

CARE PRINCIPLES AND CARE- RESPONSIVENESS BAROMETER

Guidelines and toolkit for international financial institutions (IFIs)

The architecture of development finance lacks a care perspective despite strong commitments to gender equality goals. The Care Principles and Care-Responsiveness Barometer have been developed as guiding tools for international financial institutions (IFIs) to promote, measure and improve the care-responsiveness of all their operations.

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ACRONYMS AND ABBREVIATIONS

SR	Recognize, Redistribute, Reduce, Reward and Represent
ADB	Asian Development Bank
AIIB	Asian Infrastructure Investment Bank
AIM	Anticipated Impact Measuring and Monitoring
CDS	Country diagnostic study
CPF	Country Partnership Framework
CPS	Country partnership study
CSC	Corporate scorecard
DFI	Development finance institution
ECD	Early childhood development
ESMS/ESMF	Environmental and Social Management System/Framework
GDP	Gross domestic product
IDA	International Development Association
IDS	Institute of Development Studies
IDWF	International Domestic Workers Federation
IEC	Information, education and communication
IEG	Independent Evaluation Group
IFC	International Finance Corporation
IFI	International financial institution
ILO	International Labour Organization
INGO	International non-government organization
ISDS	Integrated Safeguards Data Sheet
ISR	Implementation Status and Results Report
ITUC	International Trade Union Confederation
IWRAP	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
PAD	Project appraisal document
PCR	Project completion report
PDO	Project development objective
PforR	Program-for-Results
PID	Programme information document (World Bank); programme implementation document (Asian Development Bank)
PLR	Performance learning report
PM	Programme manager
PPTA	Project/programme preparatory technical assistance
PSI	Public Service International
RFD	Results framework document
RMS	Results management system
SCD	Systematic Country Diagnostic
ToR	Terms of reference
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNI	UNI Global Union (formerly Union Network International)
WBG	World Bank Group

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SECTION 1: BACKGROUND

CONTEXT

Human effort is the locomotive that powers all societies and progress. Human labour is thus considered to be the most important element or 'input of production', as economists put it. Its abundance and its ready availability are integral to all economic growth and to the sustainability of societies. However, the continued capacity of people to produce, today and in the future, necessitates human reproduction, care and nurturing (IWRAP, 2020). These activities – which include taking care of oneself, each other, children, older persons and family members living with disability or illness or disease, as well as domestic chores such as cooking, feeding, cleaning, washing, procuring goods and services, fetching water and fuel and so on – are what constitute the 'care economy' (Box 1).

Box 1: Key definitions related to the care economy

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 the 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, including 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 workloads, 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.

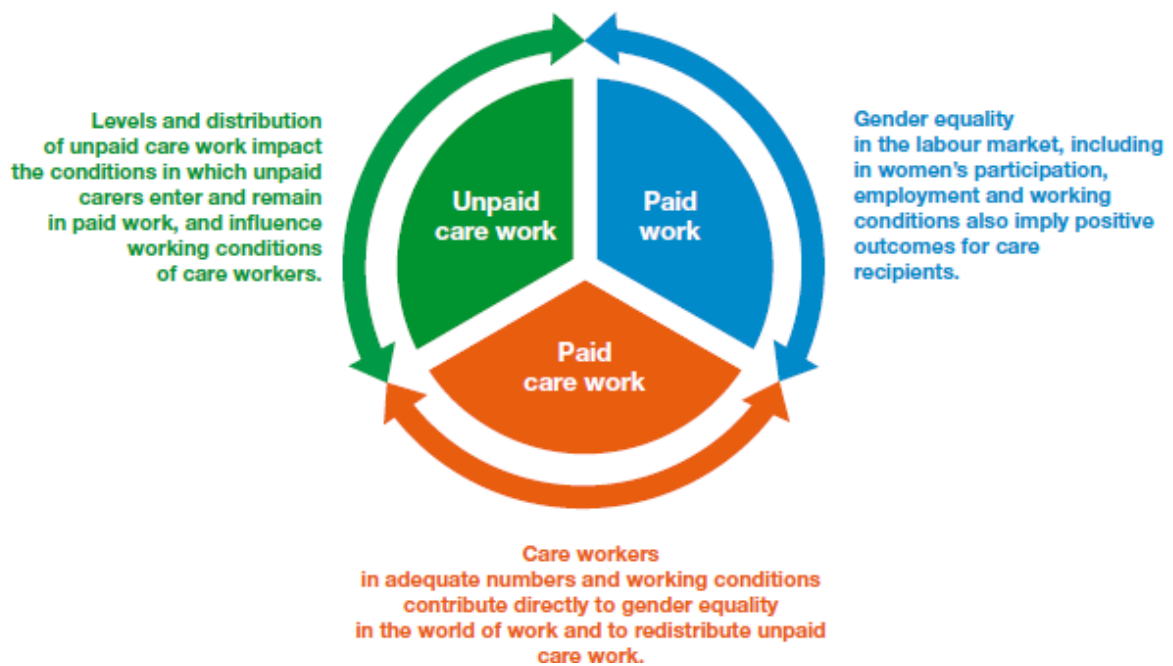
Transformative care policies: Care policies which guarantee human rights, agency and the well-being of both care-givers (whether paid or unpaid) and care recipients. Care policies are transformative when they contribute to recognition of the value of unpaid care work, the reduction of the care workload and the redistribution of care responsibilities between women and men and between households and the state. Such 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*,¹ and C. Coffey et al. (2020a). *Time to Care: Unpaid and Underpaid Care Work and the Global Inequality Crisis*.²

Much of this care economy, however, is unpaid or underpaid and is significantly unrecognized and under-accounted for in the system of national accounts. Addati et al., (2018) report that the value of women's unpaid care work to the global economy is around US\$11 trillion a year, or around 9% of global gross domestic product (GDP).³ If this were an economy, it would be the third largest in the world, after the USA and China. Other estimates show that in the United Kingdom, for example, the unpaid carers of ill, older or disabled people alone contributed £132bn a year to the national economy in 2015 – nearly as much as government spending on the National Health Service (Glasby and Thomas, 2018). The Glasby and Thomas study also pointed out that in the USA unpaid care for people with dementia would potentially cost taxpayers \$232bn if it were provided through government services. Care work thus provides huge value to societies and economies all over the world.

Further, there are far-reaching gender implications attached to care work. Driven by societal norms, stereotypes and processes of socialization, men and boys are often alienated from undertaking care work, leaving women and girls to perform 75% of unpaid care work globally. When unpaid, underpaid and paid care work is taken together, globally women do the equivalent of six weeks more a year of full-time work than men (Coffey et al., 2020a). This disproportionate share of unpaid care work carried out by women is also the main barrier to them being able to access secure and full-time jobs and participate 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).

Figure 1: The unpaid care work–paid work–unpaid care work cycle



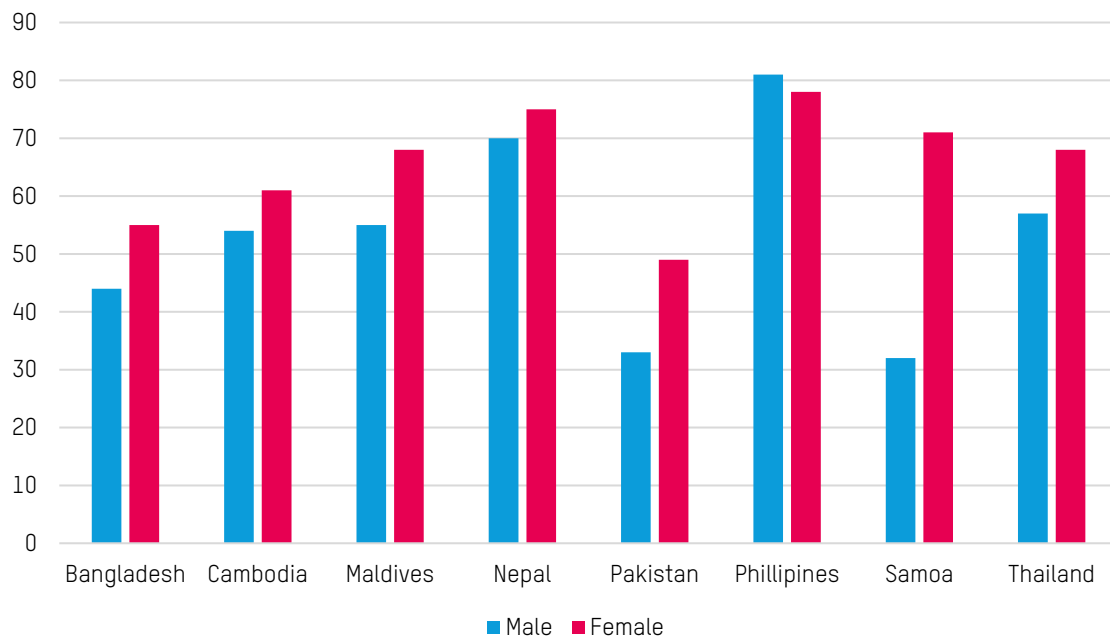
Source: L. Addati, et al. (2018). *Care Work and Care Jobs for the Future of Decent Work*.⁴

Unpaid care responsibilities also affect the type of paid work opportunities available for women and the conditions and quality of their employment. This causal chain (Figure 1) leads to a disproportionately higher number of women ending up with work in unregulated and informal sectors, compared with men. It also implies that, often, women work in exploitative conditions without access to social protection benefits. Women and girls from poorer backgrounds and those who face additional discrimination due to their race or ethnicity are often the most affected (Coffey et al., 2020a) (Box 2).

Box 2: The COVID-19 pandemic and care work

The COVID-19 pandemic has added further to the burden of care work, especially against a background of overburdened health systems, with increased domestic care work due to the accompanying lockdowns, which saw the closing of many essential services like schools, day care centres, food services and so on. UN Women (2020) reports that this has led to rising demand for care services and stresses that it is likely to deepen the already disproportionate gender division of labour, increasing the care work of women and girls. Emerging evidence from rapid assessment surveys by UN Women in many Asian countries (e.g. Bangladesh, Maldives, Pakistan, Philippines, etc.) shows that while unpaid care and domestic work has increased for both men and women, the increased responsibilities have fallen more on women.

Figure 1: Proportion of people for whom unpaid domestic work has increased since the spread of COVID-19



Source: UN Women (2020). *COVID-19 and Gender Rapid Self-Assessment Tool*.

The feminization of unpaid care responsibilities also applies to the paid care sector, with approximately two-thirds of the care workforce globally being women (Addati et al., 2018). Most of these care workers are employed in education (123 million) and in health and social work (92 million). However, they are often underpaid and face problematic working conditions driven by the informal nature of the work, a lack of decent working conditions, low wages, limited or no social protection measures and asymmetric relations between employers and employees (Addati et al., 2018; Coffey et al., 2020b).

Unfortunately, care work largely remains invisible in policy and economic decision making. In fact, mainstream macro-economic frameworks prioritize fiscal consolidation at all costs, and experience shows that this leads to the inevitable outcome of cuts in social sectors and the public provision of services. This not only increases women's unpaid work, but also affects their paid work patterns (Coffey et al., 2020a).

Investments in the care economy, on the other hand, would lead to more jobs, especially for women. Addati et al. (2018) estimate that doubling investment in the care economy could lead to a total of 475 million jobs by 2030, including 269 million new jobs. In the UK, a recent study by the Women's Budget Group (De Henau and Himmelweit, 2020) estimates that if the country were to invest around 2% of its GDP in the care sector, this could result in two million more jobs. The study also calls for a target to raise employment in the care sector to around 10% of all employed people, with decent wages, working conditions and social protection. This would require increasing investment in the sector to 5% of GDP.

Given the importance of care work,⁵ whether paid, unpaid or underpaid, it has been recognized not only as an economic investment and a social good but also as an important part of gender- and human rights-based frameworks in many international commitments (Box 3). Decent care work policies and proactive measures are crucial factors in promoting equitable principles of social justice that make the case for gender equality and the achievement of women's empowerment, and this demands urgent action on the

organization of care work by governments, international financial institutions (IFIs), employers, trade unions, civil society organizations (CSOs) and individual citizens.

Box 3: Paid work, unpaid and underpaid/paid care work – the normative framework

Institutional policies

- Women's Empowerment Principles and Guidelines (UN Global Compact and UN Women)⁶

Equitable and decent employment

- UN Convention on the Elimination of all Forms of Discrimination Against Women, Article 11
- Sustainable Development Goal 2, target 2.3; Goal 5, target 5.1; Goal 8, targets 8.3 and 8.5
- International Labour Organization (ILO), Equal Remuneration Convention, 1951 (No. 100)
- ILO, Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- United Nations Guiding Principles on Business and Human Rights (UNGPs)

Social security provisions

- The Convention on the Elimination of all Forms of Discrimination Against Women, Article 11 (1b; 2b; 2c)
- Sustainable Development Goal 1, target 1.3; Goal 3, targets 3.7 and 3.8
- ILO, Social Security (Minimum Standards) Convention, 1952 (No. 102)
- ILO, Conventions No. 102, No. 121 and No. 130
- ILO, Maternity Protection Convention, 2000 (No. 183)
- ILO, Social Protection Floors Recommendation, 2012 (No. 202)

Care workers – unpaid and underpaid/paid

- The Convention on the Elimination of all Forms of Discrimination Against Women, Article 11 (2c) and Article 14 (2b)
- Sustainable Development Goal 3, target 3.8; Goal 5, target 5.4
- ILO, Conventions No. 102, No. 121 and No. 130
- ILO, Convention No. 183 and Recommendation No. 191
- ILO, Social Protection Floors Recommendation, 2012 (No. 202)
- ILO, Workers with Family Responsibilities Convention, 1981 (No. 156)
- ILO, Reduction of Hours of Work Recommendation, 1962 (No. 116)

Leadership and freedom to organize

- Sustainable Development Goal 5, target 5.5; Goal 6, target 6.6
- ILO, Freedom of Association and Protection of the Right to Organize Convention, 1948 (No. 87)
- ILO, Collective Bargaining Convention, 1981 (No. 154)

Safety and security

- The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), Article 11(1f)
- Sustainable Development Goal 5, target 5.2; Goal 8, targets 8.7 and 8.8
- ILO, Occupational Safety and Health Convention, 1981 (P155 Protocol of 2002) and R164 Occupational Safety and Health Recommendation, 1981; Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)

Skills and training

- Sustainable Development Goal 4, target 4.4
- CEDAW Article 10 (a and e)

Equitable access to infrastructure and services

- Sustainable Development Goal 5, target 5.4; Goal 9, target 9.1
- Education: Sustainable Development Goal 4, target 4.7; CEDAW Article 10 (a)
- Health: Sustainable Development Goal 3, targets 3.7 and 3.8; Goal 5, target 5.6; CEDAW Article 12 (1 and 2) and Article 14 (b)
- Water and Sanitation: Sustainable Development Goal 6, targets 6.1 and 6.2
- Energy: Sustainable Development Goal 7, target 7.1
- Information and communications technology: Goal 9, target 9.5

Informal and non-standard employment

- Sustainable Development Goal 8, targets 8.7 and 8.8
- ILO, Migration for Employment Convention (Revised), 1949 (No. 97)
- ILO, Migrant Workers (Supplementary Provisions) Convention, 1975 (No. 143)
- ILO, Minimum Age Convention, 1973 (No. 138)⁷.
- ILO, Part-Time Work Convention, 1994 (No. 175)

Gender-responsive public finance management — revenue policies and expenditures

- Sustainable Development Goal 5, target 5.6
- Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda)

Source: compiled by the authors.

INTERNATIONAL FINANCIAL INSTITUTIONS AND CARE WORK

In general, international financial institutions (IFIs)⁸ can provide crucial support to countries in achieving sustainable socio-economic development.⁹ They provide project development support, funding and implementation oversight, including advisory services, and research and diagnostics. Many of the IFIs have explicit aims of reducing global poverty, improving living conditions, supporting economic, social and institutional development and promoting regional cooperation and integration.

During a global crisis or a development emergency, IFIs can play an important role as first responders in providing financing to governments. In response to the global COVID-19 pandemic, for example, the IFIs, especially the multilateral development banks (MDBs), have mobilized unprecedented levels of financial resources to support countries globally (Nelson and Weiss, 2020).

Developing countries turn to IFIs not only for financial support to stabilize economic downturns and mitigate the human impact of disasters or crisis situations such as the current pandemic, but also for technical and advisory services. IFIs are thus well placed, and have a responsibility, to pursue an agenda to ‘**build a gender-just future**’, both through direct project financing and by advocating for policy reforms. It is thus vital that a focus on care work is brought onto the agenda of IFIs in order to move towards rebuilding and creating a future that is more gender-just and more equal.

The foundations for including care work have already been laid in work done by many IFIs on their respective gender strategies. Building on this, IFIs such as the World Bank Group (WBG) and the Asian Development Bank (ADB) have taken steps towards bringing care work into their mainstream agendas.

The World Bank, in particular, had already recognized the importance of women's formal participation in the workforce in its 2009 gender strategy and the links between care work and women's limited employment. Its most recent gender strategy,¹⁰ launched in 2015, also recognizes the unequal responsibility of unpaid care work undertaken by women as a constraint on the creation of more and better jobs for women.

The World Bank's focus on infrastructure development for clean water and sanitation, energy and transport has the potential for a great deal of impact on unpaid and underpaid care work done by women. Investments in the social protection, health and education sectors also have direct impacts, not only on reducing women's care work but also potentially enabling decent working conditions for the large numbers of women involved in underpaid care work in these sectors.

This calls for a greater focus on strengthening care-responsive approaches by the World Bank, building on work that has already started. Within the World Bank Group, for example, the International Finance Corporation (IFC) has been increasing its focus on childcare (World Bank, 2021). Since 2017, IFC has published a series of *Tackling Childcare* reports looking at Bangladesh, Cambodia, Fiji, India, Pakistan, Myanmar, Sri Lanka, Vietnam and other countries and making a strong business case for employers to meet the care needs of their employees. These reports have the potential to boost understanding of the need to promote childcare and strategies to achieve this, with huge impacts for women's unpaid work. In October 2018, IFC launched a global working group made up of 30 organizations including the International Labour Organization (ILO), UNICEF, Oxfam and others to develop guidelines for companies to implement childcare support, which it published in 2019 (IFC, 2019).

Though efforts to date have largely focused on the private sector, the World Bank's public sector arm has also been increasing its focus on childcare provision in its programming. An independent evaluation of the Bank's early childhood development (ECD) programmes in 2015 (World Bank, 2015) reported that its lending to support ECD interventions had increased since 2000, with ECD projects or components of projects in 106 countries. A more recent report on addressing childcare in the Bank's portfolio (Haddock et al., 2019), however, highlights the need for more analysis and more formal diagnostics in project design, more focus on quality standards, better costing of childcare activities during project preparation and design and better monitoring of how activities are implemented. The Bank has realized the need for investment in childcare, to improve child development outcomes but also to enable employment for women and economic growth, as outlined in a report published in December 2020 (World Bank, 2020). Yet much more can and needs to be done.

Meanwhile, accelerating progress in gender equality in Asia and the Pacific is one of the seven operational priorities in the ADB's Strategy 2030, and the bank has committed to support this through gender-inclusive project designs in at least 75% of its sovereign and non-sovereign operations by 2030. The plan's strategic priorities include, among others, a focus on women's economic empowerment; supporting health, education and social protection; combining public participation and leadership by women with arrangements to provide child and family care support to facilitate a better work-life balance; and, most importantly, a commitment to 'explore direct investments and policy changes for reducing

or rebalancing unpaid care responsibilities to accelerate progress in women's time poverty reduction' (ADB, 2019).

These efforts, however, do not offer proactive strategies for addressing care-related inequalities and concerns as a priority, and the lack of a focused commitment to incorporate care concerns could result in limited impacts on the ground (Bretton Woods Project, 2019). For example, a 2013 review of unpaid care work in World Bank projects in sub-Saharan Africa (in Malawi, Mali, Niger and Rwanda) highlighted that only three of the 35 projects under consideration had focused explicitly on addressing time poverty due to care-related responsibilities, while most undervalued or failed to account for women's unpaid care work in project design (Bibler and Zuckerman, 2013). A gender scorecard and analysis of Asian Infrastructure Investment Bank (AIIB) projects conducted in 2018 showed that almost three-quarters of projects did not consider the unpaid care workload falling predominantly on women and girls in their design (Zuckerman and Kugli, 2018).

It is thus very important to ensure that a care perspective is integrated into all IFI operations and investments, with the aim of ensuring that the strategy of 'build back anew' works to truly advance gender equality, especially in the post-pandemic context.

CARE PRINCIPLES AND THE CARE-RESPONSIVENESS BAROMETER

With this in mind, Oxfam, in collaboration with a number of feminist organizations and associations representing care workers, including International Women's Rights Action Watch (IWWRAW), the Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE), Amnesty International, the International Trade Union Confederation (ITUC), UNI Global Union (formerly Union Network International), the Bretton Woods Project, Public Services International (PSI) and the International Domestic Workers Federation (IDWF), has been working to co-create a set of **Care Principles** and a **Care-Responsiveness Barometer** to serve as important advocacy tools for promoting the care agenda across all development work.

The Care Principles have been envisioned to serve as a guideline for care-responsive strategies. They are guided by the ILO's 5R Framework for Decent Care Work (Box 4) and emanate from care-related provisions endorsed by various human rights mandates and conventions and international labour standards. It is hoped that these guidelines will contribute towards realigning institutional strategies to correct labour market disparities through improved work conditions, and will positively redefine gender norms and household inequalities. The Care-Responsiveness Barometer takes this a step further by providing a planning tool for the adoption of the Care Principles as a monitoring framework for IFIs to capture progress in how they are integrating care perspectives into their internal and external operations.

Box 4: The 5R Framework for Decent Care Work

The 5R Framework is a human rights-based and gender-responsive approach to mitigating care-related inequalities and addressing the barriers that prevent women from entering paid work.

It also helps improve the conditions of care workers and, by extension, the quality of care.

Recognize, reduce and redistribute unpaid care work

- Measure all forms of care work and take unpaid care work into account in decision making.
- Invest in quality care services, care policies and care-relevant infrastructure.
- Promote active labour market policies that support the attachment, reintegration and progress of unpaid carers into the labour force.
- Enact and implement family-friendly working arrangements for all workers.
- Promote information and education for more gender-equal households, workplaces and societies.
- Guarantee the right to universal access to quality care services.
- Ensure care-friendly and gender-responsive social protection systems, including floors.¹¹
- Implement gender-responsive and publicly funded leave policies for all women and men.

Reward: more and decent work for care workers

- Regulate and implement decent terms and conditions of employment and achieve equal pay for work of equal value for all workers, including care workers.
- Ensure a safe, attractive and stimulating work environment for both women and men care workers.
- Enact laws and implement measures to protect migrant care workers.

Representation, social dialogue and collective bargaining for care workers

- Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life.
- Promote freedom of association for care workers and employers.
- Promote social dialogue and strengthen the right to collective bargaining in care sectors.
- Promote the building of alliances between trade unions representing care workers and civil society organizations representing care recipients and unpaid carers.

Source: L. Addati et al. (2018). *Care Work and Care Jobs for the Future of Decent Work*.¹²

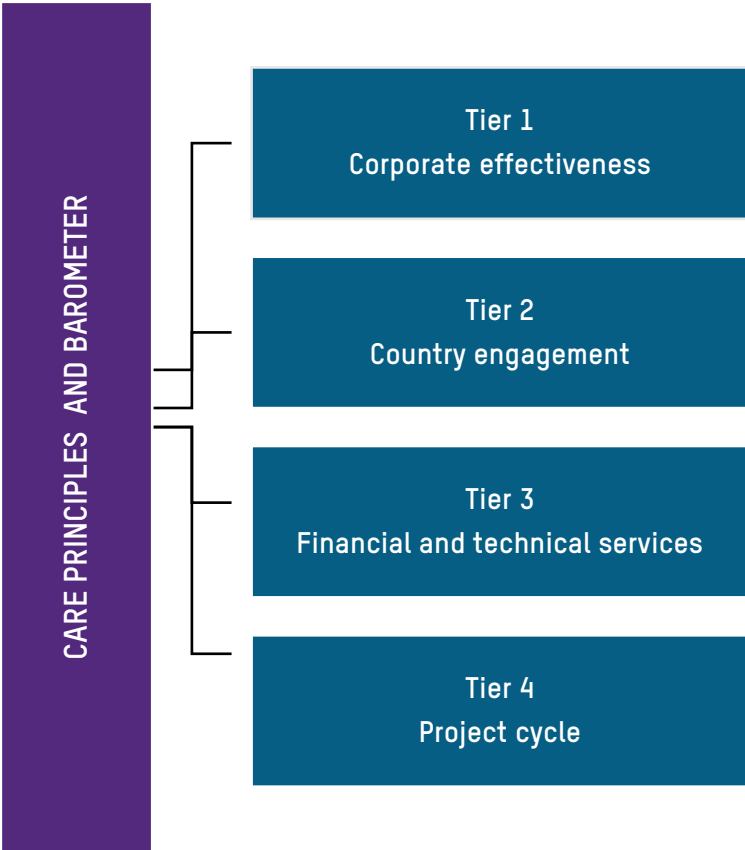
Oxfam has already published these as two separate documents:

- a. Care Principles¹³
- b. Care-Responsiveness Barometer.¹⁴

This current document on the Care Principles and the Barometer has been customized to fit the purposes and needs of IFIs. It builds on a four-tier structure (Figure 3), keeping in mind the operational systems and financing instruments of IFIs in general. However, wherever possible, terminology employed in World Bank and ADB operations has been used to enable a more compatible and user-friendly approach for IFI staff.

The Care Principles and the Barometer have been developed largely as learning and internal assessment tools for IFIs to enable their staff to integrate care perspectives within their operations. However, they can also be used by CSOs as accountability tools to assess the care-responsiveness of IFIs' operations and investments.

Figure 3: Structure of the Care Principles and the Care-Responsiveness Barometer



SECTION 2: THE CARE PRINCIPLES

The Care Principles aim to address the gender and intersectional inequalities of care work and their influence on women's participation in the workforce. These principles provide a direction for IFIs to plan and realign their operations and investment priorities towards a care-responsive development approach, and serve as a measuring stick for IFIs to audit their operations and financing through a care economy lens.

TIER 1: CORPORATE EFFECTIVENESS

<ul style="list-style-type: none"> Promote care-responsive macro-economic and public finance management (PFM) policies in client countries. Realign institutional priorities to focus on results which directly contribute to the 5Rs: <ul style="list-style-type: none"> Recognize, reduce and redistribute care work Reward and represent care workers. Review and revise operational systems and procedures to integrate care-responsiveness across the organization. Develop organizational systems to include care-responsive and family-friendly policies for work-life balance. 	
1.	Advocate for care-centric public policies and sector reforms <ul style="list-style-type: none"> Assess and advance macro and fiscal policies from a care economy perspective. Promote universal public provision of quality care infrastructure – water, sanitation and energy. Promote universal public provision of quality care services for children, older persons and people living with disability or illness/disease. Promote social protection measures such as cash transfers, parental leave and pensions for care workers.
2.	Influence public finance management systems <ul style="list-style-type: none"> Increase investments in sectors that influence unpaid and underpaid care work, time-saving technologies and basic infrastructure. In budgetary provisions, prioritize the interests of frontline service providers in sectors where a high rate of female participation in the workforce is disguised by 'volunteers' with temporary or contractual work that lacks security of tenure and social protection benefits. Promote and reform public finance management systems to be able to track and report gender- and care-responsive investment priorities.
3.	Enabling a care-responsive labour market <ul style="list-style-type: none"> Promote labour policies that recognize all types of employment and categories of worker, especially those engaged in informal and non-standard employment, such as domestic workers, migrant workers, women in the garment industry and agricultural workers (particularly daily wage farm and non-farm labour). Promote the regulation of labour markets to enable workers to balance paid employment with care labour in the private sphere through equal opportunities and incentives for men and women.

4.	<p>Strengthen civil society participation and collective bargaining</p> <ul style="list-style-type: none"> • Strengthen initiatives that enhance the participation of civil society, women's groups, and care workers/associations in public policies and budget discussions. • Create platforms to extend collective bargaining rights to workers in non-standard employment and informal work. • Promote freedom of association and collective bargaining for all workers in the care sector.
5.	<p>Improve statistical and research capacities</p> <ul style="list-style-type: none"> • Prioritize and invest in research, time use surveys and advisory services to build the knowledge base and inform advocacy on care work. • Encourage national statistical systems to collate, analyse and report data on time use. • Include unpaid work within the production boundaries of the system of national accounts.
6.	<p>Promote care-responsive projects and investment</p> <ul style="list-style-type: none"> • Prioritize projects and businesses which support access to care infrastructure (water, sanitation and energy) and care services (childcare, care of older persons and people living with disability or illness/disease, healthcare, early childhood and primary education). • Increase the share of care workers among those benefiting from investments focused on jobs and social protection.
7.	<p>Align internal operational systems and procedures to integrate a care lens</p> <ul style="list-style-type: none"> • Design corporate strategies to prioritize care-responsive programming and investments. • Review operational documents, guidance notes and due diligence frameworks to integrate a care lens into them. • Engage with care workers and care associations as key stakeholders in consultative processes.
8.	<p>Develop a 'care-responsive' organizational strategy</p> <ul style="list-style-type: none"> • Workforce policies should be reviewed from a care perspective by relevant management teams and should be guided by principles of women's empowerment. • The strategy should be guided by the 5R framework and developed in consultation with all relevant stakeholders¹⁵ and with independent experts. It should be approved by the executive board and made public. Ideally, all dimensions listed in Box 5 should be covered in the strategy. • Capacity-building initiatives should integrate training on gender, the care economy, time use and care work. • Accountability mechanisms for senior management and staff should be in place to encourage care-responsive actions.

Box 5: Care-responsive institutional policies and practices

Appoint a committee to an advisory and oversight role

Ensure that there is an oversight committee at the top of the organization with well-defined terms of reference (ToR). The committee should include representation from workers' unions. It is also crucial that it meets periodically to monitor how the institutional strategy is working and reports to the executive board on progress. Employees should be involved in satisfaction surveys on work-life balance and encouraged to provide qualitative inputs.¹⁶ Organizations should commission more such independently conducted surveys so they can arrive at a better understanding of the concerns of their employees.

Recruitment, hiring and performance appraisal

Recruitment processes should follow the norms stipulated by ILO practices on diversity and inclusion.¹⁷ They should refrain entirely from asking discriminatory questions related to any disability that candidates may have, or their marital or pregnancy status. Steps should be taken to mitigate disadvantages linked to care work. For example, this could mean not penalizing women employees for taking extended childcare or family leave, or when making decisions on promotions from mid- to senior-level executive positions. This should be complemented with capacity and awareness programmes on diversity and inclusion, with a focus on disadvantages related to care work in recruitment and performance appraisals. Affirmative measures should be taken to enhance and ensure gender diversity in positions and trades that are traditionally male-dominated.

Pay parity and transparency

Organizations should adhere strictly to the principle of 'equal remuneration for men and women for work of equal value'. There should be complete transparency regarding salary and other benefits. This should be extended to all workers engaged in care work within the organization.

A family-friendly work environment

Family-friendly infrastructure facilities (crèches, nursing/retiring rooms, workplace accommodation) and strategies (flexitime, reduced working hours, part-time work with pro rata benefits and entitlements, telework, child/elderly/sick family member care leave) should be made available to employees with family responsibilities or family members with disabilities. Leave-related policies should include paid leave for maternity, paternity, parental and childcare responsibilities. This should also include leave to support persons with disabilities and sick or older family members with care needs. Although women tend to utilize this type of leave more than men, given the link with existing socialization processes organizations should provide care leave to both men and women and should encourage male employees to avail themselves of it.

Parental benefits and maternity protection

All categories of employed men and women within the organization should be covered under parental protection policies; this should also include adoptive parents. Benefits should include parental leave, cash and medical benefits and a minimum income replacement rate during said leave. The policy must strive to enable the same rights for every employee who becomes a parent to provide care for themselves and for their children and families, regardless of their sex, sexual orientation or the country in which they work. The aim should be to ensure adequate recovery after delivery, bonding and family development and to create financial security for families. The policy should also include protection for the health of the mother and child during pregnancy, childbirth and breastfeeding. The benefits should be extended in the case of medical termination of pregnancy. Organizations should also have a return-to-work policy for all employees as part of their human resources and gender policies. This should include a commitment to employment protection and non-discrimination guaranteeing parents, especially women, the right to return to the same or an equivalent position paid at the same rate, the possibility of part-time working, flexitime and the right to breastfeed at work. Employers should make the necessary arrangements to enable the exercise of these rights.

Redistribute care work

Organizations can plan, implement and reward efforts that redistribute care work. Initiatives such as paternity leave, adoption leave and flexitime for childcare should be made available to male employees. Male employees should be incentivized to redistribute care responsibilities within households. They can also be encouraged to bring children to crèches at work. Gender sensitization training modules can be developed for staff to engage men to support intra-generational¹⁸ and inter-generational¹⁹ distribution of care work.

Mentorship and training

Organizations' human resources development programmes should take affirmative measures by proactively offering skills and knowledge training to female workers. Women should be offered vocational guidance and employment counselling, including placements, and equal training opportunities. Men should also be offered mentorship and training on the redistribution of care work, especially on taking an active role in childcare. Measures should be taken to enable greater participation by parents in this training, such as covering travel expenses for employees and children and making travel arrangements, and providing childcare and a safe place to stay.

Voice, agency and leadership

Women employees should have a platform to freely exercise their rights as workers and to organize, promote and defend their interests (the right to collective bargaining). The right to freedom of association and collective bargaining should be respected for all employees. It should be free from retaliation, interference and opposition, as recognized in the core conventions of the ILO.²⁰ Women workers should also be adequately represented in each decision-making body or committee of the organization. Quotas can be fixed to ensure equitable representation. Targeted training on leadership should take place for women in organizations. They should be proactively informed of opportunities for leadership roles and be encouraged to apply for them.

Occupational safety

Safety audits of infrastructure facilities should be undertaken to assess potential security and safety risks. Occupational safety and health audits, committees and consultations in an organization should have adequate representation of women. Gender-based violence (GBV) and all issues related to women's safety should be integrated into such assessments. Organizations should develop and disseminate information, education and communication (IEC) materials related to hazards and safety risks. They should also protect workers from undue consequences if they fail to perform their responsibilities in hazardous situations.

Disadvantaged groups – part-time and contractual workers

Due to their care-giving responsibilities, women make up the largest proportion of part-time workers in the workforce. Remuneration for such workers should be determined in proportion to the hours of work put in. They should be entitled to all the benefits and protections extended to regular staff, including security of job tenure. The organization can encourage access to productive part-time work and ensure that any transfer from full-time to part-time work is voluntary.

Employment security and protection from discrimination and exploitation

Organizations should make provisions for social security benefits to protect workers from vulnerability in the workplace arising from accidents, illness and unemployment. A minimum standard of protection with a strong care focus should be provided to workers. This standard should take particular note of women's care responsibilities, which can make them more vulnerable to discrimination and exploitation. It should also include family benefits that cover children. Last but not least, organizations should develop and implement workplace policies that take a zero-tolerance approach towards discrimination, violence and sexual harassment.

Protecting the rights of care providers

Workplace policies should recognize the role of care providers engaged on an individual basis by an organization's employees. Steps should be taken to ensure that all wage, regulatory and statutory requirements, including social protection obligations, are honoured and fulfilled by all employees who engage the services of a care provider.

Resource allocation

A care-focused institutional strategy and action plan should be costed to ensure that there is adequate resource allocation for their effective and credible implementation.

TIER 2: COUNTRY PARTNERSHIP

<ul style="list-style-type: none"> Diagnostic studies and assessments which inform a country strategy should include care work analysis. Country strategy documents should promote and endorse care-responsive programming and investments as an important priority. Policy-based lending and fiscal reforms should encourage investments that reward care work, and not exploit unpaid and underpaid care work for fiscal consolidation. 	
9.	<p>Country diagnosis to capture care work analysis</p> <ul style="list-style-type: none"> Country diagnosis initiatives, such as Systematic Country Diagnostics (SCDs) at the World Bank and Country Diagnostic Studies (CDSs) at the ADB, should include data on women's time use and participation in care work. Sector analysis should put adequate emphasis on women's care work and workforce participation, with a focus on non-standard employment categories. Women's groups, care workers and care workers' associations should be adequately represented in consultations planned during the preparation of a country diagnosis.
10.	<p>In-depth assessment of the care economy in country gender assessments</p> <ul style="list-style-type: none"> Country gender assessments should include a dedicated chapter on the care economy, with relevant data and gaps. They should also include policy and programme recommendations that can inform the country diagnosis. New gender studies commissioned should include a focus on care economy-related analysis as part of the ToR. All sector assessments should give due credence to female workforce participation trends within the sector, with a special focus on public finance management, health and education.
11.	<p>Country strategy to prioritize investments in the care economy</p> <ul style="list-style-type: none"> A focus on care infrastructure and care services should be promoted and endorsed as an important sectoral and investment priority in country strategy documents such as Country Partnership Frameworks (CPFs) at the World Bank and Country Partnership Strategies (CPSs) at the ADB. A care-responsive economy should be promoted and endorsed as an important criterion when establishing loan conditionalities. Women's groups, care workers and care workers' associations should be adequately represented in consultations planned during the preparation of a country strategy.
12.	<p>Policy reforms should not undermine but should reward care work and care workers</p> <ul style="list-style-type: none"> Development Policy Financing (DPF) should promote sector policies that recognize, reduce and redistribute unpaid and underpaid care work and incentivize care-centric reforms within sectors and in public finance management systems. Macro- and sector-level programme lending should promote universal and public provision of quality care infrastructure and service delivery. There should be enhanced engagement with governments to promote decent work and social protection for care workers, including those involved in home-based unpaid care. Women's groups, care workers and care workers' associations should be adequately represented in policy dialogue and stakeholder engagement processes.

TIER 3: FINANCIAL AND TECHNICAL SERVICES

<ul style="list-style-type: none"> • Project-based investments, including loans and grants, provided to government and/or to the private sector should be reviewed through a care lens, and projects with higher levels of care-responsiveness should be prioritized for funding. • Results-focused projects should attempt to include indicators that have a positive impact on care work. • Technical support, research and advisory services and institutional strengthening initiatives should all integrate a care perspective. 	
13.	<p>Project-based investments to prioritize care-responsive funding</p> <ul style="list-style-type: none"> • All Investment Project Financing (IPF), sovereign financing and co-financing projects should be reviewed through a care lens prior to finalization. • Projects with higher levels of care-responsiveness should be prioritized for approval. • The investment pipeline should prioritize projects focusing on the development of care infrastructure (energy, transport, water and sanitation, communication, health, education, etc.) and those promoting access to care services (food security, health, education, childcare, care of older persons and people living with disability) and social protection. • Technical support and institutional strengthening initiatives should integrate a care perspective so that it is possible to recognize, reduce, redefine/redistribute and reward care work and ensure adequate representation of care workers.
14.	<p>Results-focused projects to include care work-related indicators</p> <ul style="list-style-type: none"> • The results matrix should include indicators that have positive impacts on unpaid and underpaid care work and female workforce participation. This can include reductions in the unpaid care workload, reduced time poverty, improved social protection for care workers, etc. • Fund disbursements under Program-for-Results (PforR) (World Bank) and Results-Based Lending (RBL) (ADB) should be linked to these results indicators.²¹
15.	<p>Private sector lending</p> <ul style="list-style-type: none"> • Ensure that all non-sovereign financing/private sector lending is guided by recognition of the care sector and that it provides due visibility. • Create platforms to extend collective bargaining rights to all workers, including those engaged in non-standard employment and informal work. • Influence the work culture of the private sector by creating guidelines and toolkits, influencing public private partnership (PPP) projects, etc. • Promote, incentivize and influence care-responsive institutional policies and practices in the private sector.
16.	<p>Technical assistance</p> <ul style="list-style-type: none"> • All sector advisory services should integrate a care perspective in sector analytics. • Country studies and policy and guidance notes on the care economy should be prioritized as part of advisory services. • Organizations should prioritize and invest in research, time use surveys and advisory services to build the knowledge base and advocacy on care work. • Organizations should promote knowledge-sharing platforms to showcase research findings. • Organizations should hold workshops and training to develop individual and institutional capacities to recognize, redistribute, reduce and reward care work.

TIER 4: PROJECT CYCLE

- Investments should prioritize the development of care infrastructure and access to care services and social protection.
- Project components should include special measures to recognize, redistribute and reduce the care workload of women.
- Projects should promote research and development (R&D) of labour- and time-saving technology.
- Organizations should recognize, advocate for and promote decent employment conditions for frontline workers in each sector, including care workers.
- Organizations should sensitize staff, contractors and community members regarding shared responsibilities within households.

17.	<p>Project Identification</p> <ul style="list-style-type: none"> • Project concept notes or Project Preparatory Technical Assistance (PPTA) should include any available data on time use, workforce participation and distribution of care work. • Initial poverty and social analysis reports should also discuss the impacts of a project on women's time use and care work. • Integrated Safeguards Data Sheets (ISDSs) should identify care workers/informal workers as an important stakeholder group for consultations relating to safeguarding.
18.	<p>Project preparation</p> <ul style="list-style-type: none"> • The Care Principles should be used to guide the preparatory stages of projects. Technical assistance should be informed by time use patterns and gendered division of labour. Adequate human and financial resources should be allocated for this. • All project documents (for example, the Project Information Document (PID) for World Bank) or Programme Implementation Document (PID) for ADB, Project Appraisal Document (PAD), technical assistance report, feasibility report, etc.) should include analysis and gender design elements that promote care-responsive activities. • Women's groups, care workers and care workers' associations should be consulted during the project prioritization and design phase. The users of infrastructure and services should be consulted in order to understand the impact on time use patterns, and recommendations should be included in the project design. • Time use surveys, gendered division of labour and recommendations from care workers' groups should inform project design. The project should include design features that redefine, represent and reward care work. • Special measures should be planned to ensure women's representation and participation as part of the skilled workforce in the operation and maintenance (OSM) phase. A vocational training and skills component can be planned (through project resources or other funding sources) for local women to acquire skills as e.g. plumbers, electricians or meter readers, depending on the scope of the project and nature of the investment. • Adequate funds should be earmarked for care-focused activities planned in the design phase. Any concessional measures or subsidies, including childcare provisions (in cash or in kind), for women/girls or vulnerable populations should be included. The budget information should be publicly available for all stakeholders, including affected communities. • Female workforce targets should be specified in contract agreements. The contracts should include all safety and labour law provisions to ensure compliance. Sensitization programmes on shared care responsibilities within households should be provided to all implementing partners, including contractors. To the extent possible, all contractors and implementing partners across the

	supply chain should be encouraged to adopt bare minimum standards of care principles.
19.	Project appraisal, negotiations and approval <ul style="list-style-type: none"> • The project appraisal/approval stage provides an opportunity for stakeholder review and dialogue. All project documents are appraised to finalize project outcomes, indicators, targets, participants, timelines, monitoring and reporting modalities. • Reviews by stakeholders should include women's groups, care workers and care workers' associations. • Project readiness/approval criteria should include parameters related to female participation in the workforce and care-responsive institutional policies. • A care-responsiveness assessment checklist should be incorporated within due diligence measures and/or as part of environment and social safeguard frameworks.
20.	Implementation and support <ul style="list-style-type: none"> • The project team should oversee labour payments, social security allowances, safety measures and other entitlements. Grievance redressal committees should be constituted with adequate representation of female workers. • The Implementation Status and Results Report (ISR) should include monitoring data on care design features and achievements. ISR reports can also capture changes in women's time use patterns and in female participation in the workforce. • Project monitoring and information systems should track compliance with care principles. • In the implementation phase, case studies can be documented on the impacts of projects on women's mobility, time use, human development opportunities and workforce participation. • Social safeguard practices that promote compliance with labour laws and encourage female participation in the workforce can also be documented and showcased.
21.	Completion and evaluation <ul style="list-style-type: none"> • Project Completion Reports (PCRs) provide a good opportunity to measure project impacts on women's care work and workforce participation. They should also highlight design features that have influenced this, and Implementation Completion and Results Reports (ICRs) should capture the findings. • Lessons learned in the completion report should feed into improving the design of similar investments in the future. • Endline surveys and project impact studies should include data on women's time use, changes in workforce participation and inter-generational distribution of care responsibilities.

SECTION 3: THE CARE-RESPONSIVENESS BAROMETER – A PRIMER

The Care-Responsiveness Barometer has been developed as a planning, monitoring and accountability framework to assess inclusion of the care perspective in the operations of IFIs. The barometer can be used at the corporate (head office) level, at the regional/country level and/or at the project level to enable IFIs to measure and improve the care-responsiveness of the actions being undertaken.

STRUCTURE

IFIs generally have an approved results framework which guides their performance monitoring systems. The World Bank Group (WBG), for example, uses a three-layered approach focusing on corporate, country and operational levels to measure and report results. The ADB uses a two-section, four-level structure: section 1 is used to track progress in the region while section 2 focuses on the bank's development effectiveness, covering its contribution to development results, operational management and organizational management.²² The International Finance Corporation (IFC) uses the Anticipated Impact Measuring and Monitoring (AIMM) system, which evaluates a project's anticipated development impact across two dimensions – project outcomes and market outcomes.²³ The Asian Infrastructure Investment Bank (AIIB) uses a corporate scorecard with a focus on measuring impacts through portfolio volume, sectoral alignment and performance, financial sustainability, and efficiency and diversity.²⁴

The Care-Responsiveness Barometer for IFIs builds mainly on the WBG's three-layered approach (see Box 6), customized to include relevant practices from other IFIs, especially ADB. The barometer is thus structured with three levels: a) corporate or head office level; b) country level; and c) project level. Each level covers multiple domains, based on the functionality and operating mechanisms most suited to that level.

Box 6: Measuring and Reporting Results in the World Bank

The three-level structure of the barometer has been derived from the World Bank's factsheets on *Measuring and Reporting Results in the World Bank* (World Bank, 2019a).

This tool looks at World Bank's progress through a three-layered approach:

Corporate level: Looks at the set goals of the World Bank Group's 2030 goals and demonstrates the results achieved through the group's Corporate Scorecards (CSC) and IDA Results Management System (IDA RMS), at the top level of the institution.

Country-level: Uses tools like the Systematic Country Diagnostic (SCD) and Country Partnership Framework (CPF) for planning; the results framework of the CPF for mid-term monitoring through the Performance and Learning Review (PLR); the Completion and Learning Review (CLR). Each CLR is validated by the Independent Evaluation Group (IEG) and ratings included in corporate report.

Operational level: Reviews the investment operations, advisory and analytical services across the project cycle. Typically measured through the Project Development Objectives (PDO) and the Results framework document (RFD), the Implementation Status and Results Report (ISR) and the Project Completion Reports (PCRs).

The Care-responsiveness Barometer has been aligned with this existing results framework so as to work towards an approach wherein these indicators and results are gradually integrated and absorbed within the bank's systems.

A. CORPORATE LEVEL

This level has been designed keeping in mind the overall operational structure and working of the IFI as a single unit at the head office level. The focus is on macro-level parameters, and hence the assessment builds on the corporate effectiveness framework at the highest level, looking at the development and policy impacts achieved in the client countries;²⁵ the results (outcomes and outputs) of the IFI's direct operations; systems and procedures that guide the operations and performance of the organization; and its human resources policies and performance tracking systems. The corporate-level assessment is a tool more for the IFI to compare progress over multiple years on its care-responsiveness and also to communicate its achievements to the external world.

The indicator framework builds on four corporate management dimensions:

- a. **Development and policy impacts:** results in client countries which the IFI may have contributed to, directly or indirectly;
- b. **Outcomes and outputs of the bank's operations:** results that can be directly attributed to the IFI's actions in client countries;
- c. **Operational systems and procedures:** actions undertaken at the corporate level which effect the overall functioning and performance of the IFI;
- d. **Organizational systems:** internal institutional processes which guide the IFI's human resources policies and performance tracking systems.

Each of these dimensions is further divided into multiple indicators, with the overall framework consisting of 28 indicators (10 mandatory and 18 desirable) covering different 5R factors (recognize, redistribute, reduce, reward and represent).

B. COUNTRY ENGAGEMENT LEVEL

This level has been designed keeping in mind the processes that guide IFIs' operations at the country level, although it can also be customized to regional or other sub-office levels. The focus here is on actions that can improve the care-responsiveness of an IFI's operations at the country level, and it includes assessing the key processes of country diagnostics, gender assessments and developing a country partnership strategy; policy reforms and development-linked lending programmes which aim to help strengthen public finance management in client countries; the various financing instruments – investments, grants and result-based programme lending; technical and advisory services; and, most importantly, the sensitivity and capacities of staff to incorporate a care perspective into their work. The country engagement level assessment has been developed in particular to inform process actions at the country level and to help make IFIs' results more care-responsive. The country engagement level assessment can also be used as a tool by civil society for advocacy with IFIs for increasing their levels of care-responsiveness.

The indicator framework builds on five service dimensions:

- a. **Diagnostics and policy priority setting:** review of the key documents that frame the country partnership strategy;
- b. **Development policy reform and programme support services:** addresses the policy influencing role of the IFI, especially in terms of public finance management through its development lending programme;
- c. **Financial instruments – lending products and grants:** assesses the investment priorities of the IFI both in terms of process commitments and actual resource flows. This includes all project financing (loans and grants), results linked investments (PforR and RBL) and private sector lending;
- d. **Technical and advisory services:** identification of knowledge creation actions that can guide the national government and the private sector on the care economy;
- e. **Capacity and competence:** tracks the sensitivity and expertise of management, staff and partners to incorporate a care perspective into their work.

Each of these dimensions is further divided into multiple indicators, with the overall framework consisting of 26 indicators (10 mandatory and 16 desirable) covering different 5R factors (recognize, redistribute, reduce, reward and represent).

C. PROJECT LEVEL

This level has been designed keeping in mind the need to encourage the use of a care lens throughout the project cycle, ultimately ensuring that all projects are care-responsive, to the extent possible. It builds on the project cycle framework, from the project identification and preparation stages to the appraisal and approval stages, and from the project implementation stage to finalization of the project completion report and impact evaluation. This level has been especially developed for project staff 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.

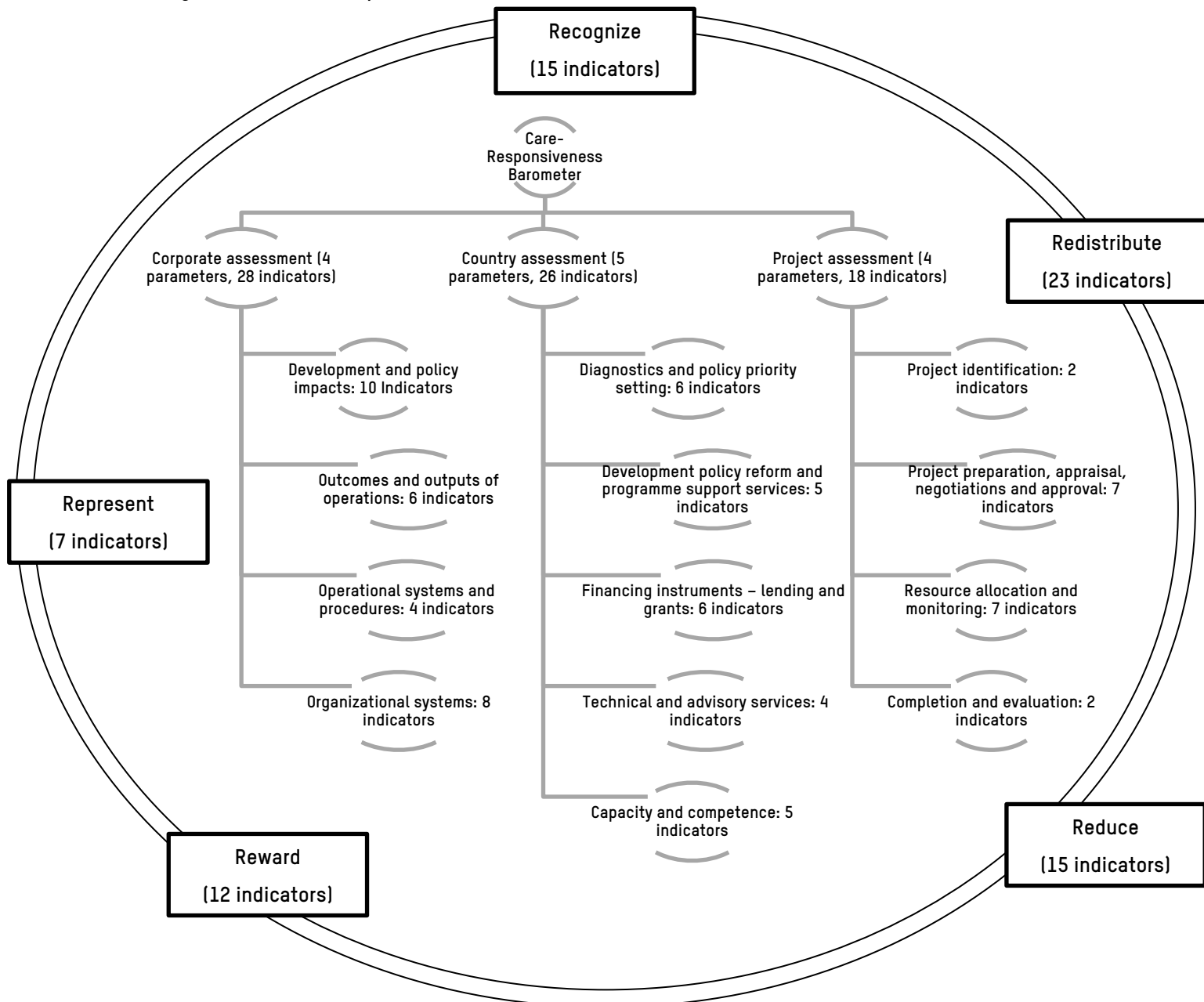
The indicator framework builds on four dimensions of the IFI key project cycle:

- a. **Project identification:** ensuring that the initial project documents developed in consultation with the national government incorporate information on time use and care work patterns;
- b. **Project preparation, appraisal, negotiation and approval:** review of multiple project documents, especially the PIDs and PPTAs, technical assistance report, feasibility report, environmental and social management system/framework (ESMS/ESMF), poverty and social analysis note, etc., for the inclusion of a care perspective;
- c. **Resource allocation, disbursement, implementation and monitoring:** focus on sex-disaggregated and care-responsive indicators and capacity building for these indicators;
- d. **Completion and evaluation:** review of impacts on time use and care work in PCRs and endline studies.

Each of these dimensions is further divided into multiple indicators, with the overall framework consisting of 18 indicators (10 mandatory and eight desirable) covering different 5R factors (recognize, redistribute, reduce, reward and represent).

All the three levels are independent of one another, although results at the project level will affect results at the country engagement level, and care-responsiveness at the country engagement level will affect the overall corporate rating. Within each level there are multiple dimensions divided into various indicators, including a set of 10 recommended indicators and additional desirable indicators to choose from based on the commitment of the institution and the rigour of the exercise desired. All the indicators have been mapped for their focus on the 5Rs: recognize, redistribute, reduce, reward and represent (Figure 4).

Figure 4: The Care-Responsiveness Barometer – overall structure

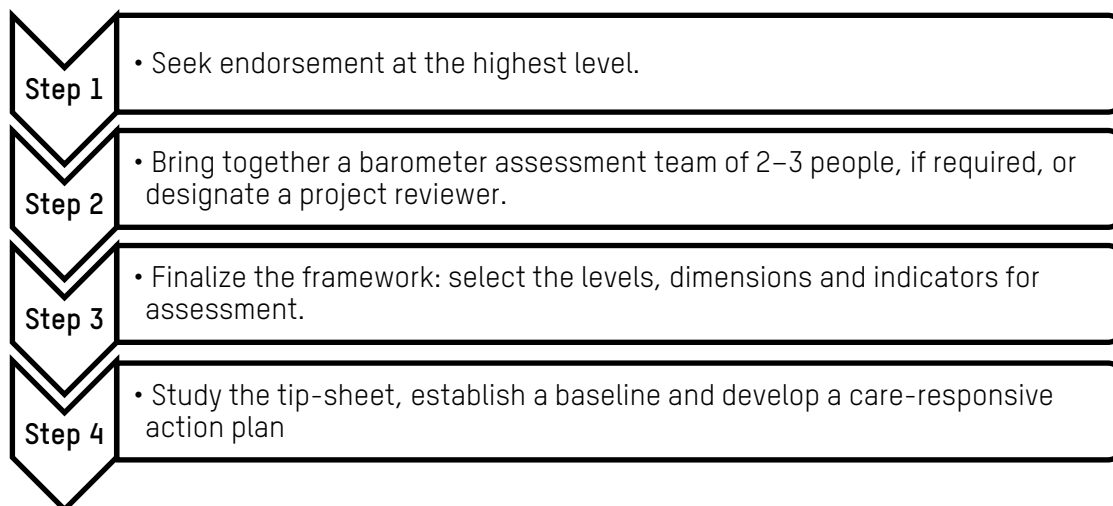


USING THE BAROMETER

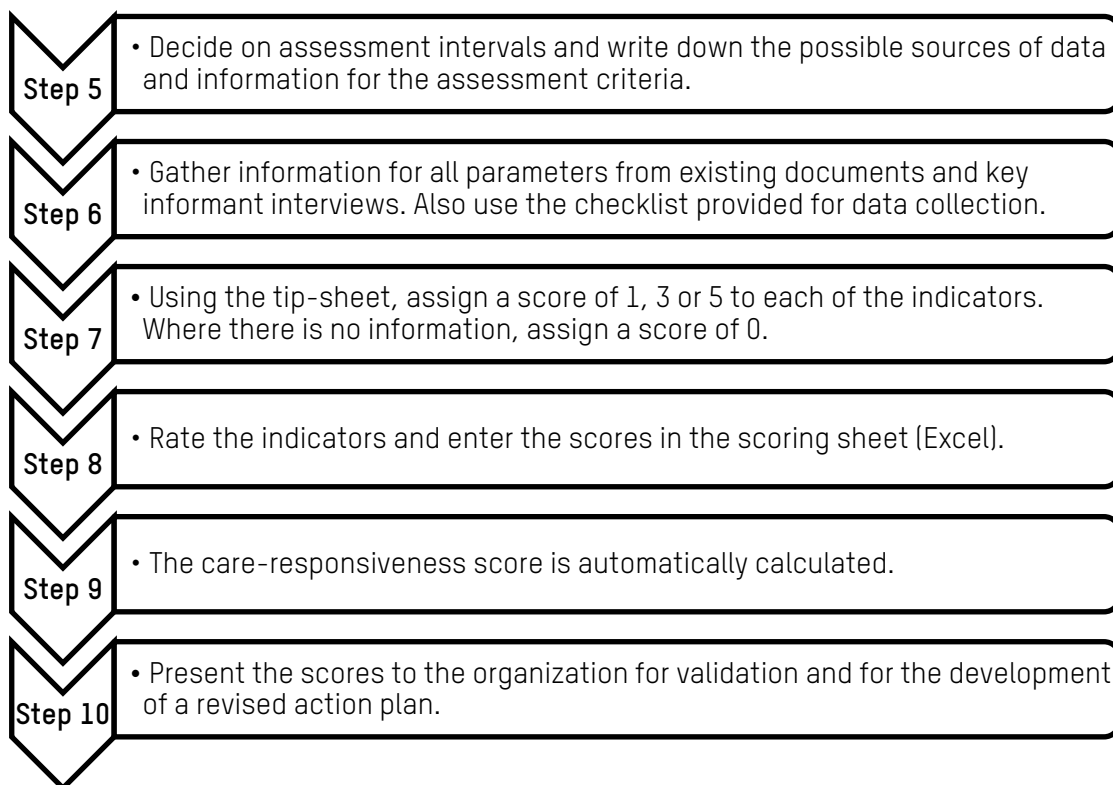
The barometer is meant to be used by different stakeholder groups, based on the level at which they operate and on how much information they want to feed back into their work. Stakeholder groups might include internal staff at head office and regional/sub-office or project levels. They might also include external CSOs and women's groups. However, there are some critical steps that are important to keep in mind when using the barometer (Figure 5).

Figure 5: How to use the barometer

Developing a framework and action plan



Assessment and scoring



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

Step 2: Put the barometer assessment team in place. The project level is designed largely as a self-assessment exercise to be used by the project team during the preparation and appraisal stages of new project development. However, it is recommended that a project reviewer is designated to ensure accountability and completion of the process. For other levels, it is advisable to have an interdisciplinary 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. For example, if only projects are to be reviewed, the project level can be customized and used at the planning and appraisal stage for new projects. Use the checklist to review project planning and analysis actions, activities and budget plans and monitoring and reporting templates for assessing the care-responsiveness of the project.

After the level has been selected, a framework needs to be finalized with a set of goals with indicators and targets that the IFI is aiming to achieve. When undertaking this for the first time, it is advised that the 10 recommended indicators and five of the desirable indicators are included in the framework. Later on, as work on care-responsiveness within the IFI is strengthened, additional indicators can be added. These should be selected based on the organization's priorities, 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, country or corporate level. At the project level, use the tip-sheet for examples and options to make necessary changes in the project strategy, activities and budget documents to strengthen care-responsiveness.

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

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 assessment in the initial stages to establish a baseline from which to monitor the progress of care-responsive strategies and actions undertaken by the organization. Using the checklist, record all the possible sources of data and information for the assessment criteria and set up a system for data gathering. It is also advisable to schedule a few interviews with members of senior management, programme heads and managers and select project staff to assess capacity and competence, especially at the country engagement level.

Figure 6: Using the checklist (example)

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. A list of documents that will be required for the assessment should be prepared. 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.

It is very important that the record or reference on which an answer to a question is based is included in the checklist. The following information should be included: 'Name of document, date and year of publication'; 'Section header and page number of the reference'; 'Notes from the section'; 'Number/designation of staff interviewed' (Figure 7).

Figure 7: Recording evidence

1. Does the Systematic Country Diagnostic (SCD) include a gender analysis of work patterns and infrastructure usage?	No	No mention across the document	World Systematic Country Diagnostic, Bangladesh
2. Has country-level gendered time use pattern been included/analysed?	Yes	The only exception is unpaid work where a much larger share of women are classified as an unpaid family member relative to men. According to the Time Use Pilot Survey (BBS 2013), an average employed women spent 3.6 hours on household work and 5.2 hours on paid work on a typical day, whereas an average employed men spent only 1.4 hours on household work and 6.9 hours on paid work. Amongst the unemployed, women spent 6.2 hours on household work and 1.3 hours on leisure, while men who spent only 1.2 hours on household work and 2.2 hours on leisure. Such differences in favor of men held across all occupations, education levels, divisions, and urban/rural. These patterns draw attention to the double burden faced by women in the productive economy and the reproductive economy.	World Systematic Country Diagnostic, Bangladesh Gender Jobs Pg 42
		Similarly, their care responsibilities, especially childcare, can often be overwhelming for them; childcare facilities in Bangladesh are very limited, and institutional child care is practically non-existent.	World Systematic Country Diagnostic, Bangladesh Gender Jobs Pg 42

Step 7: Once the checklist is complete, use the tip-sheet to score the indicators. Record a score of 1, 3 or 5 for each of the indicators, based on the criteria for the assessment described in the tip-sheet. Where no information is available, record a score of 0. It needs to be noted here that the tip-sheet is meant as a guideline and 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:

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

Missing minimum requirements: This rating acknowledges that while some actions 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 is 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 terms of meeting the minimum benchmark. A score of three points is awarded for an indicator that 'approaches' a minimum level of care-responsiveness; however, it is important that actions are identified and recommended to actually meet and satisfy the minimum requirements.

Satisfies minimum requirements: This rating indicates that a 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 is allocated for indicators that satisfy minimum requirements.

Figure 8: 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 participation in the workforce		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets none of the following: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 7: Identification of good practices

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

Noting that this may be a long-term 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 when presenting results at all levels.

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










Figure 9: Using the scoring sheet

Place the relevant score against each indicator in the scoring sheet template. In the example below, the score for indicator 1.1 is three points. In a similar way, enter scores for all indicators in the matrix.

Indicators	Scores
Indicator 1.1 Project concept note (or PPTA) includes information on time use, unpaid, underpaid and paid care work and female participation in the workforce	3
Indicator 1.2 Integrated safeguards data sheet or initial poverty and social analysis identifies care workers, including those in the informal sector, as an important stakeholder group	1

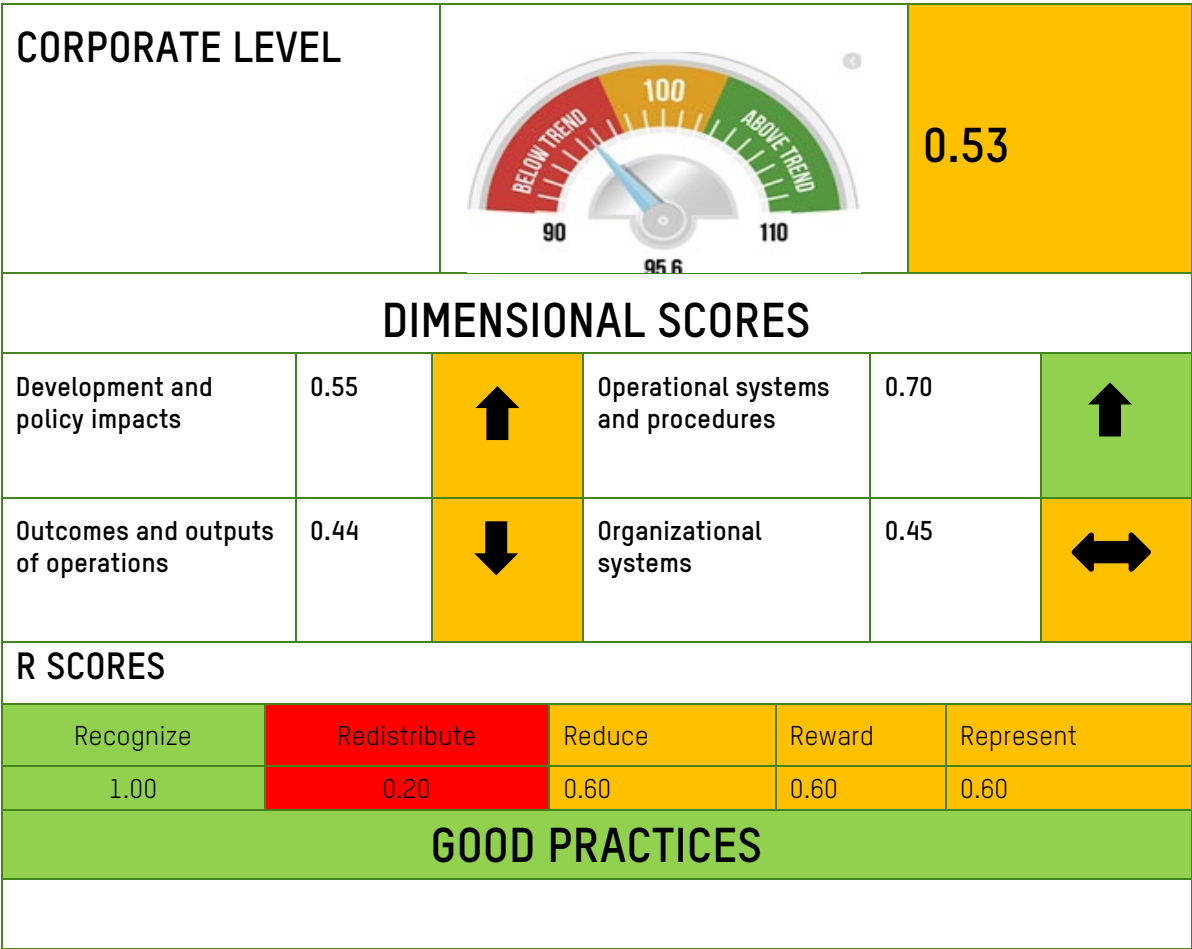
Step 9: As each indicator is rated and points are allocated in the barometer toolkit for dimensions, R factors and levels, total care-responsiveness scores for that level are automatically calculated. The calculation uses a basic formula of actual scores divided by the total possible score for each dimension and R factor. The total score is calculated as an unweighted average of the dimension scores (Table 1).

Table 1: Calculation and interpretation of scores

<i>For each dimension/ R factor, the maximum possible score should be calculated</i>	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.								
<i>The actual score for each dimension/R factor needs to be calculated</i>	Actual score Aggregate (sum total) scores of all indicators in the dimensions/R factor.								
<i>Care-responsiveness score</i>	Dimension care-responsiveness score Actual score in the dimension divided by the maximum possible score. R factor care-responsiveness score Actual score for the R factor, divided by the maximum possible score.								
<i>Overall care- responsiveness score</i>	Care-responsive score Simple aggregate of dimension scores								
<i>Interpreting the care- responsiveness score</i>	<ul style="list-style-type: none">• A rating of 0.33 or less is shown in red and indicates that the organization is missing minimum requirements.• A rating of between 0.34 and 0.66 is shown in amber and indicates that the organization is approaching minimum requirements.• A rating of 0.67 or above is shown 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>			0–0.33	0.34–0.66	0.67–1.0	Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements
0–0.33	0.34–0.66	0.67–1.0							
Missing minimum requirements	Approaching minimum requirements	Satisfies minimum requirements							
<i>Depicting change</i>	<p>Project-level assessment is a one-time activity. For other levels, however, it is just as important to measure changes 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 shown using the following arrow symbols, corresponding to the nature of change or deviation from the baseline: a decrease, no change or an increase.</p> <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>						Decrease from baseline	No change	Increase from baseline
									
Decrease from baseline	No change	Increase from baseline							

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

Figure 10: Sample results sheet²⁶

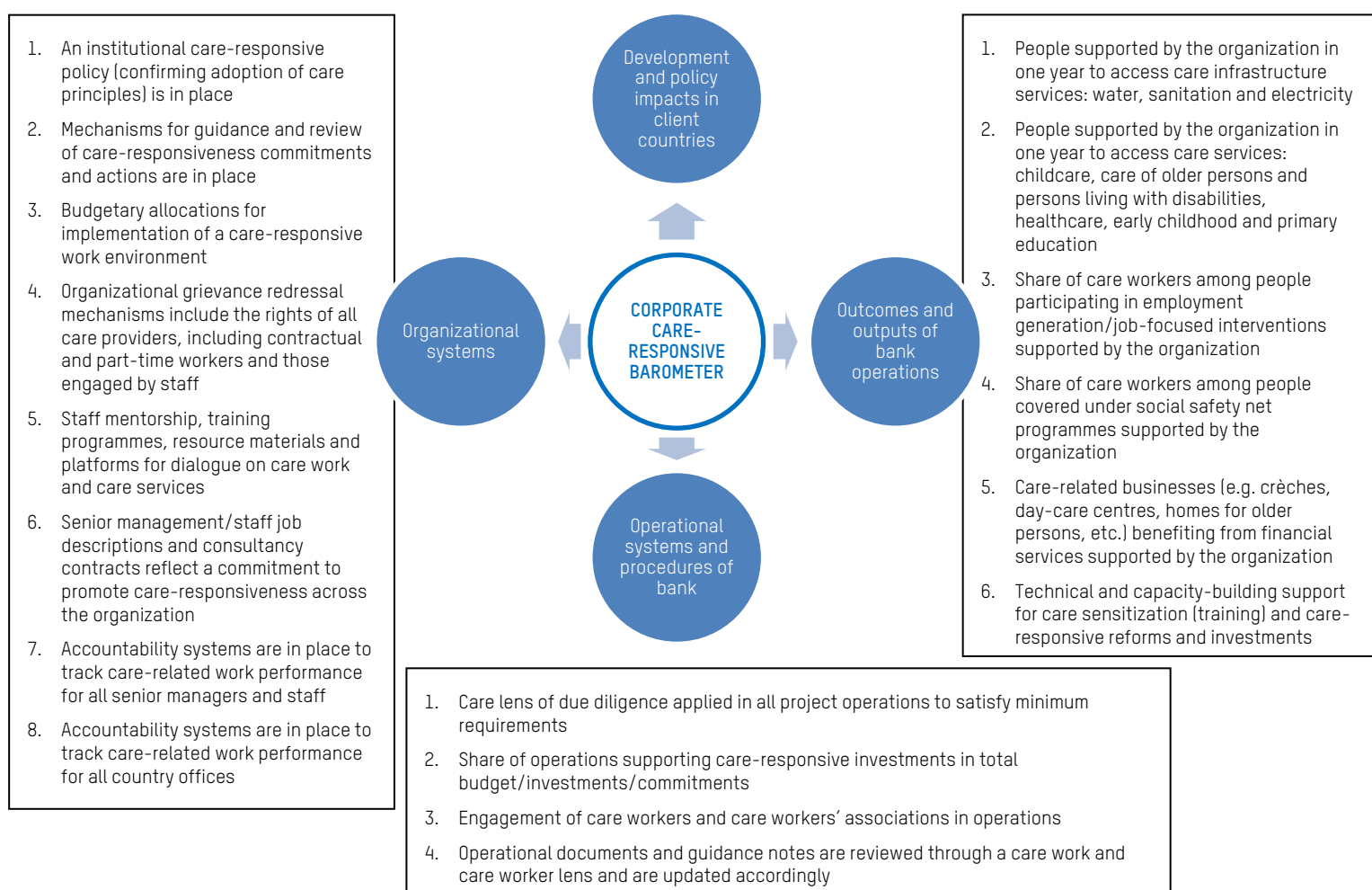


SECTION 4: THE BAROMETER TOOLKIT

CORPORATE LEVEL

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 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, early childhood and primary education
7. Percentage of the employed population working in the care sector
8. Percentage of care workers who have access to decent work, social protection, the right to association and collective bargaining rights
9. Legal changes/reforms that support the care economy introduced in the last five years
10. Level of statistical and administrative capacity to capture time use statistics and care work



CHECKLIST FOR INFORMATION FROM COUNTRY OFFICES

No.	Question	YES/NO/VALUE	
		Previous years	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 persons 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 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 (millions) supported with access to basic water services		

25.	Number of people (millions) supported with access to sanitation services		
26.	Number of people (millions) supported with access to electricity services		
27.	Number of people (millions) supported with access to improved urban living conditions		
28.	Number of people (millions) supported with access to childcare services		
29.	Number of people (millions) supported with access to healthcare services		
30.	Number of people (millions) supported with access to early childhood education		
31.	Number of people (millions) supported with access to primary education		
32.	Number of people (millions) supported with access to care services for older persons		
33.	Number of people (millions) supported with access to care services for persons 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 benefiting from financial services supported by the organization		
37.	Have you provided technical assistance and/or capacity-building support for care sensitization and care-responsive reforms and investments?		
38.	What is the percentage of projects where care-responsiveness is assessed in the design stage?		
39.	What is the percentage of projects where care-responsiveness satisfies minimum requirements?		
40.	What is the share of operations with care-responsive investments (projects with care-responsiveness approaching minimum requirements) out of total commitments?		
41.	What is the share of operations with care-focused investments (projects with care-responsiveness satisfying minimum requirement) out of total commitments?		
42.	Number of events where care workers or care workers' associations have been directly engaged with for dialogue and/or implementation		
43.	Number of suggestions/representations of care workers and care workers' associations incorporated in bank decisions		
44.	Has the country office been assessed for care-responsiveness (using the checklist and barometer)?		
45.	Does the care-responsiveness assessment of the country meet minimum requirements (a score of more than 0.66)?		

CHECKLIST FOR ORGANIZATIONAL INFORMATION

No.	Question	YES/NO	
		Previous years	Current year
1.	Have all operational documents and guidance notes (e.g. SCD, CDS, CPF, CPS, etc.) been reviewed and updated to include a care perspective?		
2.	Has the stakeholder engagement framework been reviewed and updated from a care perspective?		
3.	Has the environmental and social management system/framework (ESMS/ESMF) been reviewed and updated from a care perspective?		
4.	Has the training strategy been reviewed and updated from a care perspective?		
5.	Has the labour and employment strategy/framework been reviewed and updated from a care perspective?		
6.	Is there an institutional care policy in place with precautionary measures to prevent discrimination against care workers?		
7.	Is there an institutional care policy in place with proactive measures?		
8.	Has an oversight and advisory committee for care-responsiveness been formed?		
9.	Does the oversight and advisory committee have defined ToR?		
10.	Does the oversight and advisory committee have administrative and budgetary powers?		
11.	Are the institution's care-responsive policy measures costed?		
12.	Are the institution's care-responsive policy measures costed and budgeted annually?		
13.	What is the annual budget for institutional care measures per \$1 million of the organizational budget?		
14.	Do the organization's grievance redressal mechanisms include the rights of care providers among formal staff?		
15.	Do the organization's grievance redressal mechanisms include the rights of contractual and part-time workers?		
16.	Do the organization's grievance redressal mechanisms include the rights of care providers engaged by staff?		
17.	Do the organization's grievance redressal mechanisms include the rights of care-worker representatives and associations?		
18.	Does the organization have staff mentorship and training programmes at head office and sub-office levels?		
19.	Have there been formal efforts to disseminate resource materials on care?		
20.	Do senior management job descriptions reflect commitment to care-responsiveness across the organization?		

21.	Do staff job descriptions reflect commitment to care-responsiveness across the organization?		
22.	Do consultancy contracts reflect commitment to care-responsiveness across the organization?		
23.	Do performance appraisal criteria include care-sensitivity?		
24.	Does the performance appraisal format include care-sensitivity?		
25.	Is sensitivity to care recognized as a key performance area (KPA)?		

TIP-SHEET

DEVELOPMENT AND POLICY IMPACTS

Indicator 1.1 Paid care work as a percentage of GDP		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
More than 75% of client countries have paid care work valued at less than 2% of GDP	Around 25% of countries have paid care work valued at more than 2% of GDP, of which at least 20% of countries have paid care work valued at more than 5% of GDP	Around 50% of countries have paid care work valued at more than 2% of GDP, of which at least 20% of countries have paid care work valued at more than 5% of GDP
Indicator 1.2 Recognizing the contribution of unpaid care work to GDP		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
More than 75% of client countries do not estimate the contribution of unpaid care work to GDP as part of their official statistics	Around 25% of client countries estimate the contribution of unpaid care work to GDP, and of these at least 20% of countries also publish this as part of their official statistics	Around 50% of client countries estimate the contribution of unpaid care work to GDP, and of these at least 20% of countries also publish this as part of their official statistics
Indicator 1.3 Public sector spending/investment in care sectors as a percentage of GDP		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
More than 75% of client countries have public sector spending/government investments in care sectors of less than 1% of GDP	Around 25% of client countries have public sector spending/government investments in care sectors that are more than 1% but less than 2% of GDP	Meets one of the following: <ul style="list-style-type: none"> • Around 50% of client countries have public sector spending/government investments in care sectors of more than 1% but less than 2% of GDP • Around 25% of client countries have public sector spending/investments in care sectors of more than 2% of GDP
Indicator 1.4 Female workforce participation		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
More than 50% of client countries have a female	Meets one of the following:	Meets one of the following:

workforce participation rate of less than 30%	<ul style="list-style-type: none"> • Around 50% of client countries have a female workforce participation rate of more than 30% but less than 50% • Around 25% of client countries have a female workforce participation rate of more than 50% 	<ul style="list-style-type: none"> • Around 75% of client countries have a female workforce participation rate of more than 30% but less than 50% • Around 50% of client countries have a female workforce participation rate of more than 50%
Indicator 1.5 Universal access to affordable and quality care infrastructure services: water, sanitation and electricity		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets any one of the following: <ul style="list-style-type: none"> • 80% of client countries have universal access to water services • 60% of client countries have universal access to sanitation services • 50% of client countries have universal access to electricity services 	Meets any two of the following: <ul style="list-style-type: none"> • 80% of client countries have universal access to water services • 60% of client countries have universal access to sanitation services • 50% of client countries have universal access to electricity services 	Meets all of the following: <ul style="list-style-type: none"> • 80% of client countries have universal access to water services • 60% of client countries have universal access to sanitation services • 50% of client countries have universal access to electricity services
<i>Note: Services as per standards defined by the UN Sustainable Development Goals or similar international benchmarks.</i>		
Indicator 1.6 Universal access to affordable and quality care services: childcare, care for older persons and persons living with disabilities, healthcare, early childhood and primary education		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets any one of the following: <ul style="list-style-type: none"> • 30% of client countries have universal access to childcare services • 50% of client countries have universal access to healthcare services • 80% of client countries have universal access to early childhood and primary education 	Meets any two of the following: <ul style="list-style-type: none"> • 30% of client countries have universal access to childcare services • 50% of client countries have universal access to healthcare services • 80% of client countries have universal access to early childhood and primary education 	Meets three or more of the following: <ul style="list-style-type: none"> • 20% of client countries have universal access to care services for older people or people living with disabilities • 30% of client countries have universal access to childcare services • 50% of client countries have universal access to healthcare services • 80% of client countries have universal access to early childhood and primary education
<i>Note: Services as per standards defined by the UN Sustainable Development Goals or similar international benchmarks.</i>		
Indicator 1.7 Percentage of the employed population working in the care sector		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
For more than 40% of client countries, the percentage	Meets one of the following:	Meets one of the following:

of employed people working in the care sectors is less than 5%	<ul style="list-style-type: none"> For around 40% of client countries the percentage of employed people working in the care sectors is more than 5% but less than 10% For around 15% of client countries, the percentage of employed people working in the care sectors is more than 10% 	<ul style="list-style-type: none"> For around 60% of client countries, the percentage of employed people working in the care sectors is more than 5% but less than 10% For around 30% of client countries, the percentage of employed people working in the care sectors is more than 10%
Indicator 1.8 Percentage of care workers who have access to decent work, social protection, the right to association and collective bargaining rights		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
For fewer than 20% of client countries, 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%	Meets any one of the following: <ul style="list-style-type: none"> For around 20% of client countries, 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 client countries, 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 client countries, a percentage of unpaid care workers within the family also have access to social protection 	Meets any two of the following: <ul style="list-style-type: none"> For around 40% of client countries, 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 client countries, 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 client countries, a percentage of unpaid care workers within the family also have access to social protection
Indicator 1.9 Legal changes/reforms that support the care economy introduced in the last five years		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
25% or fewer of client countries have introduced legal changes/reforms in the care sector (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.)	More than 25% but fewer than 50% of client countries have introduced legal changes/reforms in the care sector (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.)	More than 50% of client countries have introduced legal changes/reforms in the care sector (e.g. the right to care services, the right to decent work for care-givers, the right to association for care workers, etc.)
Indicator 1.10 Level of statistical and administrative capacity to capture time use statistics and care work		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 30% of client countries have undertaken	Meets one of the following:	Meets one of the following:

time use surveys in the last five years	<ul style="list-style-type: none"> • Around 30% of client countries have undertaken time use surveys in the last five years • Around 10% of client countries have undertaken time use surveys in the last three years 	<ul style="list-style-type: none"> • Around 60% of client countries have undertaken time use surveys in the last five years • Around 25% of client countries have undertaken time use surveys in the last three years
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OUTCOMES AND OUTPUTS OF OPERATIONS

Indicator 2.1 People supported by bank operations in one year to access care infrastructure services: water, sanitation and electricity

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets any one of the following: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 20 million supported to access basic water services • 150 million supported to access sanitation services • 30 million supported to access electricity services

Note: The target numbers are based on World Bank targets for the given year and should be updated accordingly.

Indicator 2.2 People supported by the organization in one year to access care services: childcare, care for older persons and persons living with disabilities, healthcare, early childhood and primary education

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets any one of the following: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: The target numbers are based on World Bank targets for the given year and should be updated accordingly.

Indicator 2.3 Share of care workers among people participating in employment generation/job-focused interventions supported by the organization

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
At least 10% of participants in employment generation/job-focused interventions are in the care sector	More than 10% but fewer 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 among people covered by social safety net programmes supported by the organization		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
At least 10% of participants in social safety net programmes work in the care sector	More than 10% but fewer than 30% of participants in social safety net programmes work in the care sector	More than 30% of participants in social safety net programmes work in the care sector
Indicator 2.5 Care-related businesses (e.g. crèches, day-care centres, homes for older persons, etc.) benefiting from financial services supported through bank operations		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
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
<i>Note: The target numbers proposed are suggestive in nature and should be reaffirmed at the time of assessment, based on the existing situation and size of the organization.</i>		
Indicator 2.6 Technical and capacity-building support for care sensitization (training) and care-responsive reforms and investments		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
25% or fewer of client countries have been provided with technical assistance and capacity-building support for care sensitization and care-responsive reforms and investments	More than 25% but fewer than 50% of client countries have been provided with technical assistance and capacity-building support for care sensitization and care-responsive reforms and investments	More than 50% of client countries have been provided with technical assistance and capacity-building support for care sensitization and care-responsive reforms and investments

OPERATIONAL SYSTEMS AND PROCEDURES

Indicator 3.1 Care lens of due diligence applied in all project operations to satisfy minimum requirements		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets any one of the following: <ul style="list-style-type: none"> Fewer than 50% of projects are assessed for care-responsiveness (using the checklist and barometer) in the design stage Fewer than 10% of projects assessed for care-responsiveness (using the checklist and barometer) meet minimum requirements 	Meets any one of the following: <ul style="list-style-type: none"> More than 50% of projects are assessed for care-responsiveness (using the checklist and barometer) in the design stage More than 10% but fewer than 25% of projects assessed for care-responsiveness (using the checklist and barometer) meet minimum requirements 	Meets all of the following: <ul style="list-style-type: none"> 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 3.2 Share of operations supporting care-responsive investments in total budget/investments/commitments		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets any one of the following:</p> <ul style="list-style-type: none"> Fewer than 25% of total commitments are for projects approaching minimum requirements Fewer than 10% of total commitments are for projects satisfying minimum requirements 	<p>Meets any one of the following:</p> <ul style="list-style-type: none"> More than 25% but fewer than 50% of total commitments are for projects approaching minimum requirements More than 10% but fewer than 25% of total commitments are for projects satisfying minimum requirements 	<p>Meets all of the following:</p> <ul style="list-style-type: none"> 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 3.3 Engagement of care workers and care workers' associations in operations		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Fewer than 50 events are held annually to engage with care workers and care workers' associations</p>	<p>More than 50 but fewer than 100 events are held annually to engage with care workers and care workers' associations</p>	<p>Meets any one of the following:</p> <ul style="list-style-type: none"> More than 100 events are held annually to engage with care workers and care workers' associations There is evidence that suggestions/representations from care workers and care workers' associations are being incorporated into organizational decision making
<p><i>Note: The number of events proposed is suggestive in nature and should be reaffirmed at the time of assessment based on the existing situation.</i></p>		
Indicator 3.4 Operational documents and guidance notes are reviewed through a care work and care worker lens and are updated accordingly		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets any one of the following:</p> <ul style="list-style-type: none"> The country partnership framework/strategy guidance note has been reviewed and updated The stakeholder engagement framework has been reviewed and updated The environmental and social management system/framework (ESMS/ESMF) has been reviewed and updated The labour and employment 	<p>Meets any two of the following:</p> <ul style="list-style-type: none"> The country partnership framework/strategy guidance note has been reviewed and updated The stakeholder engagement framework has been reviewed and updated The environmental and social management system/framework (ESMS/ESMF) has been reviewed and updated The labour and employment strategy/labour 	<p>Meets three or more of the following:</p> <ul style="list-style-type: none"> The country partnership framework/strategy guidance note has been reviewed and updated The stakeholder engagement framework has been reviewed and updated The environmental and social management system/framework (ESMS/ESMF) has been reviewed and updated The labour and employment strategy/labour management

strategy/labour management plan has been reviewed and updated <ul style="list-style-type: none"> The training strategy has been reviewed and updated 	management plan has been reviewed and updated <ul style="list-style-type: none"> The training strategy has been reviewed and updated 	plan has been reviewed and updated <ul style="list-style-type: none"> The training strategy has been reviewed and updated Any other operational document/guidance notes have been reviewed and updated
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ORGANIZATIONAL SYSTEMS

Indicator 4.1 An institutional care-responsive policy (confirming adoption of care principles) is in place

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Institutional care-responsive policy developed and approved by the board	Institutional care-responsive policy developed and approved by the board, and meets any one of the following: <ul style="list-style-type: none"> Includes precautionary measures to prevent discrimination against care workers Includes proactive measures 	Institutional care-responsive policy developed and approved by the board, and meets both of the following: <ul style="list-style-type: none"> Includes precautionary measures to prevent discrimination against care workers Includes proactive measures

Indicator 4.2 Mechanisms for guidance and review of care-responsiveness commitments and actions are in place

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Oversight and advisory committee for care-responsiveness formed	Oversight and advisory committee for care-responsiveness formed with defined terms of reference (ToR)	Oversight and advisory committee for care-responsiveness formed with defined ToR as well as administrative and budgetary powers

Indicator 4.3 Budgetary allocations for implementation of a care-responsive work environment

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Institutional care-responsive policy measures costed but not budgeted for annually	Institutional care-responsive policy measures costed and budgeted for annually	Institutional care-responsive policy measures are more than X per \$1m of disbursement (note that the cost per \$1m of disbursement would depend on the size of the institution and the policy measures adopted)

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

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Grievance redressal mechanisms focus only on rights of care providers within the formal staff structure	Focus of grievance redressal mechanisms includes: <ul style="list-style-type: none"> Rights of care providers within the formal staff structure and 	Focus of grievance redressal mechanisms includes: <ul style="list-style-type: none"> Rights of care providers within the formal staff structure Rights of contractual and part-time workers

	<ul style="list-style-type: none"> Rights of contractual and part-time workers 	<ul style="list-style-type: none"> Rights of care providers engaged by staff and Rights of care worker representatives and associations
Indicator 4.5 Staff mentorship, training programmes, resource materials and platforms for dialogue on care work and care services		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets any one of the following:</p> <ul style="list-style-type: none"> 25% or fewer of country offices have mentorship, training programmes and platforms for dialogue on care work and care services Resource materials and guidance note on incorporation of care perspective into operations have been developed and disseminated 	<p>Meets all of the following:</p> <ul style="list-style-type: none"> More than 25% but fewer than 50% of country offices have mentorship, training programmes and platforms for dialogue on care work and care services Resource materials and guidance note on incorporation of care perspective into operations have been developed and disseminated 	<p>Meets all of the following:</p> <ul style="list-style-type: none"> More than 50% of country offices have mentorship, training programmes and platforms for dialogue on care work and care services Resource materials and guidance note on incorporation of care perspective into operations have been developed and disseminated
Indicator 4.6 Senior management/staff job descriptions and consultancy contracts reflect commitment to promote care-responsiveness across the organization		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets none of the following:</p> <ul style="list-style-type: none"> Senior management job descriptions reflect commitment to care-responsiveness Staff job descriptions reflect commitment to care-responsiveness Consultancy contracts reflect commitment to care-responsiveness 	<p>Meets any one of the following:</p> <ul style="list-style-type: none"> Senior management job descriptions reflect commitment to care-responsiveness Staff job descriptions reflect commitment to care-responsiveness Consultancy contracts reflect commitment to care-responsiveness 	<p>Meets all of the following:</p> <ul style="list-style-type: none"> Senior management job descriptions reflect commitment to care-responsiveness Staff job descriptions reflect commitment to care-responsiveness Consultancy contracts reflect commitment to care-responsiveness
Indicator 4.7 Accountability systems are in place to track care-related work performance for all senior managers and staff		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Performance appraisal criteria include care-sensitivity in internal operations and care-responsiveness in project/programming operations	Performance appraisal formats updated to include care-sensitivity in internal operations and care-responsiveness in project/programming operations	Care-sensitivity in internal operations and care-responsiveness in project/programming operations are made key performance areas (KPA's)

Indicator 4.8 Accountability systems are in place to track care-related work performance for all country offices		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than half of country offices assessed for care-responsiveness	Meets any one of the following: <ul style="list-style-type: none"> At least 80% of country offices assessed for care-responsiveness At least 25% of those assessed meet minimum requirements 	Meets all of the following: <ul style="list-style-type: none"> 100% of country offices assessed for care-responsiveness 50% of country offices meet minimum requirements

SAMPLE SCORING SHEET

Missing minimum requirements = 1 point	Approaching minimum requirements = 3 points	Satisfies minimum requirements = 5 points
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No	Dimension	Target R	Indicators (note: the indicators in bold are mandatory)	Score (dummy figures)
1	Development and policy impacts	R1	Indicator 1.1 Paid care work as a percentage of gross domestic product (GDP)	5
2		R1	Indicator 1.2 Recognizing the contribution of unpaid care work to GDP	1
3		R2	Indicator 1.3 Public sector spending/investment in care sectors (as a percentage of GDP)	1
4		R4	Indicator 1.4 Female workforce participation	3
5		R3	Indicator 1.5 Universal access to affordable and quality care infrastructure services: water, sanitation and electricity	3
6		R2	Indicator 1.6 Universal access to care services: childcare, care for older persons and people living with disability, healthcare, early childhood and primary education	1
7		R2	Indicator 1.7 Percentage of the employed population working in the care sector	1
8		R4	Indicator 1.8 Percentage of care workers who have access to decent work, social protection, the right to association and collective bargaining rights	1
9		R4	Indicator 1.9 Legal changes/reforms introduced in the last five years that support the care economy	3
10		R1	Indicator 1.10 Level of statistical and administrative capacity to capture time use statistics and care work	5

11	Outcomes and outputs of operations	R3	Indicator 2.1 People supported by the organization in one year to access care infrastructure services: water, sanitation and electricity	3
12		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 disability, healthcare, early childhood and primary education	1
13		R4	Indicator 2.3 Share of care workers among people participating in job-focused interventions supported by the organization	3
14		R4	Indicator 2.4 Share of care workers among people covered under social safety net programmes supported by the organization	3
15		R2	Indicator 2.5 Care-related businesses (e.g. crèches, day-care centres, homes for older persons, etc.) benefiting from financial services supported by the organization	1
16		R2	Indicator 2.6 Technical and capacity-building support for care sensitization (training) and care-responsive reforms and investments	1
17	Operational systems and procedures	R3	Indicator 3.1 Care lens of due diligence applied in all project operations to satisfy minimum requirements	3
18		R3	Indicator 3.2 Share of operations supporting care-responsive investments in total budget/investments/commitments	3
19		R5	Indicator 3.3 Engagement of care workers and care workers' associations in operations	3
20		R1	Indicator 3.4 Operational documents and guidance notes are reviewed through a care work and care worker lens and are updated accordingly	5
21	Organizational systems	R1	Indicator 4.1 Institutional care-responsive policy (confirming adoption of care principles) is in place	5
22		R3	Indicator 4.2 Mechanisms for guidance and review of care-responsiveness commitments and actions are in place	3
23		R2	Indicator 4.3 Budgetary allocations for implementation of a care-responsive work environment	1
24		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	3
25		R2	Indicator 4.5 Staff mentorship, training programmes, resource materials and platforms for dialogue on care work and care services	1
26		R3	Indicator 4.6 Senior management/staff job descriptions and consultancy contracts reflect commitment to promote care-responsiveness across the organization	3
27		R3	Indicator 4.7 Accountability systems are in place to track care-related work performance for all senior managers and staff	1

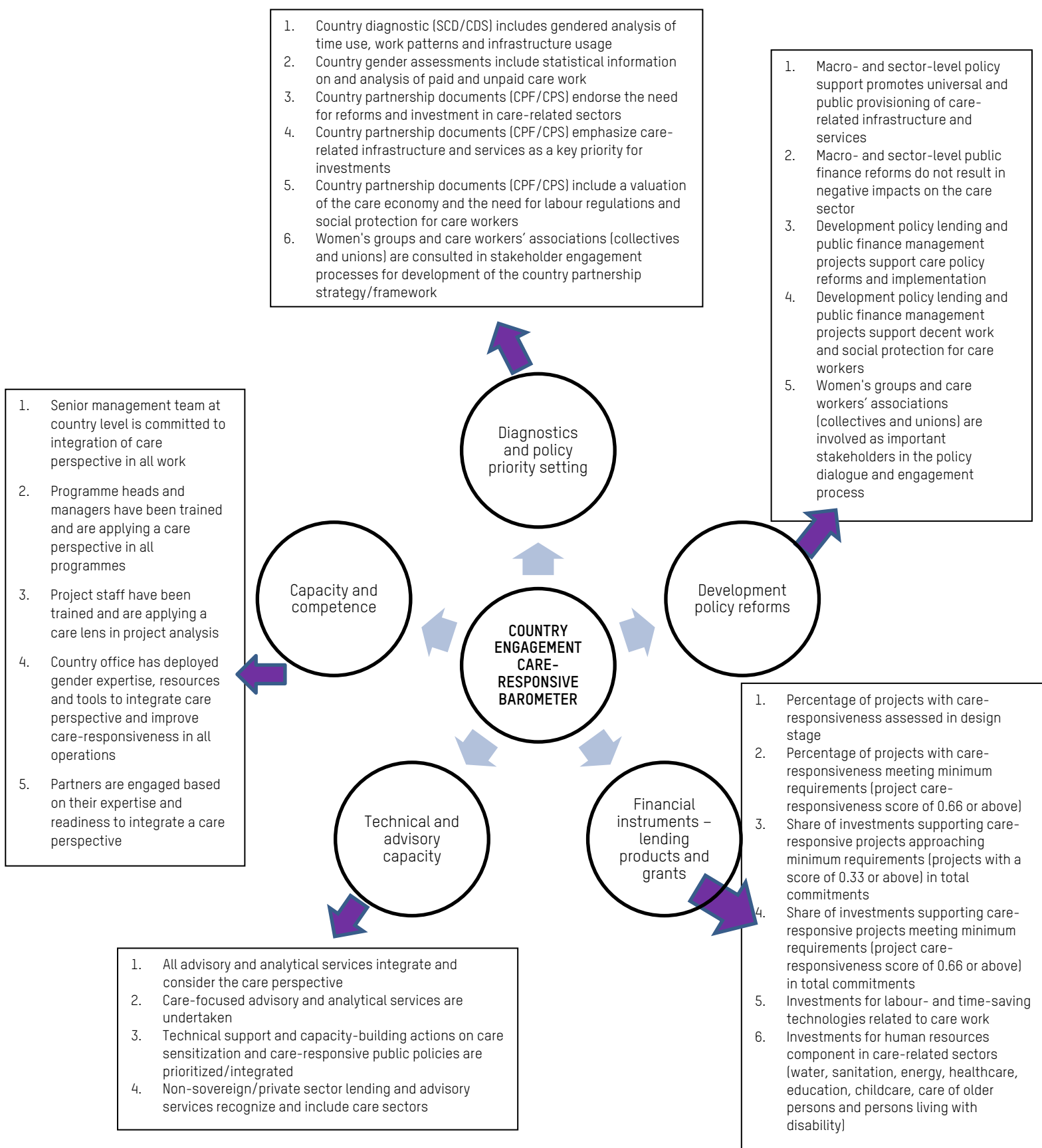
28		R2	Indicator 4.8 Accountability systems are in place to track care-related work performance for all country offices	1
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SAMPLE RESULTS CALCULATION

PARAMETER	RESULT	FORMULA
DIMENSIONAL SCORES		
Development and policy impacts	0.51	Actual score/maximum possible score
Outcomes and outputs of operations	0.40	Actual score/maximum possible score
Operational systems and procedures	0.70	Actual score/maximum possible score
Organizational systems	0.45	Actual score/maximum possible score
R FACTOR SCORES		
Recognize (R1)	1.00	Actual score/maximum possible score
Redistribute (R2)	0.20	Actual score maximum possible score
Reduce (R3)	0.60	Actual score/maximum possible score
Reward (R4)	0.53	Actual score/maximum possible score
Represent (R5)	0.60	Actual score/maximum possible score
TOTAL SCORE	0.52	Unweighted average of dimensional scores

COUNTRY ENGAGEMENT LEVEL

INDICATOR FRAMEWORK



CHECKLIST

No.	Question	Assessment		
		YES/NO/VALUE	Reference notes	Supporting evidence
1.	Does the country diagnostic (SCD/CDS) include data/analysis on gendered time use patterns?			
2.	Does the country diagnostic (SCD/CDS) include data/analysis on gendered work patterns/gender roles?			
3.	Does the country diagnostic (SCD/CDS) include data/analysis on gendered infrastructure usage?			
4.	Does the country diagnostic (SCD/CDS) include data/analysis on gender jobs/female workforce participation?			
5.	Does the country gender assessment include statistical information and analysis on time spent by men and women on unpaid care work?			
6.	Does the country gender assessment include a breakdown of data on women's unpaid care work?			
7.	Does the country gender assessment include statistical information and analysis on employment trends in paid care work?			
8.	Does the country gender assessment include statistical information and analysis on the valuation of paid and unpaid care work as a percentage of GDP?			
9.	Does the country gender assessment include statistical information and analysis on working conditions and vulnerabilities of care workers?			
10.	Does the country gender assessment include statistical information and analysis or review of public policies and programmes related to care sectors?			
11.	Does the country gender assessment include statistical information and analysis on constraints to women's paid employment?			
12.	Do the country partnership documents (CPF/CPS) include the need for universalization and public provision of care services (early childhood education, primary education and/or healthcare)?			
13.	Do the country partnership documents (CPF/CPS) include the need for universalization and public provision of care services (childcare, care for older persons and persons living with disability)?			
14.	Do the country partnership documents (CPF/CPS) include the need for labour reforms and decent working conditions for care workers?			

15.	Do the country partnership documents (CPF/CPS) include the need for reforms related to care work to promote women's participation in the workforce?			
16.	Do the country partnership documents (CPF/CPS) include the need for investment in care infrastructure (water, sanitation, energy and transport), with a view to reducing the care workload as a foundational and/or key priority for action?			
17.	Do the country partnership documents (CPF/CPS) include the need for investment in care services (childcare, early childhood and primary education, healthcare, care for older persons and persons living with disability) as a foundational and/or key priority for action?			
18.	Do the country partnership documents (CPF/CPS) include the need for social protection of workers in the care sector as a foundational and/or key priority for action?			
19.	Do the country partnership documents (CPF/CPS) include demographic information on numbers of persons in need of care?			
20.	Do the country partnership documents (CPF/CPS) include demographic information on numbers of care workers?			
21.	Do the country partnership documents (CPF/CPS) include a valuation of paid and unpaid care work as a percentage of GDP?			
22.	Do the country partnership documents (CPF/CPS) include labour reforms for care workers?			
23.	Do the country partnership documents (CPF/CPS) include social protection measures for care workers?			
24.	Were separate consultations organized with women's groups on development of the country partnership strategy/framework?			
25.	Were care workers/care workers' associations invited to take part in general stakeholder consultations on development of the country partnership strategy/framework?			
26.	Were care workers/care workers' associations invited to take part in consultations with women's groups on development of the country partnership strategy/framework?			
27.	Does the development policy lending programme include analysis of the care economy as part of the country context?			
28.	Does the development policy lending programme include analysis of the social protection and care sectors as part of the macro-economic policy framework?			
29.	Does the development policy lending programme include promotion of a floor of			

	social expenditure not falling below 2% of GDP?			
30.	Does the development policy lending programme include investments in female employment and the care economy as a key pillar?			
31.	Does the development policy lending programme include prioritization for productive economic investments over human capital and/or social investments?			
32.	Does the development policy lending programme include cuts to spending in care-related sectors, especially on human resources costs?			
33.	Does the development policy lending programme include the promotion of user fees in care-related sectors?			
34.	Does the development policy lending programme include tax reforms that target exemptions for care work or care-related sectors (e.g. VAT exemptions in childcare or education services)?			
35.	Does the development policy lending programme include cuts to subsidies that will increase women's care work?			
36.	Does the development policy lending programme include tax reforms that have a negative impact on trends in female employment?			
37.	Does the development policy lending programme include a focus on policy reforms towards the universalization of health care?			
38.	Does the development policy lending programme include a focus on legal and policy reforms and increased public spending in early childhood education and childcare services?			
39.	Does the development policy lending programme include a focus on tax policies that favour the transfer of unpaid care services performed by women in the household to market and/or public provision?			
40.	Does the development policy lending programme include a focus on gender-responsive budgeting as part of public finance management support?			
41.	Does the development policy lending programme include the right to regular and decent work for care workers?			
42.	Does the development policy lending programme include social protection support (from government) for care workers?			
43.	If the development policy lending programme has a focus on labour reforms, does it include the right to association for care workers?			

44.	Are care worker representatives invited to take part in all major policy consultations and workshops organized?			
45.	Are focused consultation events organized to strengthen engagement with care workers and care workers' unions?			
46.	Total number of projects approved in the period			
47.	Total number of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the period			
48.	Total number of projects assessed for care-responsiveness (using the project assessment checklist and barometer) in the period that satisfy minimum requirements (project care-responsiveness score of 0.66 or above)			
49.	Total investments (commitments) in the period			
50.	Total investments (commitments) supporting care-responsive projects that are approaching minimum requirements (projects with a score of 0.33 or above)			
51.	Total investments (commitments) supporting care-responsive projects that satisfy minimum requirements (projects with a score of 0.66 or above)			
52.	Total number of projects that have a separate component for labour- and time-saving technologies			
53.	Total investments (commitments) in care-related sectors			
54.	Total commitments to human resources component in these projects			
55.	Total number of advisory services provided by the IFI in the period			
56.	Number of advisory services that integrate a care perspective			
57.	Number of care-specific advisory and analytical services			
58.	Number of workshops/events focused on care sectors undertaken for public officials			
59.	Number of sessions on care perspectives in training programmes and workshops sponsored/supported by the IFI			
60.	Number of technical assistance (TA) dedicated to care work			
61.	Number of non-sovereign/private sector projects implemented related to care service provision (childcare, care for older persons and persons living with disability)			
62.	Is there a clear understanding of care perspectives at the level of senior management?			

63.	Does senior management review the integration of care perspectives into projects?			
64.	Does senior management promote the integration of care perspectives into projects?			
65.	Number of programme heads and managers trained on care economy issues			
66.	Are programme managers applying a care perspective in their work? (percentage of programme managers interviewed reporting yes)			
67.	Number of project staff trained on care economy issues			
68.	Are project staff applying a care lens in their work? (percentage of project staff interviewed reporting yes)			
69.	Who is responsible for reviewing and monitoring the integration of care perspectives at the country office level?			
70.	Does the team use resources and tools designed for integrating care? (percentage of staff interviewed reporting yes)			
71.	Are sensitization programmes on care organized for contractors and implementing partners?			
72.	Is care-responsiveness included as part of institutional assessment criteria during selection of contractors/implementing partners?			
73.	Does the bill of contract include compliance with at least two care principles?			
74.	Are targets for female employment specified in contract agreements?			

TIP-SHEET

DIAGNOSTICS AND POLICY PRIORITY SETTING

Indicator 1.1 Country diagnostic (SCD/CDS) includes gendered analysis of time use, work patterns and infrastructure usage

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes any one of the following:</p> <ul style="list-style-type: none"> Gendered time use patterns Gendered work patterns/gender roles Gendered infrastructure usage Gender jobs/female workforce participation 	<p>Includes any two of the following:</p> <ul style="list-style-type: none"> Gendered time use patterns Gendered work patterns/gender roles Gendered infrastructure usage Gender jobs/female workforce participation 	<p>Includes three or more of the following:</p> <ul style="list-style-type: none"> Gendered time use patterns Gendered work patterns/gender roles Gendered infrastructure usage Gender jobs/female workforce participation

Indicator 1.2 Country gender assessments include statistical information on and analysis of paid and unpaid care work		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Gender assessment includes any one of the following:</p> <ul style="list-style-type: none"> • 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 care sectors • Constraints to women's paid employment 	<p>Gender assessment includes any two of the following:</p> <ul style="list-style-type: none"> • 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 care sectors • Constraints to women's paid employment 	<p>Gender assessment includes three or more of the following:</p> <ul style="list-style-type: none"> • 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 care sectors • Constraints to women's paid employment
Indicator 1.3 Country partnership documents (CPF/CPS) endorse the need for reforms and investment in care-related sectors		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes any one of the following:</p> <ul style="list-style-type: none"> • 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 persons living with disability) • Need for labour reforms and decent work conditions for care workers • Need for reforms related to care work to promote women's participation in the workforce 	<p>Includes any two of the following:</p> <ul style="list-style-type: none"> • 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 persons living with disability) • Need for labour reforms and decent work conditions for care workers • Need for reforms related to care work to promote women's participation in the workforce 	<p>Includes two or more of the following:</p> <ul style="list-style-type: none"> • 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 persons living with disability) • Need for labour reforms and decent work conditions for care workers • Need for reforms related to care work to promote women's participation in the workforce

Indicator 1.4 Country partnership documents (CPF/CPS) emphasize care-related infrastructure and services as a key priority for investments		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes any one of the following as a foundational and/or key priority for action:</p> <ul style="list-style-type: none"> • 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 persons living with disability) • Need for social protection of workers in the care sector 	<p>Includes any two of the following as a foundational and/or key priority for action:</p> <ul style="list-style-type: none"> • 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 persons living with disability) • Need for social protection of workers in the care sector 	<p>Includes two or more of the following as a foundational and/or key priority for action:</p> <ul style="list-style-type: none"> • 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 persons living with disability) • Need for social protection of workers in the care sector
Indicator 1.5 Country partnership documents (CPF/CPS) include a valuation of the care economy and the need for labour regulations and social protection for care workers		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes any one of the following:</p> <ul style="list-style-type: none"> • Demographic information on numbers of persons in need of care • Demographic information on numbers 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 	<p>Includes any two of the following:</p> <ul style="list-style-type: none"> • Demographic information on numbers of persons in need of care • Demographic information on numbers 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 	<p>Includes all of the following:</p> <ul style="list-style-type: none"> • Demographic information on numbers of persons in need of care • Demographic information on numbers 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 processes for development of the country partnership strategy/framework		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Women's groups are invited to take part in general stakeholder consultations	<p>Meets any two of the following:</p> <ul style="list-style-type: none"> • Separate consultations on the CPF are organized with women's groups • Care workers/care workers' associations are invited to take part in general stakeholder consultations • Demonstrated evidence that suggestions/representations from care workers and their associations are being incorporated into projects 	<p>Meets three or more of the following:</p> <ul style="list-style-type: none"> • Separate consultations on the CPF are organized with women's groups • Care workers/care workers' associations are invited to take part in general stakeholder consultations • Care workers/care workers' associations are invited to take part in consultations with women's groups • Demonstrated evidence that suggestions/representations from care workers and their associations are being incorporated into projects

DEVELOPMENT POLICY REFORM AND PROGRAMME SUPPORT SERVICES

Indicator 2.1 Macro- and sector-level policy support promotes universal and public provision of care-related infrastructure and services		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Development policy lending programme includes any one of the following:</p> <ul style="list-style-type: none"> • Analysis of the care economy as part of the country context • Analysis of social protection and care sectors as part of the macro-economic policy framework • Promotion of a floor for social expenditure spending to not fall below 2% of GDP • Investments in female employment and care economy as a key pillar 	<p>Development policy lending programme includes any two of the following:</p> <ul style="list-style-type: none"> • Analysis of care economy as part of the country context • Analysis of social protection and care sectors as part of the macro-economic policy framework • Promotion of a floor for social expenditure spending to not fall below 2% of GDP • Investments in female employment and care economy as a key pillar 	<p>Development policy lending programme includes three or more of the following:</p> <ul style="list-style-type: none"> • Analysis of care economy as part of the country context • Analysis of social protection and care sectors as part of the macro-economic policy framework • Promotion of a floor for social expenditure spending to not fall below 2% of GDP • Investments in female employment and care economy as a key pillar

Indicator 2.2 Macro- and sector-level public finance reforms do not result in negative impacts on the care sector		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Development policy lending programme does not include more than three of the following:</p> <ul style="list-style-type: none"> • Prioritization of productive economic investments over human capital and/or social investments • Spending cuts in care-related sectors, especially to human resources • Promotion of user fees in care-related sectors • Tax reforms that target exemptions for care work or care-related sectors (e.g. VAT exemptions for childcare or education services) • Cuts to subsidies that will increase women's care work • Tax reforms that have a negative impact on female employment trends 	<p>Development policy lending programme does not include more than two of the following:</p> <ul style="list-style-type: none"> • Prioritization of productive economic investments over human capital and/or social investments • Spending cuts in care-related sectors, especially to human resources • Promotion of user fees in care-related sectors • Tax reforms that target exemptions for care work or care-related sectors (e.g. VAT exemptions for childcare or education services) • Cuts to subsidies that will increase women's care work • Tax reforms that have a negative impact on female employment trends 	<p>Development policy lending programme does not include any of the following:</p> <ul style="list-style-type: none"> • Prioritization of productive economic investments over human capital and/or social investments • Spending cuts in care-related sectors, especially to human resources • Promotion of user fees in care-related sectors • Tax reforms that target exemptions for care work or care-related sectors (e.g. VAT exemptions for childcare or education services) • Cuts to subsidies that will increase women's care work • Tax reforms that have a negative impact on female employment trends
Indicator 2.3 Development policy lending and public finance management projects support care policy reforms and implementation		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Development policy lending programme clearly identifies a need for reforms in public policies related to any one of the following:</p> <ul style="list-style-type: none"> • Policy reforms towards 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 unpaid care services performed by women in the household to market and/or public provision • Gender-responsive budgeting as part of public finance management support 	<p>Development policy lending programme clearly identifies a need for reforms in public policies related to any two of the following:</p> <ul style="list-style-type: none"> • Policy reforms towards 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 unpaid care services performed by women in the household to market and/or public provision • Gender-responsive budgeting as part of public finance management support 	<p>Development policy lending programme clearly identifies a need for reforms in public policies related to three or more of the following:</p> <ul style="list-style-type: none"> • Policy reforms towards 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 unpaid care services performed by women in the household to market and/or public provision • Gender-responsive budgeting as part of public finance management support

Indicator 2.4 Development policy lending and public finance management projects support decent work and social protection for care workers		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Development policy lending programme does not include any of the following: <ul style="list-style-type: none"> • Right to regular and decent work for care workers • Social protection support (by government) for care workers • Labour reforms that include the right to association for care workers 	Development policy lending programme includes any one of the following: <ul style="list-style-type: none"> • Right to regular and decent work for care workers • Social protection support (by government) for care workers • Labour reforms that include the right to association for care workers 	Development policy lending programme includes two or more of the following: <ul style="list-style-type: none"> • Right to regular and decent work for care workers • Social protection support (by government) for care workers • Labour reforms that include the right to association for care workers
Indicator 2.5 Women's groups and care workers' associations (collectives and unions) are involved as important stakeholders in the policy dialogue and engagement process		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Limited or nil formal engagement with care workers and care workers' associations	Care worker representatives invited to take part in all major policy consultations and workshops	Focused consultation events organized to strengthen engagement with care workers and care workers' unions

FINANCIAL INSTRUMENTS – LENDING PRODUCTS AND GRANTS

Indicator 3.1 Percentage of projects with care-responsiveness assessed in design stage		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 50% of projects assessed for care-responsiveness (using project assessment checklist and barometer) in design stage	More than 50% but fewer than 80% of projects assessed for care-responsiveness (using project assessment checklist and barometer) in design stage	More than 80% of projects assessed for care-responsiveness (using project assessment checklist and barometer) in design stage
Indicator 3.2 Percentage of projects with care-responsiveness satisfying minimum requirements (project care-responsiveness score of 0.66 or above)		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 25% of projects assessed for care-responsiveness meet minimum requirements	More than 25% but fewer than 50% of projects assessed for care-responsiveness meet minimum requirements	More than 50% of projects assessed for care-responsiveness meet minimum requirements
Indicator 3.3 Share of investments supporting care-responsive projects approaching minimum requirements (projects with a score of 0.33 or above) in total commitments		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 25% of total commitments are for projects approaching minimum requirements	More than 25% but fewer than 50% of total commitments are for projects approaching minimum requirements	More than 50% of total commitments are for projects approaching minimum requirements

Indicator 3.4 Share of investments supporting care-responsive projects satisfying minimum requirements (project care-responsiveness score of 0.66 or above) in total commitments		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 10% of total commitments are for projects satisfying minimum requirements	More than 10% but fewer than 25% of total commitments are for projects satisfying minimum requirements	More than 25% of total commitments are for projects satisfying minimum requirements
Indicator 3.5 Investments for labour- and time-saving technologies related to care work		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 10% of total projects have separate components related to labour- and time-saving technologies	More than 10% but fewer 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 3.6 Investments for human resources component in care-related sectors (water, sanitation, energy, healthcare, education, childcare, care of older persons and persons living with disability)		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
At least 5% of total commitments in care sectors are for human resources component	At least 10% of total commitments in care sectors are for human resources component	At least 15% of total commitments in care sectors are for human resources component

TECHNICAL AND ADVISORY SERVICES

Indicator 4.1 All advisory and analytical services integrate and consider a care perspective		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 10% of total advisory services integrate a care perspective	Around 10–25% of total advisory services integrate a care perspective	More than 25% of total advisory services integrate a care perspective
Indicator 4.2 Care-focused advisory and analytical services are undertaken		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
No specific advisory or analytical service on time use or care sector undertaken	At least one specific advisory and analytical service on time use or care sector undertaken in the last year	More than one specific advisory and analytical service on time use or care sector undertaken in the last year
Indicator 4.3 Technical support and capacity-building actions on care sensitization and care-responsive public policies are prioritized/integrated		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets any one of the following: <ul style="list-style-type: none"> One workshop or event focused on care sector undertaken for public officials Care perspective sessions integrated into around 25% of events held with public officials 	Meets any one of the following: <ul style="list-style-type: none"> Multiple workshops or events focused on care sector undertaken for public officials Care perspective sessions integrated into more than 50% of events held with public officials 	Meets two or more of the following: <ul style="list-style-type: none"> Multiple workshops or events focused on care sector undertaken for public officials Care perspective sessions integrated into more than 50% of events held with public officials

	<ul style="list-style-type: none"> One dedicated technical assistance (TA) related to care work undertaken 	<ul style="list-style-type: none"> One dedicated technical assistance (TA) related to care work undertaken
Indicator 4.4 Non-sovereign/private sector lending and advisory services recognize and include care sectors		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Private sector projects related to development of care infrastructure implemented	Private sector projects related to provision of care services (healthcare and education) implemented	Private sector projects related to provision of care services (childcare, care of older persons and persons living with disability) implemented

CAPACITY AND COMPETENCE

Indicator 5.1 Senior management team at country level is committed to integration of a care perspective in all work		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Senior management team has a clear understanding of care perspective	Senior management team reviews integration of care perspective into projects	Senior management team reviews and promotes integration of care perspective into projects and policy lending
Indicator 5.2 Programme heads and managers have been trained and are applying a care perspective in all programmes		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 50% of programme heads have been trained on care economy issues	<p>More than 50% of programme heads have been trained on care economy issues</p> <p>Or</p> <p>More than 20% of programme heads and managers are applying a care perspective in their work</p>	<p>More than 80% of programme heads and managers have been trained on care economy issues</p> <p>And</p> <p>More than 20% of programme heads and managers are applying a care perspective in their work</p>
Indicator 5.3 Project staff have been trained and are applying a care lens in project analysis		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Fewer than 50% of project staff have been trained on care economy issues	<p>More than 50% of project staff have been trained on care economy issues</p> <p>Or</p> <p>More than 20% of project staff are using care-responsive analysis in design stage</p>	<p>More than 80% of project staff have been trained on care economy issues</p> <p>And</p> <p>More than 50% of project staff are using care-responsive analysis in design stage</p>

Indicator 5.4 Country office has deployed gender expertise, resources and tools to integrate a care perspective and improve care-responsiveness within all operations		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Existing gender staff assigned the task of integrating a care perspective	Dedicated resources for care analysis (consultant or staff) deployed to integrate a care perspective	Dedicated resources for care analysis (consultant or staff) deployed to integrate a care perspective And Resources and tools for integration of care into project work developed and in use
Indicator 5.5 Partners are engaged based on their expertise and readiness to integrate a care perspective		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Sensitization programme on care-responsiveness undertaken for all contractors and implementing partners in the supply chain	Care-responsiveness included as part of institutional assessment criteria for selection of contractors and implementing partners in the supply chain	Bill of contracts includes compliance with at least two care principles And Targets for female employment are specified in contract agreements

SAMPLE SCORING SHEET

Missing minimum requirements = 1 point	Approaches minimum requirements = 3 points	Satisfies minimum requirements = 5 points
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No	Dimensions	Target R	Indicators (note: the indicators in bold are mandatory)	Score (dummy figures)
1	Diagnostics and policy priority setting	R1	Indicator 1.1 Country diagnostic (SCD/CDS) includes gendered analysis of time use, work patterns and infrastructure usage	5
2		R1	Indicator 1.2 Country gender assessments include statistical information on and analysis of paid and unpaid care work	5
3		R2	Indicator 1.3 Country partnership documents (CPF/CPS) endorse the need for reforms and investment in care-related sectors	1
4		R3	Indicator 1.4 Country partnership documents (CPF/CPS) emphasise care-related infrastructure and services as a key priority for investment	3
5		R4	Indicator 1.5 Country partnership documents (CPF/CPS) include a valuation of the care economy and the need for labour regulations and social protection for care workers	3
6		R5	Indicator 1.6 Women's groups and care workers' associations (collectives and unions) are consulted in the stakeholder engagement process for development of the country partnership strategy/framework	3

7	Development policy reform and programme support services	R2	Indicator 2.1 Macro- and sector-level policy support promotes universal and public provision of care-related infrastructure and services	1
8		R2	Indicator 2.2 Macro- and sector-level public finance reforms do not result in negative impacts on the care sector	1
9		R2	Indicator 2.3 Development policy lending and public finance management projects support care policy reforms and implementation	1
10		R4	Indicator 2.4 Development policy lending and public finance management projects support decent work and social protection for care workers	3
11		R5	Indicator 2.5 Women's groups and care workers' associations (collectives and unions) are involved as important stakeholders in the policy dialogue and engagement process	3
12	Financial instruments – lending products and grants	R1	Indicator 3.1 Percentage of projects with care-responsiveness assessed in design stage	5
13		R2	Indicator 3.2 Percentage of projects with care-responsiveness satisfying minimum requirements (project care-responsiveness score of 0.66 or above)	1
14		R3	Indicator 3.3 Share of investments supporting care-responsive projects approaching minimum requirements (projects with score of 0.33 or above) in total commitments	3
15		R2	Indicator 3.4 Share of investments supporting care-responsive projects satisfying minimum requirements (project care-responsiveness score of 0.66 or above) in total commitments	1
16		R3	Indicator 3.5 Investments for labour- and time-saving technologies related to care work	3
17		R4	Indicator 3.6 Investments for human resources component in care-related sectors (water, sanitation, energy, healthcare, education, childcare, care of older persons and persons living with disability)	3
18	Technical and advisory services	R1	Indicator 4.1 All advisory and analytical services integrate and consider a care perspective	5
19		R1	Indicator 4.2 Care-focused advisory and analytical services are undertaken	5
20		R2	Indicator 4.3 Technical support and capacity-building actions on care sensitization and care-responsive public policies are prioritized/integrated	1
21		R4	Indicator 4.4 Non-sovereign/private sector lending and advisory services recognize and include care sectors	3
22	Capacity and competence	R2	Indicator 5.1 Senior management team at country level is committed to integration of a care perspective in all work	1
23		R2	Indicator 5.2 Programme heads and managers have been trained and are applying a care perspective in all programmes	1
24		R3	Indicator 5.3 Project staff have been trained and are applying a care lens in project analysis	3

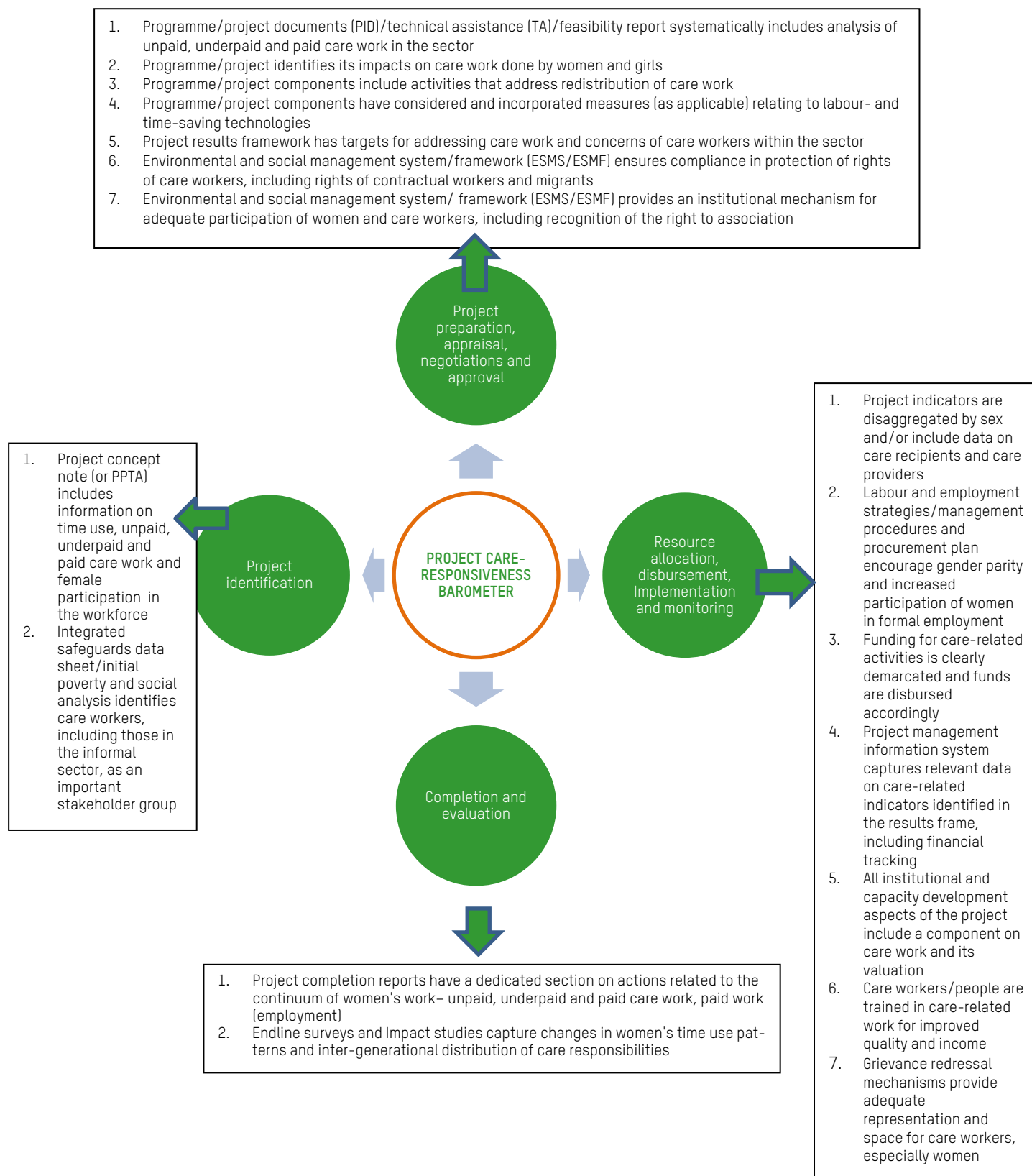
25		R2	Indicator 5.4 Country office has deployed gender expertise, resources and tools to integrate a care perspective and improve care-responsiveness within all operations	1
26		R3	Indicator 5.5 Partners are engaged based on their expertise and readiness to integrate a care perspective	3

SAMPLE RESULTS CALCULATION

PARAMETER	RESULT	FORMULA
DIMENSIONAL SCORES		
Diagnostics and policy priority setting	0.67	Actual score/Maximum possible score
Development policy reform and programme support services	0.36	Actual score/Maximum possible score
Financial instruments – lending products and grants	0.53	Actual score/Maximum possible score
Technical and advisory services	0.70	Actual score/Maximum possible score
Capacity and competence	0.36	Actual score/Maximum possible score
R FACTOR SCORES		
Recognize (R1)	1.00	Actual score/Maximum possible score
Redistribute (R2)	0.20	Actual score/Maximum possible score
Reduce (R3)	0.60	Actual score/Maximum possible score
Reward (R4)	0.60	Actual score/Maximum possible score
Represent (R5)	0.60	Actual score/Maximum possible score
TOTAL SCORE	0.52	Unweighted average of dimension scores

PROJECT LEVEL

INDICATOR FRAMEWORK



CHECKLIST

No.	Question	YES/NO	Remarks
1.	Does the project's social and gender analysis include time use data and/or care analysis?		
2.	Do the project's scope and/or objectives include reduction, rewarding or redistribution of care work?		
3.	Does the project recognize/include paid and/or unpaid care workers as intended participants?		
4.	Does the project's integrated safeguards data sheet/initial poverty and social analysis recognize informal workers as a stakeholder group for consultation?		
5.	Does the project's integrated safeguards data sheet/initial poverty and social analysis recognize women as a stakeholder group for consultation?		
6.	Does the project's integrated safeguards data sheet/initial poverty and social analysis recognize paid and/or unpaid care workers (women and girls) as a stakeholder group for consultations?		
7.	Does the programme/project documents (PID)/technical assistance (TA)/feasibility report include gendered analysis of time use patterns?		
8.	Does the programme/project document (PID)/technical assistance (TA)/feasibility report include gendered analysis of work patterns/gender roles?		
9.	Does the programme/project document (PID)/technical assistance (TA)/feasibility report include gendered analysis of infrastructure usage?		
10.	Does the project identify its impacts 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 reforms of care policy?		
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.	Is there a component for time-saving technology/equipment in care work?		
19.	Is there a component for labour-saving technology/equipment in care work?		
20.	Is there a component for skills building to reduce the care workload?		
21.	Does the project have a results indicator for reducing women's workload and responsibilities for unpaid care work?		

22.	Does the project have a results indicator for redistribution of unpaid care work between genders?		
23.	Does the project have a results indicator for increased public spending/investment for care-related policies and programmes?		
24.	Does the project have a results indicator for limiting user fees in care-related sectors?		
25.	Does the project have a results indicator for promoting more small businesses in the care sector?		
26.	Does the project have a results indicator for promoting more jobs in the care sector?		
27.	Does the project have a results indicator for an increase in decent work and social protection for care workers?		
28.	Does the project's environmental and social management system/framework (ESMS/ESMF) ensure minimum wages and equal wages for men and women workers?		
29.	Does the project's environmental and social management system/framework (ESMS/ESMF) ensure that care workers are not pushed further into casual, part-time or voluntary (honorary-based) work?		
30.	Does the project's environmental and social management system/framework (ESMS/ESMF) provide for social protection measures for all care workers, irrespective of their contractual status?		
31.	Is there a provision in the project's environmental and social management system/framework (ESMS/ESMF) for protecting the rights of migrant workers?		
32.	Are women involved in key decisions related to infrastructure design/provision of services?		
33.	Are care workers involved in key decisions related to project planning/provision of services?		
34.	Does the project's environmental and social management system/framework (ESMS/ESMF) recognize and safeguard the right to association of care workers?		
35.	Does the project's environmental and social management system/framework (ESMS/ESMF) recognize care workers' associations (unions and cooperatives) as stakeholders in dialogue on policy reform?		
36.	Are the project indicators (participant data) disaggregated by sex?		
37.	Do the project indicators include data on care recipients and care providers?		
38.	Does the labour and employment strategy/labour management plan (LMP) encourage and support the participation of women?		
39.	Is there a focus on equal remuneration and protection from sexual harassment in the workplace for women?		
40.	Does the procurement plan promote and encourage the participation of female contractors?		
41.	Does the project appraisal document specify care-related activities?		
42.	Are care-related activities budgeted as separate line items?		
43.	Does the project management information system (MIS) capture physical progress on care-related activities?		

44.	Does the project MIS capture financial progress on care-related activities?		
45.	Does the project include focused training/information, education and communication (IEC) components on care sensitization and care-responsive public policies?		
46.	Are the project's existing training/IEC components customized to include care sensitization and care-responsive public policies?		
47.	Is there budget provision for care-related training and workshops for policy makers and project implementers?		
48.	Is there a provision for training and capacity building of care workers?		
49.	Is there a provision for training and capacity building of other women as paid care workers?		
50.	Do the project's grievance redressal mechanisms (committees) include representation from women's groups?		
51.	Do the project's grievance redressal mechanisms (committees) include representation of care workers (or care workers' associations)?		
52.	Do the project's grievance redressal mechanisms (committees) include representation of female care workers (or care workers' associations)?		
53.	Do the project's grievance redressal mechanisms focus on gender-based violence (GBV)?		
54.	Do the project's grievance redressal mechanisms focus on protection of labour rights?		
55.	Do the project's grievance redressal mechanisms focus on the working conditions of care workers?		
56.	Does the project completion report (PCR) have a dedicated section on impacts on women's unpaid care work?		
57.	Does the PCR have a dedicated section on impacts on women's paid care work?		
58.	Does the PCR have a dedicated section on impacts on women's employment (paid work)?		
59.	Does the participant satisfaction survey include parameters for the reduction and redistribution of care work?		
60.	Do the endline survey/impact study ToR 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/project preparatory technical assistance (PPTA) includes information on time use, unpaid, underpaid and paid care work and female participation in the workforce

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Meets none of the following:</p> <ul style="list-style-type: none"> • Project social and gender analysis includes time use data and/or care analysis • Project scope and/or objectives include reduction, rewarding or redistribution of care work • Project recognizes/includes unpaid, underpaid and paid care workers as intended participants 	<p>Meets any one of the following:</p> <ul style="list-style-type: none"> • Project social and gender analysis includes time use data and/or care analysis • Project scope and/or objectives include reduction, rewarding or redistribution of care work • Project recognizes/includes unpaid, underpaid and paid care workers as intended participants 	<p>Meets two or more of the following:</p> <ul style="list-style-type: none"> • Project social and gender analysis includes time use data and/or care analysis • Project scope and/or objectives include reduction, rewarding or redistribution of care work • Project recognizes/includes unpaid, underpaid and paid care workers as intended participants

Indicator 1.2 Integrated safeguards data sheet or initial poverty and social analysis identifies care workers, including those in the informal sector, as an important stakeholder group

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes none of the following as a stakeholder group for consultations:</p> <ul style="list-style-type: none"> • Informal workers • Women • Underpaid and paid care workers • Unpaid care workers 	<p>Includes any one or both of the following as a stakeholder group for consultations:</p> <ul style="list-style-type: none"> • Informal workers • Women 	<p>Includes any one or both of the following as a stakeholder group for consultations:</p> <ul style="list-style-type: none"> • Underpaid and paid care workers • Unpaid care workers

PROJECT PREPARATION, APPRAISAL, NEGOTIATIONS AND APPROVAL

Indicator 2.1 Programme/project information document (PID)/technical assistance (TA)/feasibility report systematically includes analysis of unpaid and underpaid and paid care work in the sector

<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes none of the following:</p> <ul style="list-style-type: none"> • Gendered time use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage 	<p>Includes any one of the following:</p> <ul style="list-style-type: none"> • Gendered time use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage 	<p>Includes two or more of the following:</p> <ul style="list-style-type: none"> • Gendered time use patterns • Gendered work patterns/gender roles • Gendered infrastructure usage

Indicator 2.2 Programme/project identifies its impacts on care work done by women and girls		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
The project does not identify the impact on care work done by women and girls	The project analyses the impact on care work done by women and girls, and might increase this impact	The project analyses the impact on care work done by women and girls, and will reduce this impact
Indicator 2.3 Programme/project components include activities that address the redistribution of care work		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Includes none of the following: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 components have considered and incorporated measures (as applicable) relating to labour -and time-saving technologies		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Includes none of the following: <ul style="list-style-type: none"> • Review of workload of women, especially unpaid care work • Promotion of time-saving technology/equipment • Labour-saving technology/equipment • Skills building for care workers to reduce care workload 	Includes any one of the following: <ul style="list-style-type: none"> • Review of workload of women, especially unpaid care work • Promotion of time-saving technology/equipment • Labour-saving technology/equipment • Skills building for care workers to reduce care workload 	Includes two or more of the following: <ul style="list-style-type: none"> • Review of workload on women, especially unpaid care work • Promotion of time-saving technology/equipment • Labour-saving technology/equipment • Skills building for care workers to reduce care workload
Indicator 2.5 Project results framework document (RFD) has targets for addressing care work and concerns of care workers within the sector		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
RFD includes none of the following: <ul style="list-style-type: none"> • Reducing women's workload of unpaid care work • Social protection measures for unpaid work provided by women and girls 	RFD includes any one of the following: <ul style="list-style-type: none"> • Reducing women's workload of unpaid care work • Social protection measures for unpaid work provided by women and girls 	RFD includes two or more of the following: <ul style="list-style-type: none"> • Reducing women's workload of unpaid care work • Social protection measures for unpaid work provided by women and girls

<ul style="list-style-type: none"> • Redistribution of care work between genders • Increased public spending/investment in care-related policies and programmes • Limiting user fees in care-related sectors • Promoting small businesses in the care sector • Promoting more jobs in the care sector • Increase in decent work and social protection for care workers • Skills building for women for increased employment/income generation options 	<ul style="list-style-type: none"> • Redistribution of care work between genders • Increased public spending/investment in care-related policies and programmes • Limiting user fees in care-related sectors • Promoting small businesses in the care sector • Promoting more jobs in the care sector • Increase in decent work and social protection for care workers • Skills building for women for increased employment/income generation options 	<ul style="list-style-type: none"> • Redistribution of care work between genders • Increased public spending/investment in care-related policies and programmes • Limiting user fees in care-related sectors • Promoting small businesses in the care sector • Promoting more jobs in the care sector • Increase in decent work and social protection for care workers • Skills building for women for increased employment/income generation options
Indicator 2.6 Environmental and social management system/framework (ESMS/ESMF) ensures compliance in protection of rights of care workers, including rights of contractual workers and migrants		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes one of the following:</p> <ul style="list-style-type: none"> • Ensuring minimum wages 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 	<p>Includes any two of the following:</p> <ul style="list-style-type: none"> • Ensuring minimum wages 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 	<p>Includes three or more of the following:</p> <ul style="list-style-type: none"> • Ensuring minimum wages 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 management system/framework (ESMS/ESMF) provides an institutional mechanism for adequate participation of women and care workers, including recognition of the right to association		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
<p>Includes one of the following:</p> <ul style="list-style-type: none"> • Involves women in key project-related decision making • Involves care workers in key decisions related to service delivery • Recognizes and safeguards the right to association of care workers 	<p>Includes any two of the following:</p> <ul style="list-style-type: none"> • Involves women in key project-related decision making • Involves care workers in key decisions related to service delivery 	<p>Includes three or more of the following:</p> <ul style="list-style-type: none"> • Involves women in key project-related decision making • Involves care workers in key decisions related to service delivery

<ul style="list-style-type: none"> Recognizes care workers' associations as stakeholders in policy reform dialogue 	<ul style="list-style-type: none"> Recognizes and safeguards the right to association of care workers Recognizes care workers' associations as stakeholders in policy reform dialogue 	<ul style="list-style-type: none"> Recognizes and safeguards the right to association of care workers Recognizes care workers' associations as stakeholders in policy reform dialogue
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RESOURCE ALLOCATION, DISBURSEMENT, IMPLEMENTATION AND MONITORING

Indicator 3.1 Project indicators are disaggregated by sex and/or include data on care recipients and care providers		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Project indicators are not disaggregated by sex And Data on care providers and care recipients are not included	Project indicators are disaggregated by sex But Data on care providers and care recipients are not included	Project indicators are disaggregated by sex And Data on care providers and care recipients are included
Indicator 3.2 Labour and employment strategy/labour management procedure (LMP) and procurement plan encourage gender parity and increased participation of women in formal employment		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Does not recognize the participation of women in the workforce	Recognizes women's participation in the workforce but no proactive support measures are in place, except for mandatory equal remuneration and protection from sexual harassment in the workplace	Any one of the following: <ul style="list-style-type: none"> Include proactive measures other than the mandatory elements Procurement plan promotes and encourages participation of women contractors
Indicator 3.3 Funding for care-related activities is clearly demarcated and funds are disbursed accordingly		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
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	Budget for care-related activities is clearly demarcated, to be disbursed accordingly
Indicator 3.4 Project management information system (MIS) captures relevant data on care-related indicators identified in the results frame, including financial tracking		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Project MIS does not capture physical or financial progress	Project MIS captures only physical or financial progress	Project MIS captures both 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		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Technical assistance includes none of the following: <ul style="list-style-type: none"> • Focused training on care sensitization and care-responsive public policies • Inclusion of 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 	Technical assistance includes one of the following: <ul style="list-style-type: none"> • Focused training on care sensitization and care-responsive public policies • Inclusion of 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 	Technical assistance includes two or more of the following: <ul style="list-style-type: none"> • Focused training on care sensitization and care-responsive public policies • Inclusion of 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 are trained in care-related work for improved quality and income		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
There is no provision for training or 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 options for paid care work
Indicator 3.7 Grievance redressal mechanisms provide adequate representation and space for care workers, especially female care workers		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets one of the following: <ul style="list-style-type: none"> • Grievance redressal committee includes representation from local CSOs/women's groups • Grievance redressal mechanism focuses on GBV • Grievance redressal mechanism focuses on protection of labour rights • Grievance redressal mechanism focuses on working conditions 	Meets two of the following: <ul style="list-style-type: none"> • Grievance redressal committee includes representation of care workers and their associations • Grievance redressal mechanism focuses on GBV • Grievance redressal mechanism focuses on protection of labour rights • Grievance redressal mechanism focuses on working conditions 	Meets all of the following: <ul style="list-style-type: none"> • Grievance redressal committee includes representation of female care workers and their associations • Grievance redressal mechanism focuses on GBV • Grievance redressal mechanism focuses on protection of labour rights • Grievance redressal mechanism focuses on working conditions

COMPLETION AND EVALUATION

Indicator 4.1 Project completion report (PCR) has a dedicated section on action related to the continuum of women's work – unpaid care work, underpaid and paid care work, paid work (employment)		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
PCR does not include any of the following: <ul style="list-style-type: none"> • Women's unpaid care work • Women's underpaid and paid care work (care workers) • Women's employment 	PCR includes data on any one of the following: <ul style="list-style-type: none"> • Women's unpaid care work • Women's underpaid and paid care work (care workers) • Women's employment 	PCR has a dedicated section including all of the following: <ul style="list-style-type: none"> • Women's unpaid care work • Women's underpaid and paid care work (care workers) • Women's employment
Indicator 4.2 Endline surveys and Impact studies capture changes in women's time use patterns and inter-generational distribution of care responsibilities		
<i>Missing minimum requirements</i>	<i>Approaching minimum requirements</i>	<i>Satisfies minimum requirements</i>
Meets either of the following: <ul style="list-style-type: none"> • Participant satisfaction survey is disaggregated by sex but does not include information on care responsibilities • Endline survey and impact study ToR include capture of gender impacts 	Meets both of the following: <ul style="list-style-type: none"> • Participant satisfaction survey is disaggregated by sex but does not include information on care responsibilities • Endline survey and impact study ToR include capture of gender impacts 	Meets all of the following: <ul style="list-style-type: none"> • Participant satisfaction survey is disaggregated by sex and also includes information on care responsibilities • Endline survey and impact study ToR include capture of gender impacts on time use and sharing of care responsibilities

SAMPLE SCORING SHEET

Missing minimum requirements = 1 point	Approaches minimum requirements = 3 points	Satisfies minimum requirements = 5 points
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No	Dimension	Target R	Indicators (note: the indicators in bold are mandatory)	Score (dummy figures)
1	Project identification	R1	Indicator 1.1 Project concept note (or PPTA) includes information on time use, unpaid, underpaid and paid care work and female participation in the workforce	5
2		R5	Indicator 1.2 Integrated safeguards data sheet or initial poverty and social analysis identifies care workers, including those in the informal sector, as an important stakeholder group	3
3	Project preparation, appraisal, negotiations and approval	R1	Indicator 2.1 Programme/project information document (PID)/technical assistance/feasibility report systematically includes analysis of unpaid, underpaid and paid care work in the sector	5
4		R2	Indicator 2.2 Programme/project identifies its impacts on care work done by women and girls	1

5		R2	Indicator 2.3 Programme/project components include activities that address the redistribution of care work	1
6		R3	Indicator 2.4 Programme/project components have considered and incorporated measures (as applicable) on labour- and time-saving technologies	3
7		R4	Indicator 2.5 Project results framework has targets for addressing care work and concerns of care workers within the sector	3
8		R4	Indicator 2.6 Environmental and social management system/framework (ESMS/ESMF) ensures compliance in protection of rights of care workers, including rights of contractual workers and migrants	3
9		R5	Indicator 2.7 Environmental and social management system/framework (ESMS/ESMF) provides an institutional mechanism for adequate participation of women and care workers, including recognition of the right to association	3
10	Resource allocation, disbursement, implementation and monitoring	R1	Indicator 3.1 Project indicators are disaggregated by sex and/or include data on care recipients and care providers	5
11		R2	Indicator 3.2 Labour and employment strategy/labour management plan (LMP) encourages gender parity and increased participation of women in formal employment	1
12		R3	Indicator 3.3 Funding for care-related activities is clearly demarcated and funds are disbursed accordingly	3
13		R3	Indicator 3.4 Project management information system (MIS) captures relevant data on care-related indicators identified in the results frame, including financial tracking	3
14		R2	Indicator 3.5 All institutional and capacity development aspects of the project include a component on care work and its valuation	1
15		R4	Indicator 3.6 Care workers/people are trained in care-related work for improved quality and income	3
16		R5	Indicator 3.7 Grievance redressal mechanisms provide adequate representation and space for care workers, especially female care workers	3
17	Completion and evaluation	R1	Indicator 4.1 Project completion report (PCR) has a dedicated section on actions related to the continuum of women's work– unpaid, underpaid and paid care work, paid work (employment)	5
18		R1	Indicator 4.2 Endline surveys and impact studies capture changes in women's time use patterns and inter-generational distribution of care responsibilities	5

SAMPLE RESULTS CALCULATION

PARAMETER	RESULT	FORMULA
DIMENSIONAL SCORES		
Project identification	0.80	Actual score/Maximum possible score
Project preparation, appraisal, negotiations and approval	0.54	Actual score/Maximum possible score
Resource allocation, disbursement, implementation and monitoring	0.54	Actual score/Maximum possible score
Completion and evaluation	1.00	Actual score/Maximum possible score
R FACTOR SCORES		
Recognize (R1)	1.00	Actual score/Maximum possible score
Redistribute (R2)	0.20	Actual score/Maximum possible score
Reduce (R3)	0.60	Actual score/Maximum possible score
Reward (R4)	0.53	Actual score/Maximum possible score
Represent (R5)	0.60	Actual score/Maximum possible score
TOTAL SCORE	0.52	Unweighted average of dimension scores

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- 3 Addati et al. (2018) analysed data from 64 countries representing two-thirds of the world's working-age population and found that that 16.4bn hours per day are spent in unpaid care work – the equivalent of two billion people working eight hours per day with no remuneration. Were such services to be valued on the basis of an hourly minimum wage, they would amount to the equivalent of 9% of global GDP or \$11 trillion (purchasing power parity (PPP) in 2011).
- 4 L. Addati et al. (2018). *Care Work and Care Jobs for the Future of Decent Work*, op. cit.
- 5 Hereafter, whenever the phrase 'care work' is used in this document, it refers to unpaid, underpaid and paid care work, unless otherwise specified.
- 6 Established by the UN Global Compact and UN Women, the Women's Empowerment Principles (WEPs) are a set of guidelines for businesses and organizations on how to promote gender equality and women's empowerment in the workplace, the marketplace and the community. These principles are informed by international labour and human rights standards. See <https://www.weeps.org/>.
- 7 The Convention and its accompanying Recommendation No. 146 are relevant to the protection of children from intensive involvement in domestic and care work and/or in gainful activities at an early age which are detrimental to their education opportunities.
- 8 IFIs includes multilateral and regional development banks and institutions such as the World Bank Group, Asian Development Bank (ADB), African Development Bank (AfDB), European Investment Bank, Inter-American Development Bank, Asian Infrastructure Investment Bank (AIIB), International Monetary Fund (IMF), International Fund for Agriculture Development (IFAD), etc.
- 9 IFIs provide loans, credits and grants to national governments.
- 10 World Bank (2015). *Gender Equality, Poverty and Inclusive Growth (2016–2023)*
- 11 Floors refers to social protection floors which are nationally-defined sets of basic social security guarantees which secure protection aimed at preventing or alleviating poverty, vulnerability and social exclusion
- 12 L. Addati et al. (2018). *Care Work and Care Jobs for the Future of Decent Work*, op. cit.
- 13 Oxfam International (2021). *The Care Principle: Guidelines to promote responsive institutional strategies*. Oxfam.
- 14 Oxfam International (2021). *The Care-Responsiveness Barometer: A framework to plan, measure and improve the care-responsiveness of policies, investments and institutions*. Oxfam.
- 15 Stakeholders will include gender and diversity officers, female workers and representatives of workers' unions and women's groups.
- 16 It is preferable that these surveys are anonymous to ensure honest feedback, free from fear. The survey should be initiated and encouraged by the organization.
- 17 ILO. (2016). *Promoting diversity and inclusion through workplace adjustments: A practical guide*. https://www.ilo.org/global/topics/equality-and-discrimination/WCMS_536630/lang--en/index.htm
- 18 Intra-generational: this includes strategies to influence equity between individuals in one generation.
- 19 Inter-generational: this includes issues that involve and affect several generations and strategies that will lead to sustainable changes in attitudes and behaviours, enabling transformative and progressive impacts on care work in subsequent generations.
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- 21 This demonstrates how care could be integrated into this modality of lending. However, it is important to note that this modality of lending must have country ownership with indicators agreed with partner governments, in transparent consultation with relevant stakeholders, and that financing must be sufficient and predictable.
- 22 Asian Development Bank. (2021). *ADB Results Framework*. <https://www.adb.org/site/development-effectiveness/adb-results-framework#:~:text=The%20ADB%20corporate%20results%20framework,set%20out%20in%20Strategy%202020>
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https://www.ifc.org/wps/wcm/connect/topics_ext_content/ifc_external_corporate_site/development+impact/aimm/aimm-dimensions/measuring-outcomes
- 24 Asian Infrastructure Investment Bank. (2020). *Corporate Strategy: Financing Infrastructure for Tomorrow*.
<https://www.aiib.org/en/policies-strategies/strategies/.content/index/download/AIIB-Corporate-Strategy.pdf>
- 25 For ADB, client countries include developing member countries or DMCs.
- 26 The values in all scoring sheets are dummy figures and do not reflect the status of any institution or project.

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