpaid care work as a percentage of GDP?			
9.	Does the gender assessment include statistical information and analysis on the working conditions and vulnerabilities of care workers?			
10.	Does the gender assessment include statistical information and analysis on the review of public policies and programmes related to the care sectors?			
11.	Does the gender assessment include statistical information and analysis on constraints on women's paid employment?			

12.	Do the vision, operational strategies and/or action plan documents include a need for universalization and public provision of care services (early childhood education, primary education and/or healthcare)?			
13.	Do the vision, operational strategies and/or action plan documents include a need for universalization and public provision of care services (childcare, care for older persons and people living with disabilities)?			
14.	Do the vision, operational strategies and/or action plan documents include a need for labour reforms and decent working conditions for care workers?			
15.	Do the vision, operational strategies and/or action plan documents include a need for reforms related to care work to promote female work force participation?			
16.	Do the vision, operational strategies and/or action plan documents include a need for investment in care infrastructure (water, sanitation, energy and transport) with a view to reducing the care-related workload as a foundational and/or key priority for action?			
17.	Do the vision, operational strategies and/or action plan documents include a need for investment in care services (childcare, early childhood and primary education, healthcare, care for older persons and people living with disabilities) as a foundational and/or key priority for action?			
18.	Do the vision, operational strategies and/or action plan documents include a need for the social protection of workers in the care sector as a foundational and/or key priority for action?			
19.	Do the vision, operational strategies and/or action plan documents include demographic information on the number of persons in need of care?			
20.	Do the vision, operational strategies and/or action plan documents include demographic information on the number of care workers?			
21.	Do the vision, operational strategies and/or action plan documents include a valuation of paid and unpaid care work as a percentage of GDP?			
22.	Do the vision, operational strategies and/or action plan documents include labour reforms for care workers?			
23.	Do the vision, operational strategies and/or action plan documents include social protection measures for care workers?			
24.	Were separate consultations with women's groups on vision, operational strategies and/or action plan development organized?			

25.	Were care workers/care worker associations invited to be part of general stakeholder consultations on vision, operational strategies and/or action plan documents?			
26.	Were care workers/care worker associations invited to be part of the consultation with women's groups on vision, operational strategies and/or action plan documents?			
27.	Does the policy advocacy and fiscal reform strategy/programme include an analysis of the care economy as part of the country context?			
28.	Does the policy advocacy and fiscal reform strategy/programme include an analysis of social protection and the care sectors as part of macro-economic policy framework?			
29.	Does the policy advocacy and fiscal reform strategy/programme include the promotion of a floor for social expenditure spending that specifies a minimum of 2% of GDP?			
30.	Does the policy advocacy and fiscal reform strategy/programme include investments in women's employment and the care economy as a key pillar?			
31.	Does the policy advocacy and fiscal reform strategy/programme include the prioritization of productive economic investments over human capital and/or social investments?			
32.	Does the policy advocacy and fiscal reform strategy/programme include spending cuts in care-related sectors, especially on human resource costs?			
33.	Does the policy advocacy and fiscal reform strategy/programme include the promotion of user fees in care-related sectors?			
34.	Does the policy advocacy and fiscal reform strategy/programme include tax reforms that target exemptions to care work or care-related sectors (e.g., VAT exemption in childcare or education services)?			
35.	Does the policy advocacy and fiscal reform strategy/programme include subsidy cuts that will increase women's care work?			
36.	Does the policy advocacy and fiscal reform strategy/programme include tax reforms that will have a negative impact on women's employment trends?			
37.	Does the policy advocacy and fiscal reform strategy/programme include a focus on policy reforms towards universalization of healthcare?			
38.	Does the policy advocacy and fiscal reform strategy/programme include a focus on legal and policy reforms and increased public			

	spending on early childhood education and childcare services?			
39.	Does the policy advocacy and fiscal reform strategy/programme include a focus on tax policies that favour the transfer of women's unpaid care services from the household to the market and/or public provision?			
40.	Does the policy advocacy and fiscal reform strategy/programme include a focus on gender-responsive budgeting as part of PFM support?			
41.	Does the policy advocacy and fiscal reform strategy/programme include the right to regular and decent work for care workers?			
42.	Does the policy advocacy and fiscal reform strategy/programme include social protection support (by the government) for care workers?			
43.	If the policy advocacy and fiscal reform strategy/programme focuses on labour reforms, does it include the right to association for care workers?			
44.	Are care worker representatives invited to all major policy consultations and workshops organized?			
45.	Are focused consultation events organized to strengthen engagement with care workers and care worker unions?			

TIP-SHEET

RESULTS AND STRATEGIC PRIORITY SETTING

Indicator 1.1 Context analysis documents (diagnostic studies, country assessments, sector profiles, etc.) includes gendered analysis of time use, work patterns and infrastructure usage		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes any one of the following: • Gendered time-use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage • Gendered jobs/female workforce participation	Includes any two of the following: • Gendered time-use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage • Gendered jobs/female workforce participation	Includes three or more of the following: • Gendered time-use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage • Gendered jobs/female workforce participation
Indicator 1.2 Gender assessment includes statistical information and analysis on paid and unpaid care work		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Gender assessment includes any one of the following:	Gender assessment includes any two of the following:	• Gender assessment includes three or more of the following:

• Time-spent by men and women on unpaid care work • Breakdown of women's unpaid care work • Employment trends in paid care work • Working conditions and vulnerabilities of care workers • Gender inequalities in wages and trends in underpaid care work • Review of public policies and programmes related to the care sectors • Constraints on women's paid employment	• Time spent by men and women on unpaid care work • Breakdown of women's unpaid care work • Employment trends in paid care work • Valuation of paid and unpaid care work as a percentage of GDP • Working conditions and vulnerabilities of care workers • Gender inequalities in wages and trends in underpaid care work • Review of public policies and programmes related to the care sectors • Constraints on women's paid employment	• Time spent by men and women on unpaid care work • Breakdown of women's unpaid care work • Employment trends in paid care work • Valuation of paid and unpaid care work as a percentage of GDP • Working conditions and vulnerabilities of care workers • Gender inequalities in wages and trends in underpaid care work • Review of public policies and programmes related to the care sectors • Constraints on women's paid employment
Indicator 1.3 Vision, operational strategies and action plan documents endorse the need for reforms and investment in care-related sectors		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes any one of the following: • Need for universalization and public provision of care services (early childhood education, primary education and/or healthcare) • Need for universalization and public provision of care services (childcare, care for older persons and people living with disabilities) • Need for labour reforms and decent working conditions for care workers • Need for reforms related to care work to promote female workforce participation	Includes any two of the following: • Need for universalization and public provision of care services (early childhood education, primary education and/or healthcare) • Need for universalization and public provision of care services (childcare, care for older persons and people living with disabilities) • Need for labour reforms and decent working conditions for care workers • Need for reforms related to care work to promote female workforce participation	Includes two or more of the following: • Need for universalization and public provision of care services (early childhood education, primary education and/or healthcare) • Need for universalization and public provision of care services (childcare, care for older persons and people living with disabilities) • Need for labour reforms and decent working conditions for care workers • Need for reforms related to care work to promote female workforce participation
Indicator 1.4 Vision, operational strategies and action plan documents emphasize care-related infrastructure and services as a key priority for investment		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes any one of the following as a foundational and/or key priority for action:	Includes any two of the following as a foundational and/or key priority for action:	Includes two or more of the following as a foundational and/or key priority for action:

• Need for investment in care infrastructure (water, sanitation, energy and transport) with a view to reducing the care workload • Need for investment in care services (childcare, early childhood and primary education, healthcare, care for older persons and people living with disabilities) • Need for social protection of workers in the care sector	• Need for investment in care infrastructure (water, sanitation, energy and transport) with a view to reducing the care workload • Need for investment in care services (childcare, early childhood and primary education, healthcare, care for older persons and people living with disabilities) • Need for social protection of workers in the care sector	• Need for investment in care infrastructure (water, sanitation, energy and transport) with a view to reducing the care workload • Need for investment in care services (childcare, early childhood and primary education, healthcare, care for older persons and people living with disabilities) • Need for social protection of workers in the care sector
Indicator 1.5 Vision, operational strategies and action plan documents includes a valuation of the care economy and the need for labour regulations and social protection for care workers		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes any one of the following: • Demographic information on the number of persons in need of care • Demographic information on the number of care workers • Valuation of paid and unpaid care work as a percentage of GDP • Labour reforms for care workers • Social protection measures for care workers	Includes any two of the following: • Demographic information on the number of persons in need of care • Demographic information on the number of care workers • Valuation of paid and unpaid care work as a percentage of GDP • Labour reforms for care workers • Social protection measures for care workers	Includes all of the following: • Demographic information on the number of persons in need of care • Demographic information on the number of care workers • Valuation of paid and unpaid care work as a percentage of GDP • Labour reforms for care workers • Social protection measures for care workers
Indicator 1.6 Women's groups and care workers associations (collectives and unions) are consulted in stakeholder engagement process for vision, operational strategies and action plan documents		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Women's groups are invited to be part of general stakeholder consultations	Meets any two of the following: • Separate consultations with women's groups are organized • Care workers/care worker associations are invited to be part of general stakeholder consultations • Demonstrated evidence of suggestions/ representations from care workers and their associations being incorporated into projects	Meets three or more of the following: • Separate consultations with women's groups are organized • Care workers/care worker associations are invited to be part of general stakeholder consultations • Care workers/care worker associations are invited to be part of consultations with women's groups • Demonstrated evidence of suggestions/representations from care workers and their

		associations being incorporated into projects

POLICY INFLUENCING AND FISCAL REFORMS

Indicator 2.1 Macro- and sector-level policy support promotes universal and public provision of care-related infrastructure and services		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Policy advocacy and fiscal reform strategies/programmes include any one of the following: • Analysis of the care economy as part of the country context • Analysis of social protection and the care sectors as part of the macro-economic policy framework • Promotion of a floor for social expenditure that specifies a minimum of 2% of GDP • Investments in women's employment and the care economy as a key pillar	Policy advocacy and fiscal reform strategies/programmes includes any two of the following: • Analysis of the care economy as part of the country context • Analysis of social protection and the care sectors as part of the macro-economic policy framework • Promotion of a floor for social expenditure that specifies a minimum of 2% of GDP • Investments in women's employment and the care economy as a key pillar	Policy advocacy and fiscal reform strategies/programmes includes three or more of the following: • Analysis of the care economy as part of the country context • Analysis of social protection and the care sectors as part of the macro-economic policy framework • Promotion of a floor for social expenditure that specifies a minimum of 2% of GDP • Investments in women's employment and the care economy as a key pillar
Indicator 2.2 Macro- and sector-level public finance reforms do not result in a negative impact on the care sectors		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Policy advocacy and fiscal reform strategies/programmes do not include more than three of the following: • Prioritization of productive economic investments over human capital and/or social investments • Spending cuts in care-related sectors, especially to human resource costs • Promotion of user fees in care-related sectors • Tax reforms that target exemptions for care work or care-related sectors (e.g., VAT exemption in childcare or education services)	Policy advocacy and fiscal reform strategies/programmes do not include more than two of the following: • Prioritization of productive economic investments over human capital and/or social investments • Spending cuts in care-related sectors, especially to human resource costs • Promotion of user fees in care-related sectors • Tax reforms that target exemptions to care work or care-related sectors (e.g., VAT exemption in childcare or education services) • Subsidy cuts that will increase women's care work • Tax reforms that have a negative impact on	Policy advocacy and fiscal reform strategies/programmes do not include any of the following: • Prioritization of productive economic investments over human capital and/or social investments • Spending cuts in care-related sectors, especially to human resource costs • Promotion of user fees in care-related sectors • Tax reforms that target exemptions to care work or care-related sectors (e.g., VAT exemption in childcare or education services) • Subsidy cuts that will increase women's care work • Tax reforms that have a negative impact on women's employment trends

• Subsidy cuts that will increase women's care work • Tax reforms that have a negative impact on women's employment trends	women's employment trends	
Indicator 2.3 Development finance lending and PFM projects support care policy reforms and implementation		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Policy advocacy and fiscal reform strategies/programmes clearly identify the need for reform of public policies related to any one of the following: • Policy reforms towards the universalization of healthcare • Legal and policy reforms and increased public spending on early childhood education and childcare services • Tax policies that favour the transfer of women's unpaid care services from the household to market and/or public provision • Gender-responsive budgeting as part of PFM support	Policy advocacy and fiscal reform strategies/programmes clearly identify the need for reform of public policies related to any two of the following: • Policy reforms towards the universalization of healthcare • Legal and policy reforms and increased public spending on early childhood education and childcare services • Tax policies that favour the transfer of women's unpaid care services from the household to market and/or public provision • Gender-responsive budgeting as part of PFM support	Policy advocacy and fiscal reform strategies/programmes clearly identify the need for reform of public policies related to three or more of the following: • Policy reforms towards the universalization of healthcare • Legal and policy reforms and increased public spending on early childhood education and childcare services • Tax policies that favour the transfer of women's unpaid care services from the household to market and/or public provision • Gender-responsive budgeting as part of PFM support
Indicator 2.4 PFM projects support decent work and social protection for care-workers		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Policy advocacy and fiscal reform strategies/programmes do not include any of the following: • The right to regular and decent work for care workers • Social protection support (by the government) for care workers • Labour reforms that include the right to association for care workers	Policy advocacy and fiscal reform strategies/programmes include any one of the following: • The right to regular and decent work for care workers • Social protection support (by the government) for care workers • Labour reforms that include the right to association for care workers	Policy advocacy and fiscal reform strategies/programmes include two or more of the following: • The right to regular and decent work for care workers • Social protection support (by the government) for care workers • Labour reforms that include the right to association for care workers

Indicator 2.5 Women's groups and care worker associations (collectives and unions) are involved as important stakeholders in the policy dialogue and engagement process		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Limited or no formal engagement with care workers and care worker associations	Care worker representatives invited to all major policy consultations and workshops organized	Focused consultation events organized to strengthen engagement with care workers and care worker unions

SCORING SHEET

Dimension	Target 'R'	Indicators	Recommended (R) or desirable (D)	Scores (dummy figures)
Results and strategic priority-setting	R1	Indicator 1.1 Context analysis documents (diagnostic studies, country assessments, sector profiles, etc.) include gendered analysis of time use, work patterns and infrastructure usage	R	5
Results and strategic priority-setting	R1	Indicator 1.2 Gender assessments include statistical information and analysis on unpaid, underpaid and paid care work	D	5
Results and strategic priority-setting	R2	Indicator 1.3 Vision documents, operational strategies and action plans endorse the need for reforms and investment in care-related sectors	D	3
Results and strategic priority-setting	R3	Indicator 1.4 Vision documents, operational strategies and action plans emphasize care-related infrastructure and services as a key priority for investment	R	5
Results and strategic priority-setting	R4	Indicator 1.5 Vision documents, operational strategies and action plans include a valuation of the care economy and the need for labour regulations and social protection for care workers	D	1
Results and strategic priority-setting	R5	Indicator 1.6 Women's groups and care worker associations (collectives and unions) are consulted in the stakeholder engagement process on vision documents, operational strategies and action plans	R	5
Policy Influencing and fiscal reforms	R2	Indicator 2.1 Macro- and sector-level policy support promotes universal and public provision of care-related infrastructure and services	R	5
Policy Influencing and fiscal reforms	R2	Indicator 2.2 Macro- and sector-level public finance reforms do not result in a negative impact on the care sectors	D	3
Policy Influencing and fiscal reforms	R2	Indicator 2.3 PFM projects support care policy reforms and implementation	D	1
Policy Influencing	R4	Indicator 2.4 PFM projects support decent work and social protection for care workers	R	5

and fiscal reforms				
Policy Influencing and fiscal reforms	R5	Indicator 2.5 Women's groups and care worker associations (collectives and unions) are involved as important stakeholders in the policy dialogue and engagement process	D	3

FINANCIAL AND TECHNICAL ASSISTANCE

INDICATOR FRAMEWORK

1. The percentage of projects (supported and/or implemented) with care-responsiveness assessed in the design stage.
2. The percentage of projects with care-responsiveness satisfying minimum requirements (project care-responsiveness score of 0.66 or above).
3. The share of budget (investments, grants and loans) supporting care-responsive projects approaching minimum requirements (projects with score of 0.33 or above) in total investments/commitments.
4. The share of budget (investments, grants and loans) supporting care-responsive projects satisfying minimum requirements (project care-responsiveness score of 0.66 or above) in total investments/commitments.
5. The budget allocation/investments for labour- and time-saving technologies related to care work.
6. The budget allocation/investments for human resources in care-related sectors (water, sanitation, electricity, healthcare, education, childcare, care of older persons and people living with disabilities).

1. All research, technical assistance and advisory services integrate and consider a care perspective.
2. Care-focused research and/or consultancy services are taken up.
3. Technical support and capacity-building actions on care sensitization and care-responsive public policies are prioritized/integrated.
4. People's campaign and private sector engagements recognize and include the care sectors.

CHECKLIST

No.	Question	Assessment		
		YES/ NO/VALUE	Reference notes	Supporting evidence
1.	Total number of projects approved in the period			
2.	Total number of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the period			
3.	Total number of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the period satisfying minimum requirements (project care-responsiveness score of 0.66 or above)			
4.	Total budget (commitments) in the given period			
5.	Total budget (commitments) supporting care-responsive projects approaching minimum requirements (projects with a score of 0.33 or above)			
6.	Total budget (commitments) supporting care-responsive projects satisfying minimum requirements (projects with a score of 0.67 or above)			
7.	Total number of projects that have a separate component for labour- and time-saving technologies			
8.	Total budget (commitments) in care-related sectors			
9.	Total budget (commitment) for human resources in the above projects			
10.	Total number of research, technical assistance and advisory services provided by the organization in the given year			
11.	Number of advisory services that integrate a care perspective			
12.	Number of care-specific research and consultancy services			
13.	Number of workshops/events focused on care sectors undertaken for public officials			
14.	Number of sessions on the care perspective in organization-sponsored/supported training programmes and workshops			
15.	Number of technical consultancy/assistance programmes dedicated to care work			
16.	Have there been any publications developed that promote the redistribution of care work across genders and from the private to the public sphere?			
17.	Have there been any other communication activities developed that promote the			

	redistribution of care work across genders and from the private to the public sphere?			
18.	Has there been a people's campaign developed that promotes the redistribution of care work across genders and from the private to the public sphere?			
19.	Number of private sector projects promoted that are related to care infrastructure development			
20.	Number of private sector projects promoted that are related to care service provision (healthcare and education)			
21.	Number of private sector projects promoted that are related to care-service provision (childcare, care of older persons and people living with disabilities)			

TIP-SHEET

FINANCING: BUDGETS, GRANTS AND LOANS

Indicator 1.1 Percentage of projects (supported and/or implemented) with care-responsiveness assessed in the design stage		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Less than 50% of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the design stage	More than 50% but less than 80% of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the design stage	More than 80% of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the design stage
Indicator 1.2 Percentage of projects with care-responsiveness satisfying minimum requirements (project care-responsiveness score of 0.66 or above)		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Less than 25% of projects assessed for care-responsiveness satisfy minimum requirements	More than 25% but less than 50% of projects assessed for care-responsiveness satisfy minimum requirements	More than 50% of projects assessed for care-responsiveness satisfy minimum requirements
Indicator 1.3 Share of budget (investment, grants and loans) supporting care-responsive projects approaching minimum requirements (projects with score of 0.33 or above) in total commitments		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Less than 25% of total budgetary commitments are for projects approaching minimum requirements	More than 25% but less than 50% of total budgetary commitments are for projects approaching minimum requirements	More than 50% of total budgetary commitments are for projects approaching minimum requirements
Indicator 1.4 Share of budget (investment, grants and loans) supporting care-responsive projects satisfying minimum requirements (project care-responsiveness score of 0.66 or above) in total commitments		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*

Less than 10% of total budgetary commitments are for projects satisfying minimum requirements	More than 10% but less than 25% of total budgetary commitments are for projects satisfying minimum requirements	More than 25% of total budgetary commitments are for projects satisfying minimum requirements
Indicator 1.5 Budget allocation for/investments in for labour- and time-saving technologies related to care work		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Less than 10% of total projects have separate components related to labour- and time-saving technologies	More than 10% but less than 35% of total projects have separate components related to labour- and time-saving technologies	More than 25% of total projects have separate components related to labour- and time-saving technologies
Indicator 1.6 Budget allocation for/investments in human resources in care-related sectors (water, sanitation, electricity, healthcare, education, childcare, care of older persons and persons living with disabilities)		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
At least 5% of total budgetary commitments in care sectors are for human resources	At least 10% of total budgetary commitments in care sectors are for human resources	At least 15% of total budgetary commitments in care sectors are for human resources

RESEARCH, TECHNICAL AND ADVISORY SERVICES

Indicator 2.1 All research, technical assistance and advisory services integrate and consider a care perspective		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Less than 10% of all such services (surveys, research studies, policy briefs, consultancy, technical assistance, etc.) integrate a care perspective	Around 10 to 25% of all such services (surveys, research studies, policy briefs, consultancy, technical assistance, etc.) integrate a care perspective	More than 25% of all such services (surveys, research studies, policy briefs, consultancy, technical assistance, etc.) integrate a care perspective
Indicator 2.2 Care-focused research and/or consultancy services are taken up		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
No specific research or consultancy service (surveys, research studies, policy briefs, publications, consultancy, technical assistance, etc.) on time-use or care sectors undertaken	At least one specific research or consultancy service (surveys, research studies, policy briefs, publications, consultancy, technical assistance, etc.) on time-use or care sectors undertaken in the last year	More than one specific research or consultancy service (surveys, research studies, policy briefs, publications, consultancy, technical assistance, etc.) on time-use or care sectors undertaken in the last year
Indicator 2.3 Technical support and capacity building actions on care sensitization and care-responsive public policies are prioritized/integrated		
Missing minimum requirements	*Approaches minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • One workshop or event focused on care sectors	Meets any two of the following: • Multiple workshops or events focused on care	Meets all of the following: • Multiple workshops or events focused on care

undertaken for public officials • Care perspective sessions integrated in around 25% of events with public officials	sectors undertaken for public officials • Care perspective sessions integrated in more than 50% of events with public officials • One dedicated technical consultancy/assistance programme related to care work undertaken	sectors undertaken for public officials • Care perspective sessions integrated in more than 50% of events with public officials • One dedicated technical consultancy/assistance programme related to care work undertaken
Indicator 2.4 People's campaign and private sector engagements recognize and include care sectors		
Missing minimum requirements	*Approaches minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • Publications developed that promote the redistribution of care work across genders and from the private to the public sphere • Private sector investment in care infrastructure development projects encouraged	Meets any two of the following: • Communication activities developed that promote the redistribution of care work across genders and from the private to the public sphere • Private sector investment in care infrastructure development projects encouraged • Private sector investment in care service provision (healthcare and education) projects encouraged	Meets three or more of the following: • A people's campaign promoting redistribution of care work across genders and from private to public sphere developed • Private sector investment in care infrastructure development projects encouraged • Private sector investment in care service provision (healthcare and education) projects encouraged • Private sector investment in care service provision (childcare, care of older persons and people living with disabilities) encouraged

SCORING SHEET

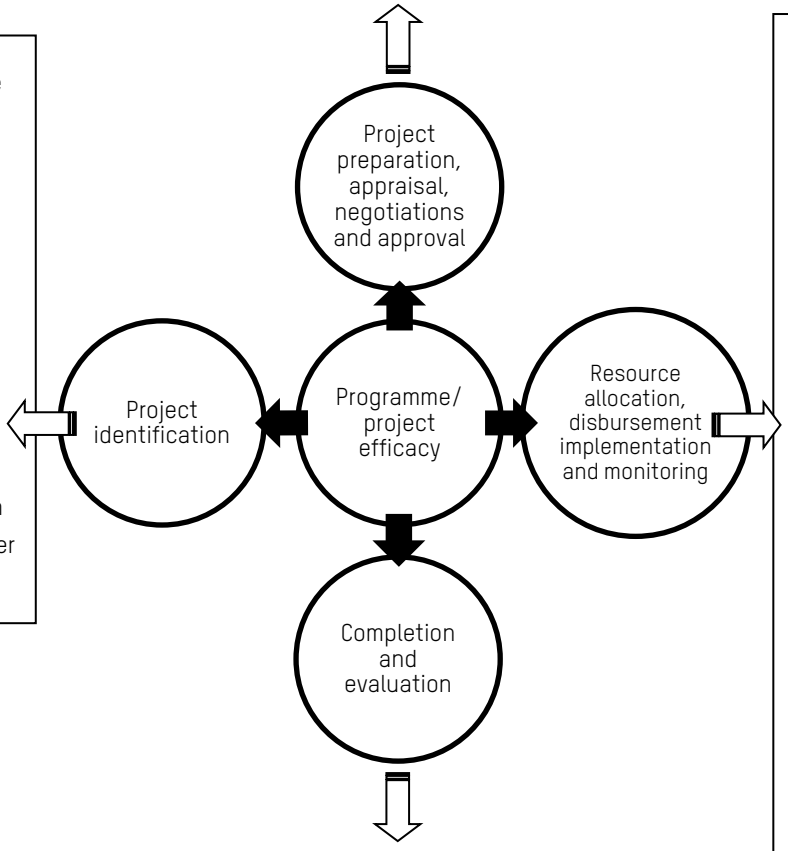
Dimension	Target 'R'	Indicators	Recommended (R) or desirable (D)	Scores (dummy figures)
Financing: budgets, grants and loans	R1	Indicator 3.1 Percentage of programmes/projects (supported and/or implemented) having care-responsiveness assessed in the design stage	R	5
Financing: budgets, grants and loans	R2	Indicator 3.2 Percentage of programmes/projects with care-responsiveness satisfying minimum requirements (project care-responsiveness score of 0.66 or above)	R	5
Financing: budgets, grants and loans	R3	Indicator 3.3 Share of budget (investment, grants and loans) supporting care-responsive programmes/projects approaching minimum requirements (projects with a score of 0.33 or above) in total commitments	R	5
Financing: budgets, grants and loans	R2	Indicator 3.4 Share of budget (investment, grants and loans) supporting care-responsive programmes/projects satisfying minimum requirements (project care-responsiveness score of 0.66 or above) in total commitments	D	3
Financing: budgets, grants and loans	R3	Indicator 3.5 Budget allocation for/investments in labour- and time-saving technologies related to care work	D	1
Financing: budgets, grants and loans	R4	Indicator 3.6 Budget allocation for/investments in human resources in care-related sectors (water, sanitation, electricity, healthcare, education, childcare, care of older persons and people living with disabilities)	D	3
Research, technical and advisory services	R1	Indicator 4.1 All research, technical assistance and advisory services integrate and consider a care perspective	D	1
Research, technical and advisory services	R1	Indicator 4.2 Care-focused research and/or consultancy services are taken up	R	5
Research, technical and advisory services	R2	Indicator 4.3 Technical support and capacity-building actions on care sensitization and care-responsive public policies are prioritized/integrated	D	3
Research, technical and advisory services	R2	Indicator 4.4 A people's campaign and private sector engagements recognize and include the care sectors	D	1

PROGRAMME/PROJECT EFFICACY

INDICATOR FRAMEWORK

1. Programme/project documents systematically include an analysis of unpaid, underpaid and paid care work in the sector.
2. The programme/project identifies its impact on the care work of women and girls.
3. The programme/project components include activities that address the redistribution of care work.
4. The programme/project components have considered and incorporated measures (as applicable) on labour- and time-saving technologies.
5. The project results framework has targets for addressing care work and care workers' concerns within the sector.
6. The environmental and social assessment ensures compliance in protection of the rights of care workers, including that of contractual workers and migrants.
7. The environmental and social assessment provides an institutional mechanism for the adequate participation of women and care workers, including recognizing the right to association.

1. Project concept note includes information on time-use, unpaid, underpaid and paid care work and women's workforce participation.
2. Project vetting process identifies care workers, including those in informal sector as an important stakeholder group.



1. Project indicators are sex-disaggregated and/or include data on care recipients and care providers
2. Labour management plan/employment strategy encourages gender parity and increased participation of women in formal employment
3. Funding for care-related activities is clearly demarcated and funds disbursed accordingly
4. Project management information systems (MIS) captures relevant data on care-related indicators identified in the results frame, including financial tracking
5. All institutional and capacity development aspects in the project include a component on care work and its valuation
6. Care workers/people trained in care-related works for improved quality and income
7. Programme/project grievance redressal mechanisms provides adequate representation and space for care workers especially women care workers

1. Project reports/reporting templates have a dedicated section on actions related to women's work continuum - unpaid care work, underpaid care work, paid care work, paid work (employment)
2. End line surveys and impacts studies (or their standard ToRs) capture changes in women's time-use pattern and inter-generational distribution of care responsibilities

CHECKLIST

No.	Question	YES/NO	Remarks
1.	Does the project's social and gender analysis include time-use data and/or a care analysis?		
2.	Do the project's scope and/or objectives include reducing, rewarding or redistributing care work?		
3.	Does the project recognize/include paid and/or unpaid care workers as intended participants?		
4.	Do the project's vetting process documents (e.g. stakeholder engagement, environmental and social appraisals, board approval checklists) recognize informal workers as a stakeholder group for consultations?		
5.	Do the project's vetting documents (e.g. stakeholder engagement, environmental and social appraisals, board approval checklists) recognize women as a stakeholder group for consultations?		
6.	Do the project's vetting documents (e.g. stakeholder engagement, environmental and social appraisals, board approval checklists) recognize paid and/or unpaid care workers (women and girls) as a stakeholder group for consultations?		
7.	Does the programme/project document include gendered time-use pattern analysis?		
8.	Does the programme/project document include gendered work pattern/gender roles analysis?		
9.	Does the programme/project document include gendered infrastructure usage analysis?		
10.	Does the project identify the impact on the care work of women and girls?		
11.	Will the project increase the care workload/responsibilities of women and girls?		
12.	Will the project decrease the care workload/responsibilities of women and girls?		
13.	Are there specific components within the project that promote care policy reforms?		
14.	Is there a component for enabling universal public service delivery of care work?		
15.	Is there a component for bringing unpaid care work into the paid portfolio?		
16.	Is there a component for sensitizing men and boys to take up care work?		
17.	Is there a component for sensitizing family members of care workers to share their care work?		
18.	Does the project review the workload on women, especially their unpaid care work?		
19.	Is there a component for time-saving technology/equipment in care work?		
20.	Is there a component for labour-saving technology/equipment in care work?		
21.	Is there a component for skill-building to reduce care workloads?		

22.	Does the project have a results indicator for reducing women's workload and responsibilities in unpaid care work?		
23.	Does the project have a results indicator for introducing social protection measures for unpaid care work provided by women and girls?		
24.	Does the project have a results indicator for redistribution of unpaid care work across genders?		
25.	Does the project have a results indicator for increased public spending on/investment in care-related policies and programmes?		
26.	Does the project have a results indicator for curtailing user fees in care-related sectors?		
27.	Does the project have a results indicator for promoting more small businesses in the care sector?		
28.	Does the project have a results indicator for promoting more jobs in the care sector?		
29.	Does the project have a results indicator for increased decent work and social protection for care workers?		
30.	Does the environmental and social assessment (e.g., social safeguards, environmental and social management framework, (EMSF) etc.) ensure minimum and equal wages for men and women workers?		
31.	Does the environmental and social assessment (e.g., social safeguards, EMSF, etc.) ensure that care workers are not pushed more into casual, part-time or voluntary (honorarium-based) work?		
32.	Does the environmental and social assessment (e.g., social safeguards, EMFS, etc.) provide for social protection measures for all care workers irrespective of their contractual status?		
33.	Is there a provision in the environmental and social assessment (e.g. social safeguards, EMSF, etc.) for protecting the rights of migrant workers?		
34.	Are women involved in key decisions related to infrastructure design/service provision?		
35.	Are care workers involved in key decisions related to project planning/service provision?		
36.	Does the environmental and social assessment (e.g. social safeguards, EMSF, etc.) recognize and safeguard the right to association for care workers?		
37.	Does the environment and social assessment (e.g. social safeguards, EMSF, etc.) recognize care worker associations (unions and cooperatives) as stakeholders in policy reform dialogue?		
38.	Are the project indicators (participant data) disaggregated by sex?		
39.	Does the project indicator include data on care recipients and care providers?		
40.	Does the labour management plan/employment strategy encourage and support the participation of women?		
41.	Is there a focus on equal renumeration and protection from sexual harassment in the workplace for women?		
42.	Does the procurement plan promote and encourage participation of women contractors?		

43.	Does the project appraisal document specify care-related activities?		
44.	Are the care-related activities budgeted as separate line items?		
45.	Does the project management information system (MIS) capture the physical progress on care-related activities?		
46.	Does the project MIS capture the financial progress on care-related activities?		
47.	Does the project include a focused training component on care sensitization and care-responsive public policies?		
48.	Are the project's existing training/information, education and communication (IEC) components customized to include care sensitization and care-responsive public policies?		
49.	Is there a budget provision for care-related training and workshops for policy makers and project implementers?		
50.	Is there a provision for training and capacity-building of care workers?		
51.	Is there a provision for training and capacity-building of other women as paid care workers?		
52.	Does the project's grievance redressal mechanism (committees) include representation from women's groups?		
53.	Does the project's grievance redressal mechanism (committees) include representation of care workers (or care workers associations)?		
54.	Does the project's grievance redressal mechanism (committees) include representation of women care workers (or care workers associations)?		
55.	Does the project grievance redressal mechanism focus on gender-based violence?		
56.	Does the project grievance redressal mechanism focus on protection of labour rights?		
57.	Does the project grievance redressal mechanism focus on working conditions of care workers?		
58.	Does the project reporting template or project report have a dedicated section on the impact on women's unpaid care work?		
59.	Does the project reporting template or project report have a dedicated section on the impact on women's paid care work?		
60.	Does the project reporting template or project report have a dedicated section on the impact on women's employment (paid work)?		
61.	Is there a plan to undertake a sex-disaggregated participant satisfaction survey?		
62.	Does the participant satisfaction survey cover care work reduction and redistribution?		
63.	Does the ToR of the end-line survey/impact study include the need to capture gender impacts?		
64.	Does the ToR of the end-line survey/impact study include the need to capture changes in time-use patterns and inter-generational distribution of care responsibilities?		

TIP-SHEET

PROJECT IDENTIFICATION

Indicator 1.1 Project concept note includes information on time-use, unpaid and underpaid/paid care work and women's workforce participation		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets none of the following: • Project social and gender analysis includes time-use data and/or care analysis • Project scope and/or objectives include reducing, rewarding or redistributing care work • Project recognizes/includes underpaid, paid and/or unpaid care workers as intended participants	Meets any one of the following: • Project social and gender analysis includes time-use data and/or care analysis • Project scope and/or objectives include reducing, rewarding or redistributing care work • Project recognizes/includes underpaid, paid and/or unpaid care workers as intended participants	Meets two or more of the following: • Project social and gender analysis includes time-use data and/or care analysis • Project scope and/or objectives include reducing, rewarding or redistributing care work • Project recognizes/ includes underpaid, paid and/or unpaid care workers as intended participants
Indicator 1.2 Project vetting process (e.g. stakeholder engagement, environmental and social appraisals, board approval checklists) identify care workers, including those in the informal sector, as an important stakeholder group		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Project vetting documents include none of the following as stakeholder groups for consultations: • Informal workers • Women • Underpaid/paid care workers • Unpaid care workers	Project vetting documents include any one or both of the following as stakeholder groups for consultations: • Informal workers • Women	Project vetting documents include any one or both of the following as stakeholder groups for consultations: • Paid care workers • Underpaid/unpaid care workers

PROJECT PREPARATION, APPRAISAL, NEGOTIATIONS AND APPROVAL

Indicator 2.1 Programme/project documents systematically include analysis of unpaid, underpaid and paid care work in the sector		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes none of the following: • Gendered time-use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage	Includes any one of the following: • Gendered time-use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage	Includes two or more of the following: • Gendered time-use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage
Indicator 2.2 Programme/project identifies its impact on the care work of women and girls		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*

The project does not identify its impact on care work of women and girls.	The project analyses its impact on the care work of women and girls and might increase it.	The project analyses its impact on the care work of women and girls and will decrease it.
Indicator 2.3 Programme/project components include activities that address the redistribution of care work		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes none of the following: • Promotion of care policy reforms • Universal public service delivery of care work • Bringing care work into the paid portfolio • Sensitizing men and boys to take up care work • Sensitizing family members of care workers	Includes any one of the following: • Promotion of care policy reforms • Universal public service delivery of care work • Bringing care work into the paid portfolio • Sensitizing men and boys to take up care work • Sensitizing family members of care workers	Includes two or more of the following: • Promotion of care policy reforms • Universal public service delivery of care work • Bringing care work into the paid portfolio • Sensitizing men and boys to take up care work • Sensitizing family members of care workers
Indicator 2.4 Programme/project has considered and incorporated measures (as applicable) on labour- and time-saving technologies		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes none of the following: • A review of women's workload, especially their unpaid care work • Time-saving technology/equipment promotion • Labour-saving technology/ equipment • Skill-building of care workers to reduce their care workload	Includes any one of the following: • A review of women's workload, especially their unpaid care work • Time-saving technology/equipment promotion • Labour-saving technology/ equipment • Skill-building of care workers to reduce their care workload	Includes two or more of the following: • A review of women's workload, especially their unpaid care work • Time-saving technology/equipment promotion • Labour-saving technology/ equipment • Skill-building of care workers to reduce their care workload
Indicator 2.5 Project results framework document (RFD) has targets for addressing care work and care workers' concerns within the sector		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
RFD includes none of the following: • Reducing women's workload in unpaid care work • Social protection measures for unpaid work provided by women and girls • Redistribution of care work across genders • Increased public spending/investment in care-related policies and programmes	RFD includes any one of the following: • Reducing women's workload in unpaid care work • Social protection measures for unpaid work provided by women and girls • Redistribution of care work across genders • Increased public spending/investment in care-related policies and programmes	RFD includes two or more of the following: • Reducing women's workload in unpaid care work • Social protection measures for unpaid work provided by women and girls • Redistribution of care work across genders • Increased public spending/investment in care-related policies and programmes

• Curtailing of user fees in care-related sectors • Promoting small businesses in the care sector • Promoting more jobs in the care sector • Increased decent work and social protection for care workers • Skill-building of women to increase their employment/income generation options	• Curtailing of user fees in care-related sectors • Promoting small businesses in the care sector • Promoting more jobs in the care sector • Increased decent work and social protection for care workers • Skill-building of women to increase their employment/income generation options	• Curtailing of user fees in care-related sectors • Promoting small businesses in the care sector • Promoting more jobs in the care sector • Increased decent work and social protection for care workers • Skill-building of women to increase their employment/income generation options
Indicator 2.6 Environmental and social assessment (e.g. social safeguards, EMSF, etc.) ensures compliance in the protection care workers' rights, including those of contractual workers and migrants		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes one of the following: • Ensuring minimum and equal wages for men and women • Promoting regular (not casual/part-time/voluntary) jobs for care workers • Providing social protection for care workers irrespective of their contractual status • Covering care workers under collective bargaining agreements • Protection of the rights of migrant workers	Includes any two of the following: • Ensuring minimum and equal wages for men and women • Promoting regular (not casual/part-time/voluntary) jobs for care workers • Providing social protection for care workers irrespective of their contractual status • Covering care workers under collective bargaining agreements • Protection of the rights of migrant workers	Includes three or more of the following: • Ensuring minimum and equal wages for men and women • Promoting regular (not casual/part-time/voluntary) jobs for care workers • Providing social protection for care workers irrespective of their contractual status • Covering care workers under collective bargaining agreements • Protection of rights of migrant workers
Indicator 2.7 Environmental and social assessment (e.g. social safeguards, EMSF, etc.) provides an institutional mechanism for adequate participation of women and care workers, including recognizing the right to association		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Includes one of the following: • Involving women in key project decision making • Care workers involved in key decisions related to service delivery • Recognizing and safeguarding the right to association for care workers • Recognizing care worker associations as stakeholders in policy reform dialogue	Includes any two of the following: • Involving women in key project decision making • Care workers involved in key decisions related to service delivery • Recognizing and safeguarding the right to association for care workers • Recognizing care worker associations as stakeholders in policy reform dialogue	Includes three or more of the following: • Involving women in key project decision making • Care workers involved in key decisions related to service delivery • Recognizing and safeguarding the right to association for care workers • Recognizing care worker associations as stakeholders in policy reform dialogue

RESOURCE ALLOCATION, DISBURSEMENT, IMPLEMENTATION AND MONITORING

Indicator 3.1 Project indicators are sex-disaggregated and/or include data on care recipients and care providers		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Project indicators are not disaggregated by sex AND Data on care providers and care recipients is not included	Project indicators are disaggregated by sex BUT Data on care providers and care recipients is not included	Project indicators are disaggregated by sex AND Data on care providers and care recipients is included
Indicator 3.2 Labour management plan/employment strategy encourages gender parity and the increased participation of women in formal employment		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Does not recognize the participation of women in the workforce	Recognizes women's participation but no proactive support measures are there, except for mandatory equal remuneration and protection from sexual harassment in the workplace	Any one of the following: • Includes proactive measures other than mandatory elements. • The procurement plan promotes and encourages the participation of women contractors
Indicator 3.3 Funding for care-related activities is clearly demarcated and funds are disbursed accordingly		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
This indicator is not applicable to the project	Care-related activities are identified but not budgeted as separate line items in the budget sheet OR The project has been reviewed from a care perspective and no separate care-related activities (line items) have been identified in the project	The budget for care-related activities is clearly demarcated to be disbursed accordingly.
Indicator 3.4 Project MIS captures relevant data on care-related indicators identified in the results framework, including financial tracking		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Project MIS does not capture physical or financial progress.	Project MIS captures only physical or financial progress.	Project MIS captures physical and financial progress.
Indicator 3.5 All institutional and capacity development aspects of the project include a component on care work and its valuation		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Technical assistance includes none of the following: • Focused training on care sensitization and care-responsive public policies	Technical assistance includes one of the following: • Focused training on care sensitization and care-responsive public policies	Technical assistance includes two or more of the following: • Focused training on care sensitization and care-responsive public policies

• Inclusion of a care perspective in other project training and capacity-building activities • Information, education and communication (IEC) to promote sensitivity on care work • Focused capacity-building (with budget) on care work for policy makers and project implementers	• Inclusion of a care perspective in other project training and capacity-building activities • IEC to promote sensitivity on care work • Focused capacity-building (with budget) on care work for policy makers and project implementers	• Inclusion of a care perspective in other project training and capacity-building activities • IEC to promote sensitivity on care work • Focused capacity-building (with budget) on care work for policy makers and project implementers
Indicator 3.6 Care workers/people trained in care-related work to improve quality and income		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
There is no provision for training and capacity-building in care-related work OR This indicator is not applicable to the project	There is provision (including budget) for training and capacity-building of existing paid formal sector care workers (e.g., teachers, nurses) within the project	There is provision (including budget) for training and capacity-building of existing paid care workers, as well as for other women, to enable more paid care work options.
Indicator 3.7 Grievance redressal mechanisms provides adequate representation and space for care workers, especially women care workers		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets one of the following: • The grievance redressal committee includes representation from local CSOs/women's groups • Grievance redressal focuses on gender-based violence • Grievance redressal focuses on protection of labour rights • Grievance redressal focuses on working conditions	Meets two of the following: • The grievance redressal committee includes representation from local CSOs/women's groups • Grievance redressal focuses on gender-based violence • Grievance redressal focuses on protection of labour rights • Grievance redressal focuses on working conditions	Meets all of the following: • The grievance redressal committee includes representation from local CSOs/women's groups • Grievance redressal focuses on gender-based violence • Grievance redressal focuses on protection of labour rights • Grievance redressal focuses on working conditions

COMPLETION AND EVALUATION

Indicator 4.1 Project reports (or reporting template) have a dedicated section on action related to the women's work continuum – unpaid, underpaid and paid care work, and paid work (employment)		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Does not include any of the following: • Women's unpaid care work • Women's underpaid and/or paid care work (care workers) • Women's employment	Includes data on any one of the following: • Women's unpaid care work • Women's underpaid and/or paid care work (care workers) • Women's employment	Has a dedicated section that includes all of the following: • Women's unpaid care work • Women's underpaid and/or paid care work (care workers) • Women's employment

Indicator 4.2 End-line surveys and impact studies capture changes in women's time-use patterns and inter-generational distribution of care responsibilities		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets **either** of the following: • Participant satisfaction survey is disaggregated by sex but does not include information on care responsibilities • The ToRs of the end-line survey and the impact study include capture of gender impacts	Meets **both** of the following: • Participant satisfaction survey is disaggregated by sex but does not include information on care responsibilities • The ToRs of the end-line survey and the impact study include capture of gender impacts	Meets **all** of the following: • Participant satisfaction survey is disaggregated by sex and also includes information on care responsibilities • The ToRs of the end-line survey and the impact study include capture of gender impacts on time-use and care responsibility-sharing

SCORING SHEET

Dimension	Target 'R'	Indicators	Recommended (R) or desirable (D)	Scores (dummy figures)
Project identification	R1	Indicator 1.1 Project concept note includes information on time use, paid and unpaid care work, and women's workforce participation	D	3
Project identification	R5	Indicator 1.2 Project vetting processes (e.g. stakeholder engagement, environment and social appraisals, board approval checklists) identify care workers, including those in the informal sector, as an important stakeholder group	R	5
Project preparation, appraisal, negotiations and approval	R1	Indicator 2.1 Programme/project documents systematically include analysis of unpaid, underpaid and paid care work in the sector	R	5
Project preparation, appraisal, negotiations and approval	R2	Indicator 2.2 Programme/project identifies its impact on the care work of women and girls	R	5
Project preparation, appraisal, negotiations and approval	R2	Indicator 2.3 Programme/project components include activities that address the redistribution of care work	R	5
Project preparation, appraisal, negotiations and approval	R3	Indicator 2.4 Programme/project components have considered and incorporated measures (as applicable) on labour- and time-saving technologies	D	1
Project preparation, appraisal, negotiations and	R4	Indicator 2.5 Project results framework/logical framework has targets for addressing care work and care workers' concerns within the sector	D	1

approval				
Project preparation, appraisal, negotiations and approval	R4	Indicator 2.6 Environmental and social assessment (e.g. social safeguards, EMSF, etc.) ensures compliance in protection of the rights of care workers, including that of contractual workers and migrants	R	5
Project preparation, appraisal, negotiations and approval	R5	Indicator 2.7 E Indicator 2.6 Environmental and social assessment (e.g. social safeguards, EMSF, etc.) provides an institutional mechanism for adequate participation of women and care workers, including recognizing the right to association	D	3
Resource allocation, disbursement, implementation and monitoring	R1	Indicator 3.1 Project indicators are sex-disaggregated and/or include data on care recipients and care providers	R	5
Resource allocation, disbursement, implementation and monitoring	R2	Indicator 3.2 The labour management procedure and procurement plan encourage gender parity and increased participation of women in formal employment	R	5
Resource allocation, disbursement, implementation and monitoring	R3	Indicator 3.3 Funding for care-related activities is clearly demarcated and funds are disbursed accordingly	R	5
Resource allocation, disbursement, implementation and monitoring	R3	Indicator 3.4 The project MIS captures relevant data on care-related indicators identified in the results frame, including financial tracking	D	3
Resource allocation, disbursement, implementation and monitoring	R2	Indicator 3.5 All institutional and capacity-development aspects in the project include a component on care work and its valuation	R	5
Resource allocation, disbursement, implementation and monitoring	R4	Indicator 3.6 Care workers/people trained in care-related work to improve quality and income	D	3
Resource allocation, disbursement, implementation and monitoring	R5	Indicator 3.7 Programme/project grievance redressal mechanisms provide adequate representation and space for care workers, especially women care workers	R	5
Completion and evaluation	R1	Indicator 4.1 Project reports (reporting templates) have a dedicated section on actions related to women's work continuum – unpaid care work, underpaid care work, paid care work, paid work (employment)	D	3

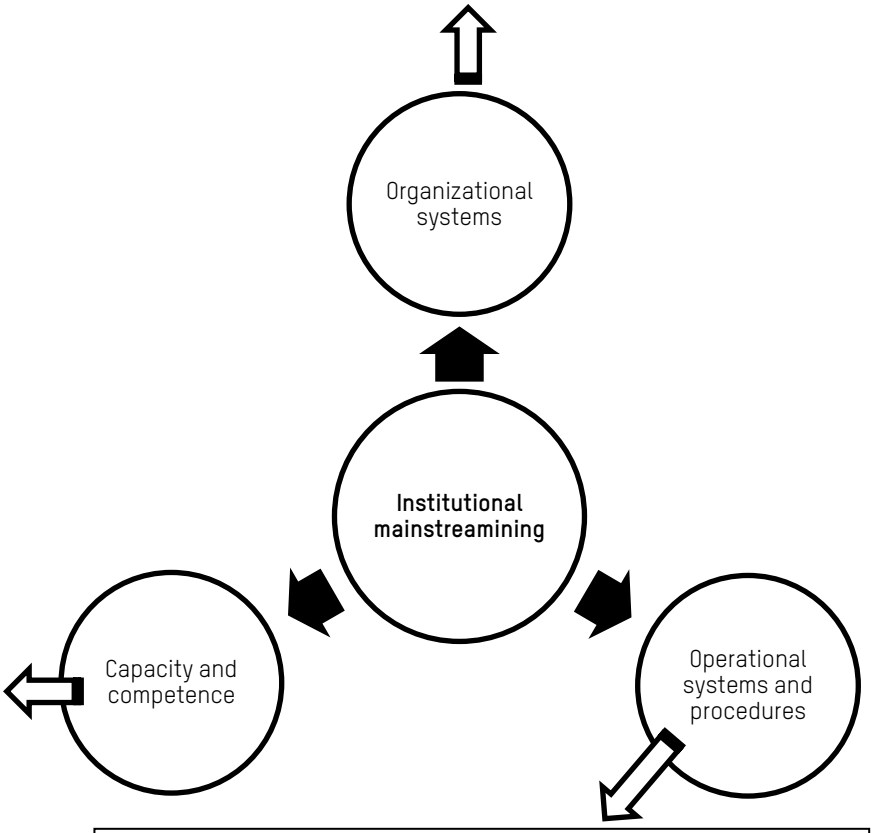
Completion and evaluation	R1	Indicator 4.2 End-line surveys and impact studies (or their standard ToRs) capture changes in women's time-use patterns and inter-generational distribution of care responsibilities	D	1

INSTITUTIONAL MAINSTREAMING

INDICATOR FRAMEWORK

1. An institutional care-responsive policy (confirming adoption of care principles) is in place.
2. Mechanisms for guiding and review of care-responsiveness commitments and actions are in place.
3. There are budgetary allocations for the implementation of a care-responsive work environment.
4. Organizational grievance redressal mechanisms include the rights of all care providers, including contractual and part-time workers and those engaged by staff.
5. There are staff mentorship, training programmes, resource materials and platforms for dialogue on care work and care services.
6. Senior management and staff job descriptions reflect a commitment to promote care-responsiveness across the board.
7. Accountability systems are in place to track care-related work performance for all senior managers and staff.
8. Accountability systems are in place to track care-related work performance for all offices.

1. The senior management team at the head and regional office level is committed to integration of a care perspective in all its work.
2. Programme heads and managers have been trained and are applying a care perspective in all programmes.
3. Project staff have been trained and are applying a care lens in project analysis.
4. Head and regional offices have deployed gender expertise, resources and tools to integrate a care perspective and improve care-responsiveness in all operations.
5. Partners are engaged based on their expertise and readiness to integrate a care perspective.



1. Care lens of due diligence applied in all project operations for meeting minimum requirements.
2. Share of operations supporting care-responsive investments in total budget/investments/commitments.
3. Engagement of care workers and care worker associations in operations.
4. Operational documents and guidance notes reviewed from a care work and care worker lens and updated accordingly.

CHECKLIST

No.	Question	YES/NO/VALUE	
		Previous year	Current year
1.	What is the percentage of projects with care-responsiveness assessed in the design stage?		
2.	What is the percentage of projects with care-responsiveness satisfying minimum requirements?		
3.	What is the share of operations with care-responsive investments/budgets (projects with care-responsiveness approaching minimum requirements) in total commitments?		
4.	What is the share of operations with care-focused investments/budgets (projects with care-responsiveness satisfying minimum requirements) in total commitments?		
5.	Number of events where care workers or care worker associations have been directly engaged for dialogue and/or implementation		
6.	Number of suggestions/representations of care workers and care worker associations incorporated into organizational decisions		
7.	Has the vision, operational strategy and action plan development guidance note been reviewed and updated to include a care perspective?		
8.	Has the stakeholder engagement framework been reviewed and updated from a care perspective?		
9.	Has the environmental and social assessment/EMSF been reviewed and updated from a care perspective?		
10.	Has the training strategy been reviewed and updated from a care perspective?		
11.	Has the labour and employment strategy been reviewed and updated from a care perspective?		
12.	Is there an institutional care policy (conforming to care principles 3, 4, 7, 10, 11 and 13) in place?		
13.	Is there an institutional care policy (conforming to care principles 5, 6, 8, 9 and 12) in place?		
14.	Has an oversight and advisory committee for care-responsiveness been formed?		
15.	Does the oversight and advisory committee have a defined ToR?		
16.	Does the oversight and advisory committee have administrative and budgetary powers?		
17.	Are the institutional care-responsive policy measures costed?		
18.	Are the institutional care-responsive policy measures costed and budgeted annually?		
19.	Does the organizational grievance redressal mechanism include the rights of contractual and part-time workers?		

20.	Does the organizational grievance redressal mechanism include the rights of care providers engaged by staff?		
21.	Does the organizational grievance redressal mechanism include the rights of care worker representatives and associations?		
22.	Does the organization have staff mentorship and training programmes at head office and sub-office level?		
23.	Have there been formal efforts to disseminate resource material on care?		
24.	Do senior management job descriptions reflect a commitment to care-responsiveness across the board?		
25.	Do staff job descriptions reflect a commitment to care-responsiveness across the board?		
26.	Do consultancy contracts reflect a commitment to care-responsiveness across the board?		
27.	Do performance appraisal criteria include care-sensitivity?		
28.	Does the performance appraisal format include care-sensitivity?		
29.	Is sensitivity to care recognized as a key performance area (KPA)?		
30.	Have regional/sub-offices been assessed for care-responsiveness (using the checklist and barometer)?		
31.	Does the care-responsive assessment of all regional/sub-offices satisfy minimum requirement (a score of more than 0.66)?		
32.	Is there a clear understanding among senior management of a care perspective?		
33.	Does the senior management review the integration of a care perspective into projects?		
34.	Does the senior management promote the integration of a care perspective into projects?		
35.	Number of programme heads and managers trained on care economy issues		
36.	Are programme managers applying a care perspective in their work (the percentage of interviewed programme managers reporting 'yes')?		
37.	Number of project staff trained on care economy issues?		
38.	Are project staff applying a care lens in their work (percentage of project staff interviewed reporting 'yes')?		
39.	Are sensitization programmes on care organized for contractors and implementing partners?		
40.	Is care-responsiveness included as part of institutional assessment criteria during contractor/ implementing partner selection?		
41.	Do contracts include compliance with at least two care principles?		

42.	Are employment targets for women specified in contract agreements?		

TIP-SHEET

OPERATIONAL SYSTEMS AND PROCEDURES

Indicator 1.1 Care lens of due diligence applied in all project operations for satisfying minimum requirements		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • Less than 50% of projects are assessed for care-responsiveness (using the checklist and barometer) in the design stage • Less than 10% of projects assessed for care-responsiveness (using the checklist and barometer) meet minimum requirements.	Meets any one of the following: • More than 50% of projects are assessed for care-responsiveness (using the checklist and barometer) in the design stage • More than 10% but less than 25% of projects assessed for care-responsiveness (using the checklist and barometer) meet minimum requirements	Meets all of the following: • More than 80% of projects are assessed for care-responsiveness (using the checklist and barometer) in the design stage • More than 25% of projects assessed for care-responsiveness (using the checklist and barometer) meet minimum requirements
Indicator 1.2 Share of operations supporting care-responsive investments in total budget/investments/commitments		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • Less than 25% of total commitments are for projects approaching minimum requirements • Less than 10% of total commitments are for projects satisfying minimum requirements	Meets any one of the following: • More than 25% but less than 50% of total commitments are for projects approaching minimum requirements. • More than 10% but less than 25% of total commitments are for projects satisfying minimum requirements	Meets all of the following: • More than 50% of total commitments are for projects approaching minimum requirements • More than 25% of total commitments are for projects satisfying minimum requirements
Indicator 1.3 Engagement of care workers and care workers associations in operations		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
There are fewer than 50 annual events held to engage care workers and care worker associations.	There are more than 50 but fewer than 100 annual events held to engage care workers and care worker associations.	Meets any one of the following: • More than 100 annual events are held to engage care workers and care worker associations. • There is evidence of suggestions/representations from care workers and care worker associations being incorporated into

		organizational decision making
Note: The number of events proposed is suggestive in nature and should be re-affirmed at the time of assessment based on the existing situation		
Indicator 3.4 Operational documents and guidance notes have been reviewed from a care work and care worker lens and updated accordingly		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
Meets any one of the following: • The vision, operational strategy and action plan development guidance note has been reviewed and updated • The stakeholder engagement framework has been reviewed and updated • Th environmental and social assessment/EMSF has been reviewed and updated • The training strategy has been reviewed and updated • The labour and employment strategy has been updated and reviewed	Meets any two of the following: • The vision, operational strategy and action plan development guidance note has been reviewed and updated • The stakeholder engagement framework has been reviewed and updated • Th environmental and social assessment/EMSF has been reviewed and updated • The training strategy has been reviewed and updated • The labour and employment strategy has been updated and reviewed	Meets three or more of the following: • The vision, operational strategy and action plan development guidance note has been reviewed and updated • The stakeholder engagement framework has been reviewed and updated • Th environmental and social assessment/EMSF has been reviewed and updated • The training strategy has been reviewed and updated • The labour and employment strategy has been updated and reviewed • Any other operational document/guidance notes have been reviewed and updated
Indicator 4.5 Partners are engaged based on their expertise and readiness to integrate a care perspective		
Missing minimum requirements	*Approaching minimum requirements*	*Satisfies minimum requirements*
A sensitization programme on care-responsiveness is undertaken for all contractors and implementing partners in the supply chain	Care-responsiveness is included as part of institutional assessment criteria while selecting contractors and implementing partners in the supply chain.	Contracts include compliance with at least two care principles AND Employment targets for women are specified in contract agreements.

SCORING SHEET

Dimension	Target 'R'	Indicators	Recommended (R) or desirable (D)	Scores (dummy figures)
Operational systems and procedures	R3	Indicator 3.1 Care lens of due diligence applied in all project operations for satisfying minimum requirements	R	5
Operational systems and procedures	R3	Indicator 3.2 Share of operations supporting care-responsive	D	1

		investments in total budget/investments/commitments		
Operational systems and procedures	R5	Indicator 3.3 Engagement of care workers and care worker associations in all operations	R	5
Operational systems and procedures	R1	Indicator 3.4 Operational documents and guidance notes reviewed from a care work and care worker lens and updated accordingly	R	5
Organizational systems	R1	Indicator 4.1 An institutional care-responsive policy (confirming to care principles) is in place	R	5
Organizational systems	R3	Indicator 4.2 Mechanisms for guiding and review of care-responsiveness commitments and actions are in place	R	5
Organizational systems	R2	Indicator 4.3 There are budgetary allocations for the implementation of a care-responsive work environment	D	1
Organizational systems	R5	Indicator 4.4 Organizational grievance redressal mechanisms include the rights of all care providers, including contractual and part-time workers and those engaged by staff	D	3
Organizational systems	R3	Indicator 4.5 There are staff mentorship, training programmes, resource materials and platforms for dialogue on care-work and care services	D	3
Organizational systems	R2	Indicator 4.6 Senior management and staff job descriptions reflect a commitment to promote care-responsiveness across the board	D	3
Organizational systems	R3	Indicator 4.7 Accountability systems are in place to track care-related work performance for all senior managers and staff	D	5
Organizational systems	R2	Indicator 4.8 Accountability systems are in place to track care-related work performance for all country offices	D	5
Capacity and competence	R2	Indicator 5.1 The senior management team at the head office and regional office level is committed to the integration of a care perspective in all its work	D	3
Capacity and competence	R2	Indicator 5.2 Programme heads and managers have been trained and are applying a care perspective in all programmes	D	3
Capacity and competence	R3	Indicator 5.3 Project staff have been trained and are applying a care lens in project analysis	D	1

Capacity and competence	R2	Indicator 5.4 Head and regional offices have deployed gender expertise, resources and tools to integrate a care perspective and improve care-responsiveness in all operations	R	5
Capacity and competence	R3	Indicator 5.5 Partners are engaged based on their expertise and readiness to integrate a care perspective	D	1

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ENDNOTES

1 Hereafter, whenever the phrase 'care work' is used in this document, it refers to unpaid, underpaid and paid care work, unless otherwise specified.

2 L. Addati, et al. (2018). *Care work and care jobs for the future of decent work*, op. cit.

3 C. Coffey, et al. (2020). *Time to Care*, op. cit.

4 Purchasing Power Parity (PPP), 2011

5 ILO's region classification at https://www.ilo.org/global/regions/lang--en/index.htm

6 Addati, L., et al. (2018). *Care work and care jobs for the future of decent work*, op. cit.

7 Coffey, C., et al. (2020). *Feminist Futures,* op. cit.

8 Chauhan, D. and Bist Joshi, S. (2021). *Care Principles*, op. cit.

9 Oxfam has also developed a *Care Policy Scorecard*, which 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 gender and other intersections of inequality. It can be used at the national or sub-national level. The barometer incorporates similar principles and standard settings. However, there are differences: a) the score card will be used to track government progress and policy commitments on care-responsiveness, while the barometer is also useful as an internal assessment tool for planning and monitoring; and b) the score card mainly focuses on tracking government policies, while the barometer focuses on tracking investments and implementation processes across different types of institutions. Parvez Butt, A., et al. (2021, forthcoming). *Care Policy Scorecard: A tool for assessing country progress towards an enabling policy environment on care*. Oxfam.

10 The values are for reference only and do not reflect on the status of any institution.

11 Unless otherwise indicated, the term 'client' refers to countries/sub-national/local governments that the organization works with.

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Published by Oxfam GB for Oxfam International under ISBN 978-1-78748-807-6 in September 2021.
DOI: 10.21201/2021.8076
Oxfam GB, Oxfam House, John Smith Drive, Cowley, Oxford, OX4 2JY, UK.

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