

# COVID-19 and the Unpaid Care Economy in Asia and the Pacific





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# **COVID-19 and the Unpaid Care Economy in Asia and the Pacific**

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## Preface

To leave no one behind and to reach those furthest behind first are the essential ambitions of the 2030 Agenda for Sustainable Development. Within that mandate, Sustainable Development Goal 5 (achieving gender equality and the empowerment of all women and girls) must be a cornerstone of actions taken to achieve a prosperous, inclusive and sustainable future for the Asia–Pacific region.

The COVID-19 pandemic has exacerbated the risks and vulnerabilities for women and girls across the region. Yet, all the while, women have taken up essential roles in the pandemic response as front-line health care workers as well as in their homes. The introduction of lockdowns, mobility restrictions and school closures have greatly increased the time spent on household chores. Women have had to clean, wash, cook and care for home-schooling children and household members who are sick or elderly. Many of the hard-fought gains over the past decades have been reversed, and existing inequalities have further deepened. Even before the pandemic, women and girls in Asia and the Pacific spent on average up to 11 hours a day on unpaid care and domestic work — four times more than men.

This report on the unpaid care and domestic work in Asia and the Pacific in the context of the COVID-19 pandemic reveals that of the various socioeconomic policy response measures instituted to date, less than 30 per cent are care sensitive and only 12 per cent are gender differentiated. Although governments are striving to build back stronger and build more-resilient economies and societies, the few gender-responsive and care-sensitive measures that have been put in place have been short-lived or are at risk of being rolled back or undone once the crisis eases.

Unpaid care work is mainly performed by women and girls due to many factors, including social and cultural norms. From early on in their lives, the gendered nature and unequal burden of care and domestic work limit girls' access to and opportunities for quality education, economic security and decent work. Although care work has traditionally been valued for its role in social reproduction, it remains largely unrecognized as an important macroeconomic variable that can contribute to sustainable economic growth and enhance the well-being of our societies.

This report argues that a unique opportunity is upon us to better address the risks and vulnerabilities of women and girls and help them out of poverty, exclusion and marginalization. Governments must seize this opportunity to invest in the care economy by recognizing, redistributing and reducing unpaid care and domestic work. Such investments will help relieve the care burden and generate decent employment, which in turn will increase the resilience and long-term growth of economies.

Unpaid care and domestic work can no longer be overlooked. It should be included in national statistics and data analysis. Time-use surveys should be used to discover and measure the scope of unpaid care work, to inform gender-sensitive policymaking and to provide a value of unpaid care work and its contribution to household well-being and national income. National-level coordination, including between ministries, is essential for a whole-of-government approach to reducing and redistributing unpaid care work. A good example is the establishment in some countries of an integrated care system that includes affordable and good-quality care support services for children, older persons and family members with disabilities.

Coordinated efforts are also required with labour market regulations and social protection measures that redistribute unpaid work and foster a better work–life balance. A mix of policies are needed to enable women and men to better reconcile the time requirements of the workplace with those of unpaid care work at home, including parental leave, care leave, care insurance schemes and flexible work arrangements.

The uneven distribution of care and domestic work prevents women in the Asia–Pacific region from shaping the critical decisions that countries are making to recover from the pandemic. They must be part of the solutions and strategies that will affect the well-being of people and the planet for generations to come. Pandemic recovery is our chance to engineer a reset, reignite the Decade of Action for the Sustainable Development Goals and chart a path to an equal future for women and men.

## Acknowledgements

This report, *COVID-19 and the Unpaid Care Economy in Asia and the Pacific*, was prepared as part of the Development Account Project on Strengthening Social Protection for Pandemic Responses: Identifying the Vulnerable, Aiding Recovery and Building Resilience. It responds in particular to the stream on “strengthening a gender emphasis in designing policies to combat the COVID-19 pandemic, especially the care economy”.

The report was developed through collaboration between the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and the Institute of Development Studies (IDS) in the United Kingdom, under the overall direction and guidance of Srinivas Tata, Director of the Social Development Division with ESCAP.

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Karen Emmons edited the report, and Daniel Feary designed the publication.

## Explanatory notes

The analyses in the *COVID-19 and the Unpaid Care Economy in Asia and the Pacific* report are based on data and information available up to the end of April 2021. Groupings of countries and territories or areas referred to are defined as follows.

### ESCAP REGION

ESCAP member States — Afghanistan, Armenia, Australia, Azerbaijan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Democratic People’s Republic of Korea, Fiji, Georgia, India, Indonesia, Islamic Republic of Iran, Japan, Kazakhstan, Kiribati, Kyrgyz Republic, Lao People’s Democratic Republic, Malaysia, Maldives, Marshall Islands, Federated States of Micronesia, Mongolia, Myanmar, Nauru, Nepal, New Zealand, Pakistan, Palau, Papua New Guinea, Philippines, Republic of Korea, Russian Federation, Samoa, Singapore, Solomon Islands, Sri Lanka, Tajikistan, Thailand, Timor-Leste, Tonga, Turkey, Turkmenistan, Tuvalu, Uzbekistan, Vanuatu and Viet Nam.

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References to dollars (\$) are to United States dollars, unless otherwise stated.

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## Abbreviations

<b>ASEAN</b>	Association of Southeast Asian Nations
<b>COVID-19</b>	coronavirus disease 2019
<b>ESCAP</b>	United Nations Economic and Social Commission for Asia and the Pacific
<b>GDP</b>	gross domestic product
<b>ILO</b>	International Labour Organization
<b>MERS</b>	Middle East Respiratory Syndrome
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>SARS</b>	severe acute respiratory syndrome
<b>SDGs</b>	Sustainable Development Goals
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children’s Fund

## Executive summary

While human civilizations have been affected by pandemics since ancient times, the speed of the spread, the scale of impact and the accompanying socioeconomic damages have set the COVID-19 pandemic apart as a momentous event in the history of humanity. Governments around the world have been forced to take appropriate policy actions with alacrity, in the face of the health crisis but inevitably invoking severely damaging socioeconomic effects on vulnerable populations, which have been prolonged well beyond a year since the pandemic broke out.

To prevent or contain further spread of the coronavirus, the policy response included school closures, workplace closures, cancellation of public events, restrictions on gatherings, stay-at-home requirements, restrictions on internal movements, closure of public transport, international travel controls, contact tracing, testing measures, facial coverings and quarantine requirements. They have been imposed with varying degrees of stringency and varying degrees of success in combating the spread of the virus. The side effects of these measures on the lives and livelihoods of millions of people not directly infected with the coronavirus disease have been devastating.

Prior experience of health pandemics and global crises make it clear that these measures have differential effects on women and girls because of their varied physical, safety, sanitary, economic and social needs, thereby requiring a more gender-sensitive response. Gender assessments by UN Women and other international organizations in the first 100 days of the pandemic in the Asia and Pacific region found that COVID-19 responses had exacerbated pre-existing inequalities, with aggravated effects on women's and girls' care work.

Women form a majority of the health care professionals at the front lines of the pandemic, and they carry a disproportionate burden of all unpaid care and domestic work within households. Women perform 76.2 per cent of the total amount of unpaid care work globally, spending 3.2 times more time than men in Asia and the Pacific. This figure is as high as 4.1 times more time spent by women. These burdens have intensified for women in the COVID-19 pandemic.

The research highlights the extent to which governments in Asia and the Pacific have paid attention to the unpaid care and domestic work of

women while responding with socioeconomic policy measures in the wake of the pandemic. It maps the types and prevalence of care-differentiated policies that have been initiated as a response to COVID-19. The findings seek to inform and strengthen the gender emphasis when policymakers when designing any additional policies to combat the pandemic, especially taking into account the care economy.

The pandemic has underscored the importance and centrality of care work for human life and made visible the ways in which care work interacts with and impacts the market economy. This research highlights that it is essential to take into account women's differentiated needs and specific constraints in the labour market as well as their overrepresentation in the care economy when drafting recovery responses and future policy programming by governments. This, in turn, requires conscious attention to the unpaid care and domestic work undertaken by women.

The care-sensitive policy framework categorizes policy measures as care sensitive if they meet the following inclusion criteria: (i) any measures that explicitly *recognize* unpaid care and domestic work and (ii) seek to address this by *reducing* drudgery of this work and/or (iii) *reducing* the time spent on this work and/or (iv) services and infrastructure that promote *redistribution* from households to the State and market and/or (v) by effecting changes in social norms, such that the gender division in the household is altered (*redistribution* from women to men). Utilizing the feminist literature of care policy typologies, the report proposes the following four categories for care-sensitive policies:

- 1 Care infrastructure** — water, sanitation, energy, transport, food services, health infrastructure for the sick (HIV patients, COVID-19 patients, people with disability) and/or pregnant women.
- 2 Care-related social protection transfers and benefits** — cash transfers, cash-for-care, vouchers, tax benefits and non-contributory pension schemes.
- 3 Care services** — child care, older person care, disability and sick care provisions through the State or the market.
- 4 Employment-related care policies** — sick leave, family-friendly working arrangements, flexitime, career breaks, sabbaticals, severance pay, employer-funded or contributory social protection schemes like maternity and parental leave benefits.

The analysis distinguishes between care-sensitive and gender-differentiated measures. Gender-differentiated measures are those that explicitly identify and respond to women's differential needs and directly targeting women as beneficiaries of these measures. Measures that do not solely target women have, at the very least, special provisions catering to women's differential needs, such as maternity leave or childcare allowance.

The findings are presented at regional, sub-regional and national levels and include four detailed country case studies — Australia, the Philippines, the Republic of Korea and the Russian Federation — as positive examples of care-sensitive and gender-differentiated policy programming for the region. Normative principles underpinning the conceptual framework guide the articulation of recommendations

for each policy category along the Triple-R Framework (to recognize, reduce, and redistribute the unpaid care and domestic work of women and girls. Additionally, the recommendations outline five levers of change that ESCAP member States must pay careful attention to as they proceed on the journey to build back better and more equally.

#### **CARE-SENSITIVE AND GENDER-DIFFERENTIATED POLICY MEASURES IN RESPONSE TO THE COVID-19 PANDEMIC**

The pandemic has become a glaring spotlight on the neglected aspect of social reproduction and the care economy. The literature review underscores a lopsided gendered division of labour, bolstered by patriarchal social norms that continue to allocate the lion's share of unpaid care and domestic work to women. As long as women (and households) continue to subsidize the global, capitalist economy by shouldering the majority of care work, it will appear as if governments and businesses do not need to pay or provide for these care services. However, the pandemic has amply established that a care-sensitive and gender-differentiated model is needed to make societies sustainable and resilient in the face of crises and shocks.

The Asia-Pacific region is home to 60 per cent of the world's population and, in this pandemic (and at the time of writing), 26 per cent of all COVID-19 cases. There are wide variations among countries within the Asia-Pacific region in cumulative case incidence as well as per capita incidence. India, the Russian Federation and Turkey are the top three worst-affected countries within the region.

When analysing the policy measures adopted across the region, the researchers found that of the total 746 socioeconomic measures, less than 30 per cent are care sensitive (208 measures). Within them, only 12 per cent (90 measures) are gender differentiated. That is, they directly or indirectly address aspects of women's unpaid care work. Analysis of other socioeconomic factors, such as income level, the Human Development Index and the Gender Development Index of each country, revealed that governments of higher-income, higher-ranking countries had undertaken either a greater number of care-oriented measures or given some consideration to the gender-differentiated needs of women in their programmes. While there are positive measures that have been undertaken, many have been short-lived or at risk of being rolled back or undone once the crisis eases.

Countries of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) region have prioritized care infrastructure and care-related cash transfers and social protections as the most preferred policy instruments (32 per cent and 36 per cent, respectively). These include specific measures, such as free food assistance, utility bill waiver, expansion of existing cash transfer programmes, one-time cash support and an increase in the populations covered by existing programmes. Cash transfers and care-related social protections as a means to account for women's needs have been the preferred policy tool — with 63 per cent of care-related transfers being gender differentiated. Yet, they have been short term (for two to four months) or a one-time action. Other categories of care policies that build the necessary infrastructure and institutional capacity and create systemic change have yet to be adopted with the same level of commitment. Although 50 per cent of employment-related care policies were found to be gender differentiated, they are likely addressing only a small proportion of women workers, given the high rates of informal employment among women in the region.

There is also wide variation in the extent and type of care-sensitive measures adopted within subregions of ESCAP. The largest number of care-sensitive measures that have been adopted within North and Central Asia, with 46 per cent of them gender differentiated — notably in Georgia, the Russian Federation and Uzbekistan. This is followed by South-East Asia, with the second-largest number of care-sensitive measures, though only 30 per cent of them are gender differentiated. The South and South-West Asia subregion follows, with 37 care-sensitive measures, of which one third



Mother and daughter in Cambodia. Photo © Sasin Tipchai/ Pixabay

are gender differentiated. East and North-East Asia, although having a low incidence of COVID-19 cases, has adopted 30 care-sensitive measures, of which as many as 70 per cent are gender differentiated — notably in Japan, the Republic of Korea and Mongolia. The Pacific countries have adopted a sizeable number of aggregate measures, signifying the importance of combating not only the public health effects but also the survival, livelihoods and macroeconomic effects.

Care-related social protection transfers and benefits emerged as the largest category of measures adopted in North and Central Asia as well as East and North-East Asia, while care infrastructure is the largest category of measures in South and South-West Asia and South-East Asia. East and North-East Asia also has an equally large number of employment-related care policies, pointing to the higher level of development and formalization within countries in that subregion. Employment-related care policies is also the largest policy category in the Pacific. Examples of promising policy measures are highlighted throughout.

The four countries selected for case study — Australia, the Philippines, Republic of Korea and the Russian Federation — were picked on account of several factors. This included the extent and spread of care-sensitive policy measures, the extent of gender-differentiated measures adopted, the extent of population coverage of social protection measures and other development indicators. They also give

a balanced regional representation. Each case study presents the country's socioeconomic context, the incidence of COVID-19 and its gendered effects, the number and nature of care-sensitive policy measures adopted within each care policy category and the type of gender-differentiated measure.

## POLICY RECOMMENDATIONS

The recommendations centre around three components: (a) foundational care principles that form the normative lens with which to approach policymaking; (b) concrete policy actions under the four care policy categories; and (c) levers of change that make the difference between intent and implementation.

Informed by a feminist ethics of care, the foundational principles recognize care as central and value care through public investments in care infrastructure and institutional care services that ease and reduce the burdens on women directly. Deploying a comprehensive care policy framework is another important principle to ensure no aspect of women's unpaid care and domestic work is ignored and thus resulting in inequities for women. And a climate of public trust in citizen–State relations is a crucial ingredient in the public provisioning of care, given the sensitive, emotional and personalized nature of care work.

Specific policy actions under each of the four policy categories are made around a Triple-R Framework that entails: the *recognition* of the disproportionate burden of women's unpaid care and domestic work through better-quality gender- and care-disaggregated data and analysis of care deficits; the *reduction* of care work via better care infrastructure and policy provisioning along with gender-sensitive programmatic design and delivery mechanisms; and the *redistribution* of care by increasing the public and market provisions for the care of children, older persons and persons with a disability or who are sick as well as redistributing from women to men.

The five levers of change are important for governments to work upon as they go about planning and implementing a care-sensitive policy agenda. A legal and regulatory framework, including commitments to agreed international standards of decent work and gender equality forms the basic institutional mechanism needed to create the conducive policy environment. Laws needed to address care cut across ministries and government departments, and this report calls for a whole-of-government approach while mainstreaming gender and care concerns into various policies and initiatives. Gender and care-disaggregated data need to inform evidence-based policymaking while the representation of women's and carers' voices need to factor into decision-making. Both go hand in hand.

A fourth element for the successful incorporation of a care perspective into policies depends upon the fiscal space that this policy agenda is provided. Self-financing care programmes are being devised, but policymakers will need to come up with innovative financial mechanisms to pay for the increase in public spending on the care agenda. Finally, the gender division of labour that dictates women to be responsible for care work is rooted in deep cultural tradition and social norms that can only be shifted with persistent efforts at developing a discourse that draws men into the conversation and challenges entrenched patriarchal attitudes.

For translating this pandemic crisis into an opportunity to develop a new discourse around care — caring economies, caring democracies, caring societies, the need of the hour is a major rethinking and realignment of priorities in the way our businesses, economies, global trade systems, fiscal and monetary policies, infrastructure, environment and social security systems are designed. This rethinking is imperative for building back more-resilient economies and societies, especially in the context of the ongoing crises.

Lessons are drawn from country case studies as well as good practices showcased by other countries before and during the pandemic to chart a road map for policy action, such that ESCAP can partner with subregions and individual countries in its endeavour to bring greater attention and support for the care economy.

## Introduction

The COVID-19 pandemic that began in early January 2020 continues to rage around the world, infecting more than 150 million people worldwide and claiming more than 4 million lives so far.<sup>1</sup> Countries have been grappling with the twofold impact of the crisis — on public health as well as in terms of severe socioeconomic fallout due to the containment measures. The United Nations Secretary-General's *Shared Responsibility, Global Solidarity* report (UN, 2020b) characterizes this as a crisis of proportions that is hitting at the very core of human societies. Businesses have been upended, jobs destroyed, and the economy plunged into the worst recession in decades. Not only has the impact been sudden and unprecedented, but the extended disruptions to global value chains, the drop in oil prices as well as irrevocable loss of productivity, working hours and human capital formation portend a slower rate of recovery (World Bank, 2020c).

An estimated 81 million jobs have been lost in Asia and the Pacific — distributed as 32 million jobs for women and 49 million jobs for men (ILO, 2020a). Labour income in the region have dropped by as much as an estimated 9.9 per cent in the first three quarters of 2020 alone (ILO, 2020a). Loss of labour income due to reduced working hours or increase in unemployment portends another human cost: increased poverty. Anywhere between 88 million and 115 million people (under baseline and downside scenarios, respectively) have been or will be pushed into extreme poverty because of the pandemic, with South Asia being the hardest hit (World Bank, 2020a). Some 1.3 billion of the world's 2 billion informal workers who face lower job security live in this region. Thus, the loss of income could translate into 4 million to 5.6 million working-poor persons in East Asia and South-East Asia and the Pacific combined and 17.9 million to 19.8 million persons in South Asia (ILO, 2020a, p. xiii).

While many governments have responded to the unfolding crisis with macroeconomic policy measures and stimulus packages, there is a growing realization that recovery will need to aim at the especially vulnerable households. Globally, more than 4 billion people, which accounts for 55 per cent of the world's

population, including two out of every three children, had no or inadequate social protection before the pandemic (UN, 2020c). In Asia and the Pacific, more than a quarter of the region's population was already living in poverty, with their daily income at less than \$3.20. More than four in ten people in the region had no access to health care, and more than six in ten people lacked access to social protection, as did most of the 70 per cent of the region's informal workers and many unpaid care workers. Women were already particularly vulnerable prior to the pandemic due to the much lower extent of economic participation and overrepresentation in vulnerable employment with no social protections.

In this context, the United Nations machinery swung into action to assess and respond to the socioeconomic impacts of COVID-19 around the world. As an implementing entity, the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), along with other United Nations partner agencies, was entrusted with the task of "strengthening social protection for pandemic responses: identifying the vulnerable, aiding recovery and building resilience". It is one of the five streams within the United Nations framework for immediate socioeconomic response to COVID-19 (UN, 2020c). These five streams are connected through the underlying imperative to *build back better*, with attention to environmental sustainability and gender equality.

The year of the pandemic's beginning, 2020, marked the 25th anniversary of the Beijing Platform for Action, agreed during the Fourth World Conference on Women in 1995. It lays out a global framework for removing systemic barriers to women's equality and to their full participation in all areas of life. One of the markers of progress towards gender equality is the recognition and rebalancing of unpaid care work that is disproportionately shouldered by women. As of 2018, women globally performed 76.2 per cent of the total amount of unpaid care work, spending 3.2 times more time than men (ILO, 2018). This figure was as high as 4.1 times for women in Asia and the Pacific. Just as regions and countries around the world were embarking upon a review<sup>2</sup> of the gains made towards gender equality as part of the Beijing+25 Review, COVID-19 emerged, putting at risk the progress made

1 The 4 million deaths are as of July 2021; otherwise, the research covers the pandemic period up to 30 April 2021.

2 The regional review processes included preparation of regional reports and organization of regional intergovernmental meetings by all five commissions: the Economic Commission for Africa, the Economic Commission for Europe, the Economic Commission for Latin America and the Caribbean, the Economic and Social Commission for Asia and the Pacific and the Economic and Social Commission for Western Asia. The November 2019 Asia-Pacific Ministerial Conference on Beijing+25 Review adopted the Asia-Pacific Declaration on Advancing Gender Equality and Women's Empowerment, which includes strong commitments to, inter alia, address the "disproportionate number of women working in the informal economy and shouldering an unequal share of unpaid care work".

so far as well as threatening the prospects for achieving the objectives of the Sustainable Development Goals (SDGs).<sup>3</sup>

The 17 SDGs along with their 169 targets address various aspects of women's and girls' lives. While SDG 5 on gender equality has a specific target for unpaid care and domestic work<sup>4</sup> (target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate), unpaid care and domestic work emerge as a cross-cutting theme across several other SDGs. These are ending poverty (SDG 1), good health and well-being (SDG 3), access to education for girls (SDG 4), decent work and economic growth (SDG 8) and reducing inequalities (SDG 10). The emphasis confirms that the care economy is both a gender equality concern and a development policy issue impacting poverty reduction, socioeconomic inequalities, decent jobs and inclusive growth (Ilkharacan, 2018).

Against this backdrop, this report was designed to capture an overview of the unpaid care economy across Asia and the Pacific during the COVID-19 pandemic. The aim was to pay special attention to the gendered effects of the unpaid care economy and state policy responses to the pandemic across ESCAP member States, with the goal of strengthening the gender lens of policies designed to combat the spread of COVID-19. When drafting recovery responses and future policy programming, Governments must factor in women's differentiated needs and specific constraints in the labour market as well as their overrepresentation in the care economy.

The gendered effects of the pandemic are numerous, ranging from health, domestic violence, food security, livelihood loss and income instability to other physical, emotional and mental hardships. The emphasis of this report is exclusively on women's role in the unpaid care and domestic work component of the care economy. The report proposes a care-sensitive policy framework as a basis for governments across the region to address women's care work in a post-COVID scenario. It maps out the types and prevalence of care-differentiated policies along this framework that have been initiated by ESCAP member States in the region as a prevention or containment response

to COVID-19. It examines the subregional variations in COVID-19 incidence as well as the care-sensitive policy measures that have been adopted. In addition, it singles out policy best practices and positive case studies as examples for the rest of the region. The recommendations and conclusions of the report exhort ESCAP member States to recognize care as foundational and take appropriate policy actions to address women's unpaid care and domestic work to build back better and more equally going forward.

The report is structured as follows: Chapter 1 begins with a survey of literature on care and women's economic empowerment, focusing on the findings for women's unpaid care work in Asia and the Pacific. Chapter 2 elaborates on the care-sensitive conceptual framework developed for this study based on the literature review. This chapter explains the main research questions, methods of data collection and data analysis as well as the case study selection criteria. Four categories of care-sensitive policies are covered — care infrastructure, care-related social protections, care services, and employment-related care policies. The policy responses of countries to the COVID-19 crisis are thus analysed against these categories. The next three chapters present the main research findings: Chapter 3 covers the regional overview across 59 ESCAP member States regarding the incidence and effects of the COVID-19 policy responses on women's unpaid care work. Chapter 4 drills down into the findings across the five subregions — East and North-East Asia, South and South-West Asia, South-East Asia, North and Central Asia, and the Pacific — to illuminate the variations and promising country practices. Chapter 5 consists of four case studies to showcase the significant number and type of care-sensitive policy measures adopted in Australia, the Philippines, the Republic of Korea and the Russian Federation. Chapter 6 makes policy recommendations for incorporating a care-sensitive lens to address women's unpaid care work by laying out overarching care principles, making specific suggestions for each care-sensitive policy category and underlining the enabling policy environment and levers of change that are necessary. Chapter 7 concludes with a discussion of the trends detected, the likely medium- to long-term effects of the current policy responses for women's unpaid care work and the overarching messages of the report.

3 The 17 SDGs can be found at <https://sdgs.un.org/goals>.

4 Target 5.4 under SDG 5 accessed at <https://sdgs.un.org/goals/goal5>.



Women in Asia-Pacific, motherhood and care work. Photo © UN Women/Pathumporn Thongking

This report supplies evidence to support the case that recognition and redistribution of women's unpaid care work are essential for successful women's economic empowerment programming. They are also necessary for building back better, considering the long-term effects of the COVID-19 responses on gender equality and community resilience. There is a need to recognize the differential impacts that the responses are having and will continue to have on vulnerable groups, especially women, youth, low-income persons, migrant workers and small and medium-sized enterprises, mainly in the informal sector. This requires conscious attention to the unpaid

care and domestic work undertaken by women and girls, which has intensified during the pandemic.

The study enables ESCAP to provide advocacy and technical support to governments and policymakers of member States on national policy and programming for addressing the care economy. What this report presents at its core is the clarity that only when care is recognized as foundational and that women's unpaid care work burdens are specifically addressed through care-sensitive policy measures will women's economic potential be fully leveraged in a sustainable and equitable manner.





Chapter 1

# Care economy: Literature review

Photo © CBFM-Fem Com Bangladesh

This chapter gives an overview of the concepts on care and of the literature from the field of feminist economics and gender and development studies. The point is to reiterate the case for addressing women's unpaid care and domestic work as a crucial component of the care economy that supports the survival and reproduction of families and communities and also sustains the market economy. Section 1.1 begins by delineating the definitional issues and debates surrounding women's work in general and unpaid care and domestic work in particular. Section 1.2 elaborates on the state of women's paid and unpaid work, highlighting the central role of unpaid care work as a factor influencing women's labour market choices and economic empowerment. Section 1.3 reviews the findings on women's unpaid care work and its implications for the Asia and Pacific region, while section 1.4 outlines how these care burdens have been impacted and intensified during previous crises, thereby giving us important lessons to evaluate the effects of the COVID-19 responses. In section 1.5, the discussion covers various strands of feminist scholarship on women's unpaid care work and how the differentiated care needs of women can be addressed through public service provisioning, care infrastructure, social protections systems and labour market policies. Because the emphasis of this study is exclusively on women's unpaid care work, it does not go into women's role as paid carers in much depth and only touches upon it in a general way. The analysis and subsequent recommendations focus on how unpaid care and domestic work in the private sphere drives women's engagement in the market economy.

## 1.1 Concepts of a care economy

In its most expansive definition, care is defined as a *"species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, our selves, and our environment, all of which we seek to interweave in a complex, life-sustaining web"* (Fisher and Tronto, 1991 cited in Tronto, 1993, p. 103; authors' original emphasis). The current pandemic has underscored the importance and centrality of care in human life and has made visible the ways in which care work interacts and impacts the market economy. The care economy can be said to be the

sum total of all the direct and indirect, short-term and long-term, paid and unpaid care work that is necessary for the social reproduction and sustenance of life and human beings. In short, the care economy is a sum of *all forms of care work*, largely recognized as paid care work and unpaid care work (ILO, 2018).

Time-use surveys are the most widely accepted source of gender-disaggregated data on the nature and duration of time spent in paid work, unpaid work and total work. Estimates based on time-use survey data in 64 countries (representing 66.9 per cent of the world's working-age population) indicates that 16.4 billion hours are spent in unpaid care work every day. This is equivalent to 2 billion people working eight hours per day or a full-time shift for no remuneration (ILO, 2018, p. 43).

Due to definitional and analytical differences in the way the system of national accounts over time have captured paid and unpaid care work, it is important to unpack these terms as applied in this report. The System of National Accounts (SNA) guidelines in 2008, Resolution 1 on Statistics of work, employment and labour underutilization, Nineteenth International Conference of Labour Statisticians, 2013 and the International Classification of Activities for Time-Use Statistics, 2016 have made strides in recognizing various categories of work beyond only paid, market work (ESCAP, 2021b; Charmes, 2019). Based on the definitions widely in use, this report employs the following categories of work.

*Paid work:* SNA work activities that are produced for the market and include work done for corporations, quasi-corporations, non-profit or government sectors as well as work in households for primary production, non-primary production, construction and other services for income.

*Paid care work:* performed for pay or profit by care workers in a range of occupations, such as nurses, domestic workers, personal carers, teachers and doctors.

*Unpaid care work:* considered as work provided without a monetary reward by unpaid carers. This is non-SNA work activities consisting of primarily three categories: unpaid domestic services for own final use within households, unpaid caregiving services to household members (childcare, care of older or sick persons or persons with a disability), community services and help to other households.



Woman and boy transporting water cans in Ulaanbaatar, Mongolia. Photo © UNICEF Mongolia 2017/Mungunkhishig

These definitions of unpaid care work do not capture aspects of own-use production of goods, for example, collection of water and firewood, which are considered to fall within the SNA production boundary. While the Nineteenth International Conference of Labour Statisticians adopted a broader definition of employment in 2013 and expanded the scope of what components are included in unpaid care work, most labour force and time-use surveys do not include these activities for employment calculation purposes yet (Charmes, 2019). They are either measured separately or not at all. And yet, there is strong evidence of these activities being a critical determinant of women's time use and work pressures. Previous studies analysing time-use data from select countries found significant gender differentials in the time spent on water and firewood collection (Chopra and Zambelli, 2017; Budlender, 2008). For example, as of 2015, as many as 200 million hours

were spent by women worldwide on water collection each day (ADB, 2015). Not only do women and girls spend more time collecting water but the time taken to reach a water source is equally time-consuming (Chakraborty, 2008). This has implications of reduced time allocation by women on other household work, childcare, leisure time or market work. It is important to understand the centrality of water, fuel and fodder collection in women's lives and its impact on the way they carry out their unpaid care work tasks especially related to domestic chores, such as procuring food, food preparation, cooking and cleaning.

Thus, this study incorporates these tasks within the ambit of unpaid care work, both in the mapping of how the COVID-19 responses have affected women's unpaid care work as well as in the policy responses to the crisis — as outlined in the analytical framework in the following chapter.

**It is important to understand the centrality of water, fuel and fodder collection in women’s lives and its impact on the way they carry out their unpaid care work tasks especially related to domestic chores, such as procuring food, food preparation, cooking and cleaning.**

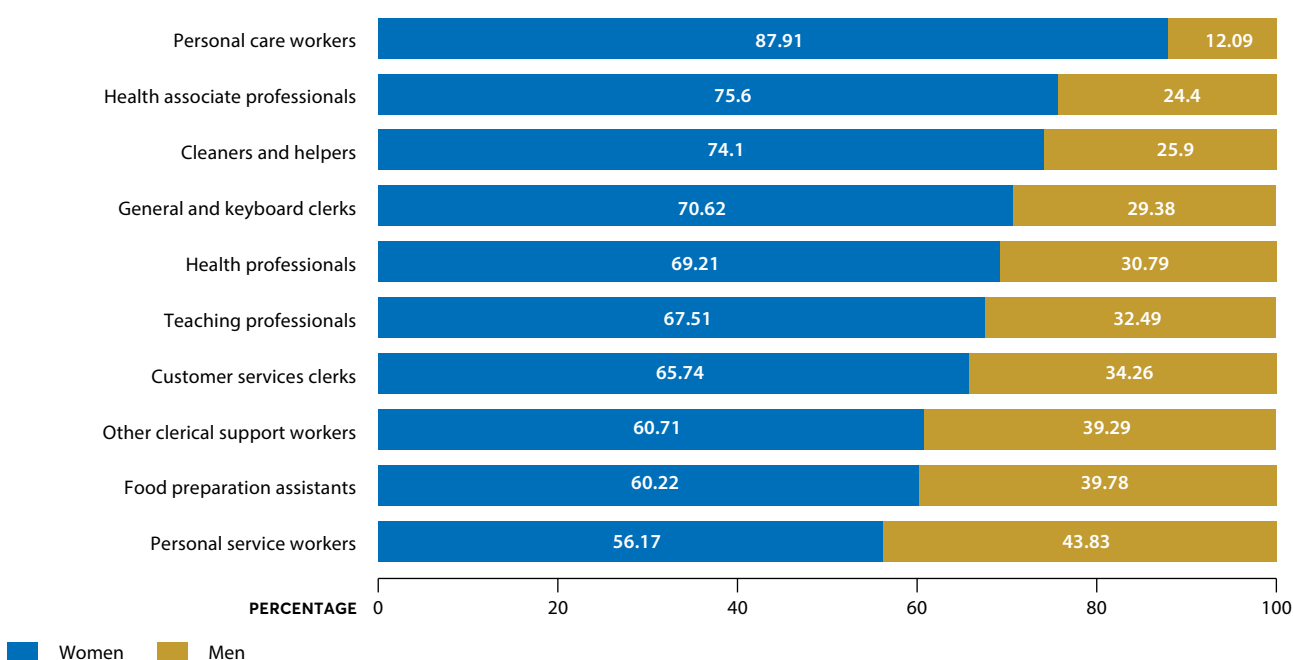
## 1.2 Connections between women’s paid and unpaid work

In the field of international development, care work is often articulated as the most significant barrier to women’s participation in the labour force. Yet, care work is the cornerstone of all human activity and is essential for the market economy to function. The term “care work” signifies the aspects of time, skill, and effort that are needed to care for human beings, which makes it equally a form of work as any other. Young children, older persons, people who are sick, and persons living with a disability all require intense care. The daily maintenance of the household and

the care of able-bodied adults also requires work. As noted, the majority of this care work is carried out by women and girls, whether in paid or unpaid form: Women dedicate 3.2 times more time than men to unpaid care work. That translates to 4 hours and 32 minutes (272 minutes) per day against 1 hour and 24 minutes for men (84 minutes), or more than three fourths (76.4 per cent) of the total amount of unpaid care work. In terms of paid work, women spend 0.3 times the time dedicated by men: 3 hours and 1 minute (181 minutes) against 5 hours and 21 minutes (321 minutes) for men (Charmes, 2019).

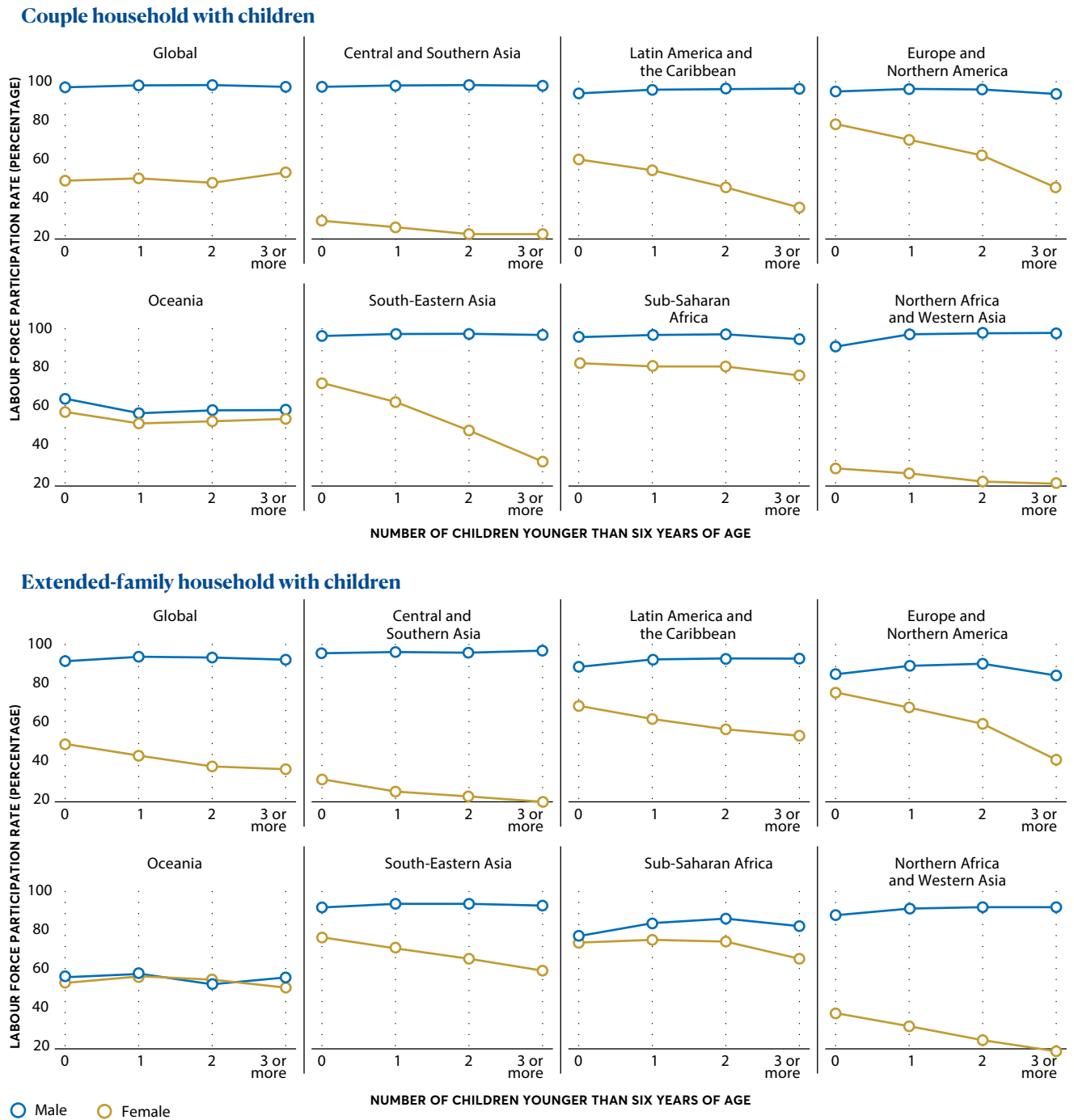
When women engage in the labour market, their choice of occupation and the nature of working is often determined by these care responsibilities (Chopra and Zambelli, 2017). For example, women are often overrepresented in paid care work sectors, such as nurses, migrant domestic workers, teachers and childcare assistants. These occupations are marked by low wages, poor working conditions, and lack of adequate social protection. These jobs are often done by women from socially disadvantaged backgrounds. Figure 1 brings out this point clearly with the latest data for 121 countries, collated by the International Labour Organization (ILO). The data highlight women’s preponderance in largely care-related occupations (ILOSTAT, 2020).

**FIGURE 1 Top ten occupations with largest proportion of women’s employment (percentage)**



Source: Authors’ depiction of data from ILOSTAT, 2020.

**FIGURE 2 Global labour force participation rates, by households with children younger than 6 years**



Source: Azcona, Bhatt, Cole and others, 2020, p. 9 (figure 3).

Azcona, Bhatt, Cole and others (2020) found that childbearing, more than marriage, is responsible for reduced female labour force participation. As figure 2 shows, women’s labour force participation around the world tends to be lower than men’s as the number of children increases, whether within a couple or extended-family household. Azcona, Bhatt, Cole and others (2020) concluded that the increase in need for care as well as increase in intensity of domestic work with each additional child drives the decline in

female labour force participation. This is called the “motherhood employment penalty” in the literature and was found to have increased by 38.4 per cent between 2005 and 2015 (ILO, 2019). Women with children also face other penalties in the workplace in the form of reduced earnings — the “motherhood wage penalty”. And there is smaller representation of mothers with children younger than 5 years among managerial and leadership positions — the “motherhood leadership penalty” (ILO, 2019).



Women carrying sand in Gabtoli, Bangladesh. Photo © Gerry Popplestone

Research findings in low-income contexts underline the importance of contextual variables in the bidirectional relationship between care work and women's economic engagement. Chopra and others (2020) found that the choice of hours, location and the type or nature of paid work was mediated by such factors as: (i) the economic condition of the household; (ii) the availability of alternative childcare arrangements; (iii) the household structure; and (iv) alternative options for paid work (for both men and women). Azcona, Bhatt, Cole and others (2020) corroborated this finding when their study revealed that single-mother households with at least one child younger than 6 years are more likely to be in the labour force than mothers living with a partner. In a similar vein, Deshpande and Kabeer (2019) found that it is marriage and its attendant domestic chores that is the greater burden in India than childcare and lowers women's likelihood of engaging in paid employment.

Read together, these studies point to the need to emphasize "unpaid care and domestic work" as the appropriate terminology to best capture the complex nature of women's care work and its overlaps and interconnections with paid work.

### 1.3 Unpaid care work in Asia and the Pacific

To aid any future COVID-19 response and recovery plans, it is crucial to recognize the unique challenges posed by the care economy in Asia and the Pacific, specifically taking into account the extent of women's unpaid care work. This section sketches out the state of the care economy in the region.

Figure 3 gives insight into the magnitude of the challenge for the region. The burden of total work (unpaid care and paid work) is highest on women in Asia and the Pacific among all regions as well as the global average. An estimated \$3.8 trillion could be added to the economy if the unpaid care work of women was added into the GDP measurements of Asia and the Pacific (McKinsey Global Institute, 2018). Additionally, women bear a large load of the unpaid care work, compared with men (fourfold more) within the region. This gender difference in unpaid care work performed by women and men has narrowed only slightly, with no increase in men's unpaid care work. The gender gap pertaining to the time spent in unpaid care and domestic work between men and women fell only by seven minutes over 15 years (ILO,

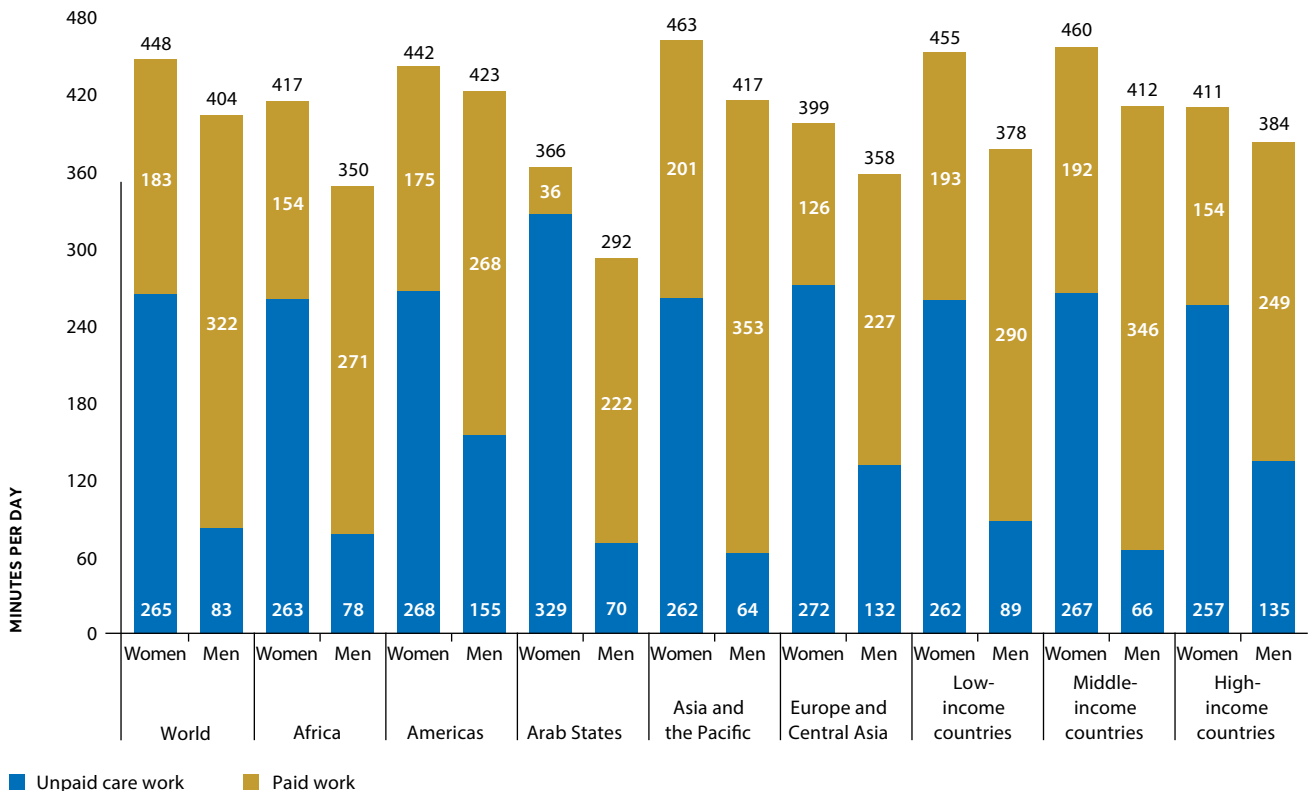
2018, p. 68), indicating the persistence of entrenched gender roles and the lack of effective policies to address this gap. Figure 3 also points to much larger work pressures on women in low- and middle-income countries, in comparison with high-income countries. A bulk (23) of the countries among the ESCAP member States are in the lower-middle and low-incomes group (see table A4 in the Appendix). This also has significant policy implications.

Sociodemographic trends such as changing birth and death rates, varying care dependency ratios and changing household structure and composition are other factors that moderate the extent to which women experience the intensity of unpaid care work. They also signal the need for a differentiated care policy response. For example, Asia is expected to account for 65 per cent of the total increase in the population aged 60 years and older by 2050 (UN, 2017, cited in ESCAP, 2019a). A rapidly ageing population in a context in which social protection systems are not yet in place is likely to increase the pressure on families to provide care (ILO, 2017). Given the social norms within the region that mediate the division of labour within the home, this then will translate into increased care work for women within families.



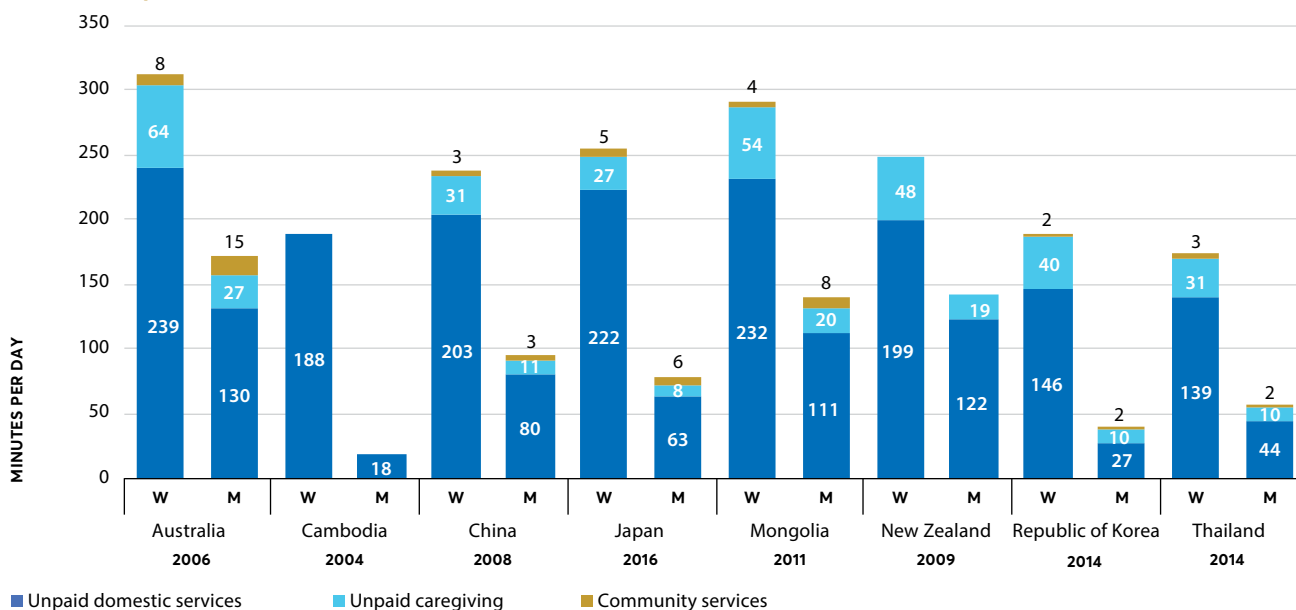
A woman harvesting. Photo © UN Women/Pathumporn Thongking

**FIGURE 3** Time spent daily in unpaid care work, paid work and total work, by sex, region and income group



Source: ILO, 2018, p. 56 (figure 2.8).

**FIGURE 4 Time spent in unpaid care and domestic work in eight countries of East Asia, South-East Asia and the Pacific**



Source: Authors' compilation from data tables in Charmes, 2019, pp. 28–31.

**TIME-USE SURVEY DATA FOR COUNTRIES IN ASIA AND THE PACIFIC**

The 1995 Beijing Platform for Action recommended the collection of relevant regional, national and international statistics on patterns of men’s and women’s participation in paid work and unpaid activities. Time-use surveys are the best available mechanism to collect data on women’s time spent on unpaid care tasks. These could be domestic chores or caregiving services to family members or even volunteer work and community service. Time-use survey data give insights into time poverty; differentials in earnings; interrelationships of employment, unemployment and education in rural and urban areas; everyday well-being patterns; extent, type and timing of market work; reconciliation of the work–family balance; measurement of human capital through schooling and time spent by parents with children; and access to and consumption of services like energy and communication technologies (ESCAP, 2021).

Given the technically complex, time-consuming and expensive nature of collecting detailed time-use data, few countries within the region have conducted time-use surveys where such survey have been conducted.<sup>1</sup> There are significant subregional variations that are worth noting. Figure 4 shows the gender differentials in time spent in unpaid domestic work, unpaid care giving services and community participation for nine countries in East Asia, South-East Asia and the Pacific for which time-use survey data are available.

Many time-use surveys have found that married women spend substantially more time on unpaid care and domestic work. The differences between men and women exist in the amount of unpaid care and domestic work carried out and in terms of timing and flexibility (ESCAP, 2021, p. 93). Figure 5 reports the data for eight countries in the North and Central Asia and the South and South-West Asia subregions.

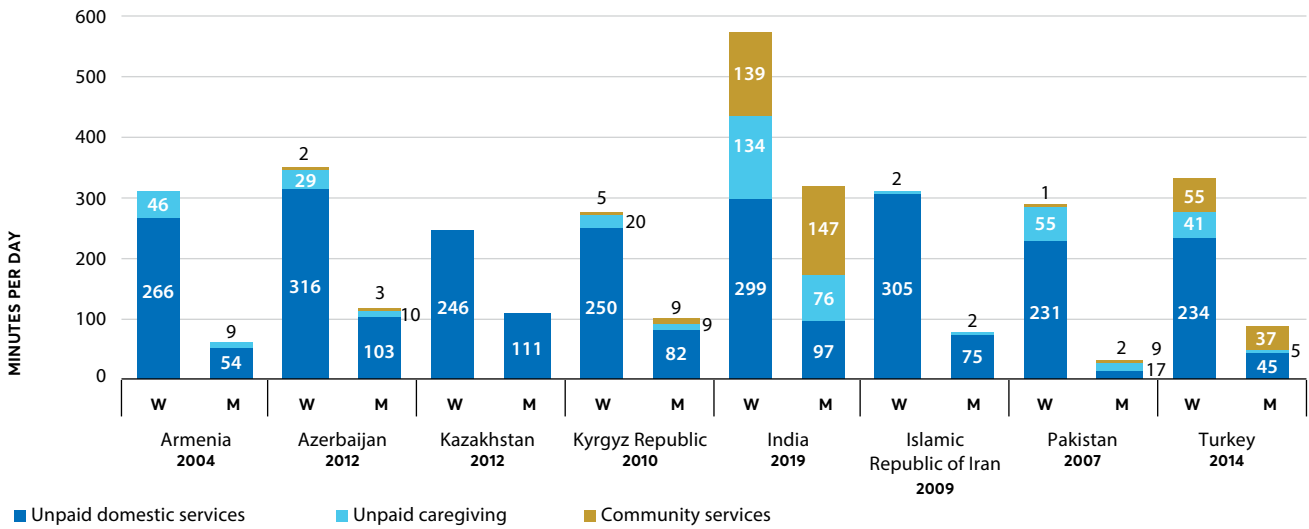
In figures 4 and 5, the following subregional patterns can be seen: Women in Cambodia, the Republic of Korea, and Thailand spend relatively less time on unpaid care and domestic work than do women in Azerbaijan, India, and Turkey. Women’s time spent on unpaid care and domestic work as a ratio of men’s time in unpaid care and domestic work varies widely across the region, from as high as 11 times in Pakistan to just 1.7 times in New Zealand (ADB and UN Women, 2018). It is interesting and somewhat discouraging to see that total time use of women in India as per the latest time-use survey (NSO, 2019) shows no change from its pilot study conducted 20 years earlier, in 1998. The overall high time allocation of women in India relative to other countries in Figure 4 and Figure 5 must also be read in light of the increasing sophistication in design and data collection methodologies of the recent surveys, compared with the older surveys.

A gendered division of labour between men and women in the kind of unpaid care tasks usually done is evident. For example, women seem to be mainly

<sup>1</sup> Countries with time-use survey data available: Armenia (2004), Australia (2006), Azerbaijan (2012), Cambodia (2004), China (2008), India (2019), Islamic Republic of Iran (2009), Japan (2016), Kazakhstan (2012), Kyrgyz Republic (2010), Mongolia (2011), Pakistan (2007), Republic of Korea (2014), Turkey (2014) and New Zealand (2009).



**FIGURE 5 Time spent in unpaid care and domestic work in eight countries of the North and Central Asia and the South and South-West Asia subregions**



Source: Authors' compilation from data tables in Charmes, 2019, pp. 28–31 and for India from NSO, 2019.

responsible for food and household management, including cooking, serving food and cleaning, while men prefer to participate in shopping for the household and travelling for household upkeep (ADB and UN Women, 2018). Among the care of dependant persons, women tend to spend more time than men on childcare, especially physical care aspects, while men participate mainly in teaching children and accompanying them to places (ADB and UN Women, 2018). This hints at the deeply rooted nature of social and cultural norms that govern the perception of unpaid care and domestic work as primarily women's responsibility. Pocock's concept of work and care regimes (Pocock, 2005, cited in Baird, Ford and Hill, 2017) has been used to underscore the ways in which dominant cultural values and norms shape the practices of work and care, which in turn sanction certain types of institutions that reproduce gendered relations in paid and care work. These then sustain the work and care regimes. The data reflect how the deeply gendered work and care regimes put women in Asia and the Pacific at a disadvantage in terms of overburdening them with unpaid care work responsibilities.

### 1.4 Crisis and care

The COVID-19 pandemic responses have exacerbated the unpaid care work demands on women's time and energy. For example, school closures have led to

increased workloads. Less time and opportunities for paid work translate into reduced earnings (Moussié and Staab, 2020). Difficulties of access to public systems are likely to make activities like fetching water, collecting firewood and fodder, procuring food and accessing food services even more challenging. It is these specific gendered effects of the pandemic that need to be made visible and reflected in government policy measures.

Literature on previous public health crises, like Ebola in West Africa and Zika in Latin America, as well as the Great Recession of 2008–2009, cite studies on the differential effects that a crisis has on women. Research on situations after the Ebola pandemic, for example, found that quarantine can significantly reduce women's economic and livelihood activities, increase poverty rates and exacerbate food insecurity (UN, 2020c). Recent rapid research on the conditions created by the pandemic responses revealed that isolation orders and stay-at-home measures have exacerbated the incidence of domestic violence and sexual assault against women, along with reducing women's access to sexual and reproductive health services, thereby increasing maternal mortality (Azcona, Bhatt, Davies and others, 2020). What is more worrying is the underrepresentation of women and gender experts in national-level committees and inputs to global health recovery interventions, despite the higher risks of infection to women as front-line health workers (Azcona, Bhatt, Davies and others, 2020; Care International, 2020b).

It is well established that a crisis does not impact all groups and stakeholders equally. Rather, it often deepens pre-existing inequalities and increases the precarity for already-vulnerable populations. For example, analysis of the recovery from the 2008–2009 Great Recession shows that greater spending on infrastructure projects resulted in the creation of more jobs for men as opposed to women, while female-intensive jobs in teaching, nursing and public services were cut (Durant and Coke-Hamilton, 2020). Crises also have a disproportionate impact on the care economy, intensifying women's burdens in the face of withdrawal or reduction in access to public services like health, education and sanitation (Ghosh, 2013).

The Asian financial crisis that began in 1997 and the 2008–2009 Great Recession showed Asian countries the need to expand social protection systems (ILO, 2017, p. 148). Low baseline capacity and existing gaps in health and care service provisioning become heightened in a crisis and affect women more adversely than men. The short-term effects of school closures can lead to girls dropping out of their education. Declining income of women can push families into poverty, and fiscal austerity and cuts to public spending on social services can halt progress towards gender equality, decent work and women's economic empowerment. For example, race, income and gender inequalities impact access to digital services, such as the internet, which determines who can access online learning (Azcona, Bhatt, Cole and others, 2020). This calls for a *focus on intersecting inequalities* to create a robust and effective response and recovery plan.

## 1.5 Feminist scholarship on care

Care is a multidimensional policy good (Daly, 2002, p. 264). It involves a mutual relationship between the caregiver and the care receiver that is marked by effective and relational aspects that resist commodification. This makes technology-induced productivity gains harder to achieve. Care policies and provisioning are a complex process requiring a nuanced understanding of the *interdependencies and needs of both caregivers and care receivers*. Various typologies and ways of framing and categorizing the differentiated care needs and their provisions in society have been proposed over the years.

A foundational set of questions that frame a care-centred typology of social policy are: Who cares? Who pays? And where is care provided? (Jenson, 1997).

Three strands of feminist scholarship on care have informed the field and social policy. One is from the empirical work of feminist economists who uncovered microeconomic and household factors on women's work within the private domain. Another is from feminist sociologists studying kinship relations and cultural norms that govern the gendered division of labour. And the third is the work of feminist ethicists who turn the light onto the philosophical and moral dimensions that lead to a devaluation of care. This disciplinary and interdisciplinary scholarship has led to calls for the recognition of care work as a means of giving due importance to the sphere of social reproduction that has become subordinated to the sphere of production in a capitalist economy (Fraser, 1994). Razavi (2007) articulated a stylized "care diamond" to illustrate the four institutional actors — State, market, family and community — between whom the distribution of care provisioning moves in varying combinations at different points of time. Elson (2008) put forward the now widely accepted Triple-R Framework, which emphasizes the need to *recognize* individual women's unpaid care work burdens, *reduce* drudgery and *redistribute* the load from households to the State and from women to men. The emphasis on a rights-based and gender-responsive care policy framework positions *the State at the centre of care provisioning*. Hence, it is important to look at state policies that impact women's unpaid care work, directly or indirectly.

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**... the Triple-R Framework ... emphasizes the need to: *recognize* individual women's unpaid care work burdens, *reduce* drudgery and *redistribute* the load from household to the State and from women to men.**

**The emphasis on a rights-based and gender-responsive care policy framework positions *the State at the centre of care provisioning*.**

Within SDG 5 on gender equality, target 5.4 speaks to national policies and the provisioning of care in line with achieving the aim of a more just and equitable world for men, women and other genders. This requires a nuanced and differentiated understanding of what the needs and care work burdens on women are. It also requires creating a differentiated care policy response framework that serves both caregivers and care recipients. The types of policy interventions employed will need to vary by different groups of women, based on the nature and reasons for the unpaid work inequalities (Antonopoulos, 2008). A previous typology of care policies arrived at four categories: monetary, employment related, services and incentives for the marketization of care and employment (Daly, 2002). Razavi (2007) examined the organization of care using various logics of male-breadwinner and dual-earner models. To address women's differentiated needs, another proposed typology of policy options (Antonopoulos, 2009) considered: (i) universal coverage and direct state service provisioning; (ii) employment guarantee and job creation based; (iii) family-based cash transfers and targeted social protections; and (iv) family-work reconciliation policies.

The more recent and exhaustive analysis by the ILO (2018) in the *Care Work and Care Jobs of the Future* report presented a framework for transformative care policies termed as the "high road to care". It brings together the Triple-R Framework (Elson, 2017 and 2008) and the ILO Decent Work Agenda in an expanded 5R Framework: *recognition, reduction, redistribution of care work, reward and representation for care workers*. A high road to care work is based on the recognition that States need to become "caring states" (Tronto, 2015) and that the world of work needs to become a "caring world of work", in line with people's aspirations.

The intent of the ILO high road to care is recognition of care work combined with the necessary respect and valorization of this work. Increasing public investments in the care economy via expansion of social care services aimed at achieving the SDG targets has the potential to generate care-related direct and indirect employment for some 475 million workers (Ilkkaracan and Kim, 2019). A caring economy is envisaged as an economy that puts the welfare of people and the planet ahead of economic growth, thereby simultaneously meeting the objectives of gender equality, sustainability and well-being (Women's Budget Group, 2020). An early precursor to this discussion on sustainable and caring economies is the concept of the "purple economy" (Ilkkaracan, 2013), defined as a gender-egalitarian, caring and sustainable economy complementary to the green economy.

The goal of a caring world has become more complicated and difficult to attain with the damage caused by the ongoing COVID-19 pandemic. Policy analysts, researchers, human rights activists and international organizations alike are calling for a shift in focus towards creating care-sensitive economies, instead of going back to business as usual, to ensure well-being, social justice and human rights for all (Nazneen and Araujo, 2020; Oxfam, 2020b). Governments around the world need to factor in the economics of care in their policy responses and commit to continue pursuing the aims of decent work and gender equality for all. A positive effect of this pandemic has been the light turned upon the central importance of care work. It also has highlighted the pressing need to prioritize care in policy responses.

The next chapter explains the methodology that this research followed to assess the extent to which States in the ESCAP region have taken care into account in their COVID-19 responses.



## Chapter 2

# Research methodology

Migrant woman in Thailand  
Photo © UN Women/Younghwa Choi



## 2.1 Research objectives

The COVID-19 pandemic has not distinguished between countries or regions in its spread and fallout. Nor have people experienced the fallout effects uniformly. Persons in already-precarious positions before the pandemic, for example migrant workers, have been further pushed into poverty and vulnerability (UN Women, 2020a). The pandemic has widely decimated jobs in the hospitality, tourism and retail sectors as a result of the severe lockdown measures within countries and restrictions on cross-border travel between countries. Stay-at-home orders in several places have destroyed the street economies on which a majority of the informal workers depend (WIEGO, 2020).

Women are overrepresented among informal workers worldwide as well as in the sectors that have been negatively affected by the containment measures (Alon and others, 2020). Women are bearing the brunt of the pandemic with heightened care responsibilities in the face of reduced social services and support. They are also leading the response to the pandemic in their role as front-line health care workers. Women's roles and the centrality of care in human life and sustenance has become amply clear in this pandemic.

This study examined the policy responses by governments and the extent to which these responses took the care economy into account. This work has broadened the understanding of the links between the care economy and social protection in the context of the COVID-19 pandemic and thus helps to better support the most vulnerable and acutely affected women and girls in the region.

This overview report of the ESCAP region looks at the impact that COVID-19 has had across the member States — on the life chances of women and girls, their unpaid care work responsibilities and the likelihood of their entering the labour market over the short term, medium term, and long term. The overarching principle is to facilitate integrated, effective, gender-responsive and care-sensitive policy responses by member States to *build back better*, in alignment with the SDGs and adhering to the *leaving no one behind* mandate.

The research focus of the project was twofold:

**A** Map the types and prevalence of care differentiated policies that have been initiated in the Asia and Pacific region as a response to COVID-19.

**B** Provide policy recommendations and guidelines on specific social policy initiatives that can be taken or furthered, keeping in mind women's differential and specific needs due to their unpaid care work.

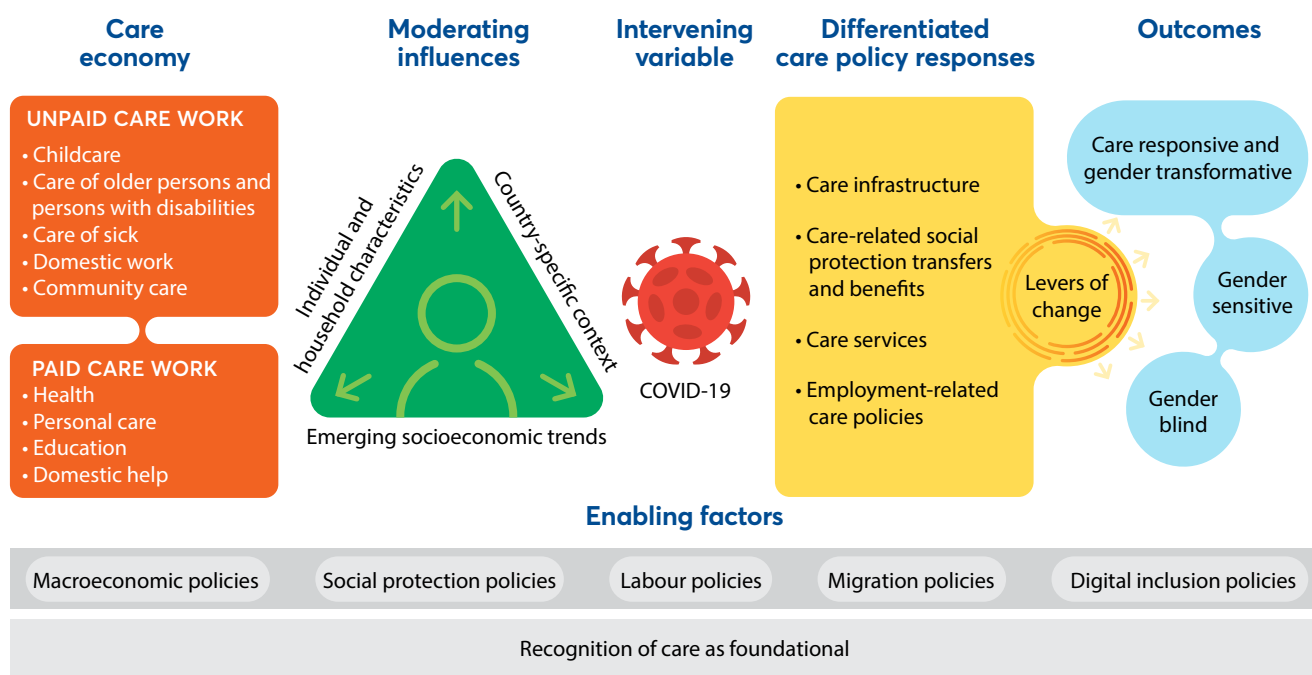
## 2.2 Analytical framework

Even before the pandemic hit, many countries were struggling to craft differentiated social policies and care provisions. With the pandemic diverting much-needed investments and resources into health and economic responses, it is imperative that governments do not lose sight of women's place and roles in the care economy while developing their response strategies for building back better. Figure 6 presents the conceptual and analytical framework that informed this study. The visual representation captures the various elements that must be borne in mind to ensure a nuanced understanding of the complexities of the care economy and care policy provisioning, along with its mediating and enabling factors. As the figure illustrates, the care economy and women's roles within it are refracted through the prism of differentiating and moderating influences, such as the individual sociodemographic identity markers of women and their household structure and composition, the socioeconomic trends towards population growth, an ageing society and changing family and care patterns, and the individual country context.

Enabling factors capture aspects of the macroeconomic policy environment that have a bearing on the care economy. Keeping in line with the Triple-R Framework, the care-sensitive policy framework proposed here places the recognition of care at the foundation of all policy actions. The emerging fourfold typology of care policy categories has the potential for gender-transformative outcomes, to the extent that a Triple-R lens on the recognition, reduction and redistribution of women's unpaid care work is incorporated.

This framework informed the mapping of pandemic policy programming by governments across the region, which was conducted to develop an overview of the state of the care economy under COVID-19 in Asia and the Pacific. The following section details each element of the framework and their interlinkages.

**FIGURE 6** A care-sensitive policy framework



Source: Authors' own representation.

### CARE ECONOMY

The care economy is the sum of all paid care and unpaid care work that is needed to sustain life in society. Be it their overrepresentation as front-line health workers, personal carers, domestic workers or educators, women comprise a majority of the workforce in paid care professions. Similarly, women largely carry out the unpaid care work tasks, like cooking, cleaning, childcare and care for older persons or persons who are sick or live with a disability. While the focus of the research for this report was exclusively on the unpaid care and domestic work of women, the overlaps and connections between women's paid work and unpaid care work cannot be ignored in any policy discussion. For example, absence of physical care infrastructure, such as water, fuel or electricity, intensifies the double burden on women engaged in paid care jobs by increasing their time and energy spent on household chores.

### ENABLING FACTORS

A necessary first step in creating a conducive policy climate to support a focus on the care economy is to recognize the centrality of care to human life and thereby make a conscious attempt to keep care as foundational in all policy discussions. This is what scholars of social reproduction theory

characterize as shifting the focus from profit-making to life-making (Jaffe, 2020). The policies that impact women's participation in both the market economy and the care economy intersect across domains of macroeconomic policy, labour market policies, migration policies, social protection policies and digital inclusion policies, to name only a few. For example, pre-pandemic baseline data on employment and unemployment figures, labour market structures and available fiscal space post-pandemic shaped the nature and extent of policy measures adopted so far by governments.

### MODERATING INFLUENCES

The manner in which care work (paid or unpaid) is carried out in a society is moderated by women's individual socioeconomic and demographic identity markers, the country's political economy and policy context and the emerging societal trends, which can exacerbate or ameliorate the intensity of burden and drudgery of care work. Women's location in the care economy determines and accentuates their vulnerabilities. Vulnerability is multifaceted, and women's position falls under multiple axes of disadvantage. Factors such as age, disability, educational attainment, ethnicity, geographic location, health status, income, migration status, race and sexual orientation all can have a differential

impact on an individual's needs, capacities, agency and voice (ESCAP and UN Women, 2020; Hankivsky and Kapilashrami, 2020; Stuart and Woodroffe, 2016). This underscores the importance of taking an intersectional lens to women's differentiated care needs.

On the other hand, policy responses are determined by a range of contextual factors, such as level of socioeconomic development, human development indicators, institutional and resource realities, geographic and cultural particularities, changing sociodemographic trends and the policy environment. These mediate the choice, reach and effectiveness of the policy response (Azcona, Bhatt, Cole and others, 2020; Antonopoulos, 2008; Budlender, 2008). Some of the emerging trends seen across countries of Asia and the Pacific that are pertinent for care policy planning are ageing populations, youth bulges, climate change, changing family compositions, conflicts and wars.

All crisis interventions and post-crisis programming must account for the differentiated needs of women. Although this study focused on the COVID-19 pandemic, climate change, wars or internal conflict and financial bubbles are some of the myriad crises that punctuate the lives of women and need to be anticipated. This framework thus proposes a contextualized, intersectional and differentiated approach to women and care work. For example, do policies respond to the needs of women living in rural and remote areas, young women and adolescent girls, women with disabilities, migrant and domestic workers, refugees and internally displaced women? Policy efforts must attend to the multiple roles fulfilled by women as workers, carers and as rights bearers (Chopra, 2018).

## DIFFERENTIATED CARE POLICY CATEGORIES

Based on the feminist literature of care policy typologies, the following four categories of differentiated care-sensitive policy responses are proposed:

- 1 *Care infrastructure* — water, sanitation, energy, transport, food services, health care infrastructure<sup>2</sup> for persons who are sick (HIV patients, COVID-19 patients) or living with a disability and pregnant women.
- 2 *Care-related social protection transfers and benefits* — cash transfers, cash-for-care, vouchers, tax benefits, non-contributory pension schemes.

3 *Care services* — childcare, older person care and care provisions for persons with disability or illness through the State or the market.

4 *Employment-related care policies* — sick leave, family-friendly working arrangements, flexitime, career breaks, sabbaticals, severance pay, employer-funded or contributory social protection schemes like maternity and parental leave benefits.

It is important to emphasize here the underlying Triple-R premise of this typology. Measures are categorized as care sensitive if they meet the following inclusion criteria: (i) any measure that explicitly *recognizes* unpaid care and domestic work and (ii) seeks to address this by *reducing* the drudgery of the work and/or (iii) *reduce* the time spent on this work and/or (iv) by providing services and infrastructure that promotes *redistribution* from households to the State and the market and/or (v) by effecting changes in social norms such that the gender division in the household is altered (*redistribution* from women to men).

Thus, the fourfold care policy typology presented here aims to comprehensively cover pertinent aspects that touch upon women's caring roles. An effective policy response must take such an integrated view of care in the designing and implementing of policies. A fragmented or piecemeal approach will likely lead to failure in addressing the gravity of the issues involved and limit the extent of progress towards enhancing women's voice, autonomy and agency.

## LEVERS OF CHANGE

The best of intentions and policy design can fail to generate the desired results if implementation barriers and pitfalls are not accounted and planned for. Drivers among the factors that can multiply the impact of policy initiatives are the financing of care policies, the cultural and social norm change to shift the status quo on the gendered division of labour, the evidence-based policymaking that can be targeted through the use of gender- and care-disaggregated data, the inclusion of women and carers in decision-making and programme leadership, and the legal and regulatory frameworks responding to relevant international conventions or other international commitments, such as the SDGs, decent work and labour and human rights conventions. Inclusive social dialogue requires a whole-of-government approach,

2 Although health care is a service, the framework classifies it here in terms of the physical health care infrastructure.



In Vanuatu, 75 per cent of people with a disability are self-employed. Aileen, sells cooked food, sews clothes and works as a nanny to make ends meet. Photo © Erin Johnson for Room3/CBM Australia

partnership between public, private and community stakeholders, and adequate voice and representation of women's differentiated care needs.

### GENDERED OUTCOMES

As the Beijing+25 Review report (ESCAP and UNWomen, 2020) noted, the Beijing Platform for Action did not envisage a simple “add and stir” approach to women. In the past decades, gender mainstreaming efforts have been carried out with varying degrees of success. In a bid to achieve gender equality, it is important to question and articulate the extent of shifts or changes that are aimed for. Policy measures can fall along a continuum of gender sensitivity by being either gender blind (failing to account for women's differentiated needs); gender sensitive (addressing women as a vulnerable and marginalized group, such as through domestic violence policies); or care responsive and gender sensitive (addressing the unique and specific needs of women linked to their roles as paid or unpaid carers).

It is important to distinguish between care-sensitive and gender-differentiated measures. Care-sensitive measures are those that explicitly address the care needs of dependants and vulnerable people. Gender-differentiated measures are those that explicitly identify and respond to women's needs by targeting

women as beneficiaries of these measures. It is possible for measures to be either one without the other. For example, a paid sick leave policy for employees or health expense reimbursements may represent a care-sensitive measure but are not expressly gender differentiated in that they do not directly address women's needs. But a measure such as increasing shelters for women affected by domestic violence or financial stimulus to women-owned businesses are particularly gender-differentiated measures without addressing the unpaid care component. Therefore, this report singles out those measures that are care sensitive *as well as* gender differentiated to create what figure 6 calls “care-responsive and gender-transformative outcomes”. Examples of such care-sensitive and gender-differentiated measures that have special provisions catering to women's differential needs are maternity leave and childcare allowance.

Additionally, truly transformative policies do not aim only at women and their care roles. They also draw men into the conversation. Shared parental leave or paid paternity leave are examples of such policies. This approach accrues benefits for all concerned — women and girls, men and boys, parents, grandparents, other genders and entire communities — by transforming the very nature of gender relations.



**It is important to distinguish between care-sensitive and gender-differentiated policy measures. Care-sensitive measures are those that explicitly address the care needs of dependants and vulnerable people. Gender-differentiated measures are those that explicitly identify and respond to women's needs by targeting women as beneficiaries of these measures. This report singles out those measures that are care sensitive as well as gender differentiated to create ... "care-responsive and gender-transformative outcomes".**

## 2.3 Research methods

In addition to being a global health crisis, the COVID-19 pandemic is a socioeconomic crisis. Emergency policy responses by governments range from public health and safety measures to macroeconomic stimulus measures, labour market and employment recovery measures, unemployment and income-support measures to violence against women helplines. Although policy measures to stimulate the economy and employment are critical for recovery, they were beyond the purview of the research for this discussion. This study looked to capture the care-sensitive and gender-differentiated policy measures that directly or indirectly address the increase in women's unpaid care work as a result of the pandemic.

## DATA COLLECTION

The research was primarily a desk-based review of documents on COVID-19 and its impact on care work in Asia and the Pacific. Owing to the ongoing pandemic and associated travel restrictions, the study relied on secondary data sources. Some of the key sources were publications by United Nations and allied agencies, including older and recent publications from ESCAP, UN Women, the United Nations Development Programme (UNDP), the United Nations Children's Fund, other international organizations such as the ILO, World Bank, the Asian Development Bank and international aid organizations, such as Oxfam, Care International, and Action Aid. It also considered grey literature and media reports related to specific policy interventions at a country level, as appropriate.

A wide internet search was conducted to capture country-level incidence and effects of COVID-19 and the government policy measures adopted. A database of care-sensitive policy measures was created from the universe of gathered policy responses. Table A2 in the Appendix mentions the detailed inclusion and exclusion criteria for the selection of care-sensitive policy measures. Several COVID-19 response trackers were developed to capture the various aspects of the pandemic response by governments. Care-sensitive policy measures were located using the following trackers: UNDP–UN Women COVID-19 Global Gender Response Tracker,<sup>3</sup> the World Bank Open Knowledge Repository,<sup>4</sup> the IMF COVID-19 Policy Response Tracker,<sup>5</sup> the Blavatnik School of Government, the University of Oxford Global Response Tracker,<sup>6</sup> the ILO COVID-19 Country Policy Responses,<sup>7</sup> the KPMG Government Stimulus Tracker,<sup>8</sup> the TFM Group<sup>9</sup> and the COVID Asia Tracker by Asia Pacific Foundation of Canada.<sup>10</sup>

Data on COVID-19 disease incidence was taken from the World Health Organization Coronavirus Disease (COVID-19) Dashboard.<sup>11</sup> The cut-off date for all data included in this report was 30 April 2021.

3 See <https://data.undp.org/gendertracker/>.

4 See <https://openknowledge.worldbank.org/handle/10986/33635>.

5 See <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19>.

6 See <https://covidtracker.bsg.ox.ac.uk/>.

7 See <https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang—en/index.htm>.

8 See <https://home.kpmg/xx/en/home/insights/2020/04/government-response-global-landscape.html>.

9 See <https://www.tmf-group.com/en/news-insights/coronavirus/government-support-schemes/>.

10 See <https://www.asiapacific.ca/covid-asia-tracker>.

11 See <https://covid19.who.int/>.

## DATA ANALYSIS

Table A1 in the Appendix lists the 59 member States of the ESCAP region included in the analysis. Table A3 gives the subregional grouping of the member States; table A4 gives the income mapping of each country, and tables A5 and A6 list the Human Development Index and the Gender Development Index ranking available for each country. The number and types of care-sensitive policy measures were cross-tabulated against some of these development indicators to analyse the trends and possible connections with pre-pandemic commitments and investment in gender equality. Descriptive statistics from this analysis are presented in graphs throughout the research findings chapters. Thematic analysis of the data yielded additional insights into the nature of the gendered effects of the pandemic, especially on women's unpaid care and domestic work.

## CASE STUDY SELECTION RATIONALE

This research also involved developing country-specific case studies from among the ESCAP member States. These case studies showcase positive examples from the region of care-sensitive policy responses in the face of COVID-19.

The following criteria were used to shortlist suitable case study countries: First, countries with the maximum number of policy measures deemed care-sensitive, as per the study's analytical framework, were determined. The number of measures that were mapped varied from 0 to 14. Next, the top ten countries were singled out and automatically included in the first round.<sup>12</sup> Then, to make sure that smaller countries were not missing (with fewer number of measures but greater coverage), countries with less than seven measures but a wide expansion of social protection measures that covered a large

population, both in actual and percentage terms, and addressed women's needs were included. This led to three additional countries.<sup>13</sup> Finally, indicators such as the Human Development Index, the Gender Development Index, the Global Gender Gap rank and general gender equality and socio-political support for care within national strategies were reviewed for each of the 13 countries. The final shortlist was established after considering a balanced subregional representation.

Four countries were selected for showcasing their care- and gender-sensitive policies and programming during COVID-19:

- 1 Australia (Pacific)
- 2 Philippines (South-East Asia)
- 3 Republic of Korea (East and North-East Asia)
- 4 Russian Federation (North and Central Asia)

It was challenging to pick a single country in the South and South-West Asia subregion, given the overall high incidence of COVID-19 cases, the fewer number of gender-differentiated measures and an uneven track record of gender development. Hence, promising country practices from different countries have been included in the subregional findings in Chapter 4.

To meet the research objectives, this chapter proposes a care-sensitive policy framework. The framework recognizes care as foundational and is premised on a differentiated and intersectional lens to women's needs. Four categories of care policies are proposed for analysis: care infrastructure; care-related social protection transfers and benefits; care services; and employment-related care policies. The Triple-R lens was used to ascertain the extent to which the policy measures are both care sensitive and gender differentiated and have the potential to create gender-transformative outcomes.

<sup>12</sup> Australia (14), Republic of Korea (14), Malaysia (13), India (13), Uzbekistan (12), Russian Federation (11), Armenia (9), Georgia (9), Indonesia (9) and Singapore (9).

<sup>13</sup> Myanmar (8), Turkey (7) and Philippines (6)



## Chapter 3

# Research findings: Asia–Pacific overview

Speaking out on promoting peace and preventing intolerance in Sri Lanka during one of nine consultative dialogues involving local government officials, civil society and women with experience in conflict situations.  
Photo © UN Women Asia and the Pacific

This chapter presents the findings from across the Asian and Pacific member States of ESCAP pertaining to the pandemic and its gendered effects. Section 3.1 traces the incidence of COVID-19 across countries. Around the world, countries had to introduce a variety of containment measures in the wake of the pandemic. Responses by governments to prevent or contain the spread of the virus are highlighted. Section 3.2 examines the effects the pandemic is having on women and girls in the region. Measures to address a crisis always have disproportionate effects on different populations, and this section narrows in on the gendered effects. Section 3.3 presents the findings and analysis of government policy responses in the face of the devastating socioeconomic crisis that has been a consequence of the public health emergency. The aim of this analysis is to assess the extent and nature of care-sensitive policy responses across the region to better understand the nature of the emergency and onward recovery responses.

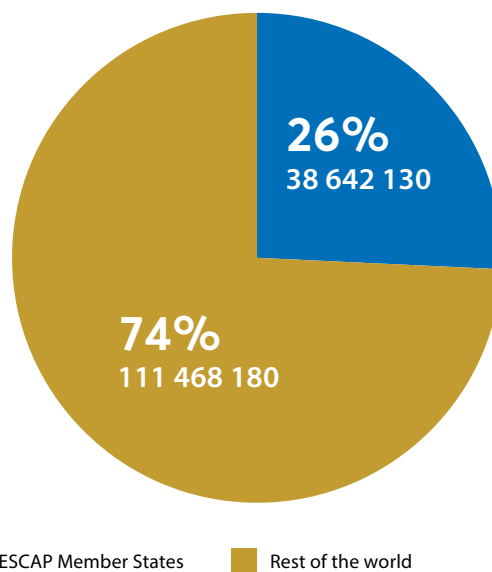
### 3.1 COVID-19 incidence and pandemic containment measures

The pandemic originated in China in December 2019 and quickly travelled to all parts of the globe. Within weeks, the World Health Organization (WHO, 2020a) declared it a public health emergency (30 January 2020) and eventually a full-scale pandemic (11 March 2020). Despite strict measures to curtail transmissions, the SARS-CoV-2 continues unabated even now. At the time of writing, several countries were experiencing a second or third wave of cases. The incidence and spread of the disease have been extremely variable — changing widely across and within countries — from week to week and month to month. A year after the outbreak, some countries are reporting new variants of the virus with the potential to spread more easily and quickly among people (WHO, 2020b).

Of the more than 150 million cases globally (as of April 2021), around 38.6 million infections, or 26 per cent, were in Asian and Pacific member States of ESCAP (figure 7).

There are wide variations among countries within the Asia–Pacific region in the extent of spread of the virus (figure 8). India, which had initially announced early containment and lockdown measures, experienced a vicious second wave in March and April 2021, taking its caseload soaring beyond 18 million cases, the second-highest in the world. Other countries

**FIGURE 7 COVID-19 incidence around the world**



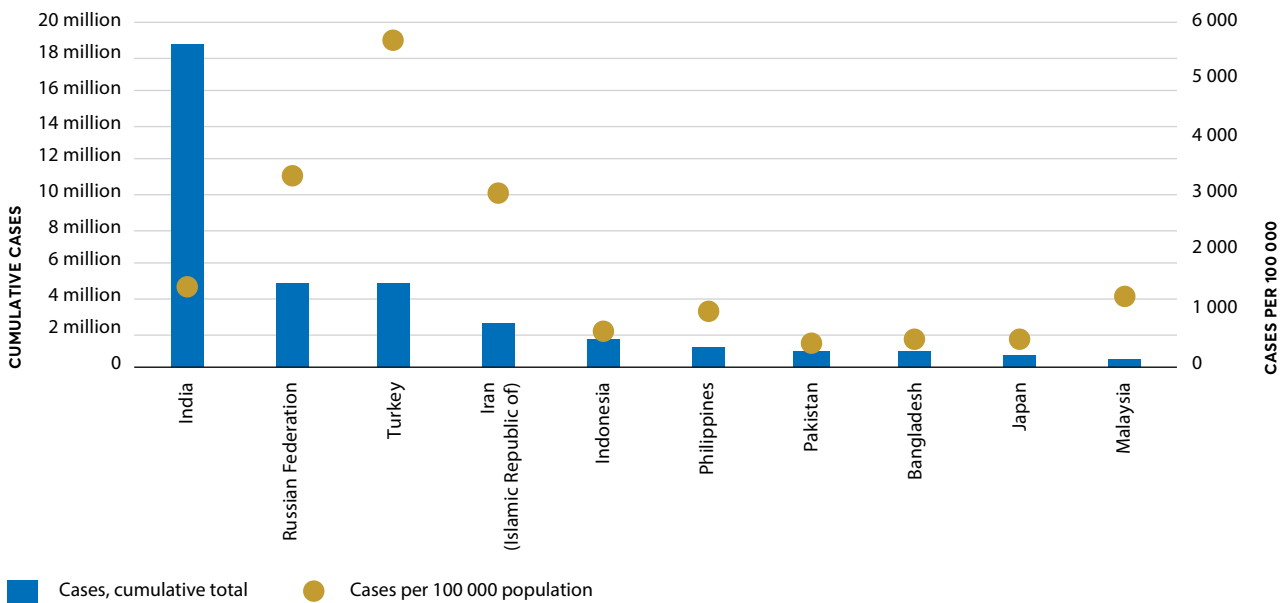
Source: Authors' own calculations based on data from WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.

with a large number of infectious cases in the ESCAP region are the Russian Federation and Turkey, both with more than 4 million cases. Within the South-East Asian countries, Indonesia and the Philippines each have had more than a million cases. The other countries of the region vary in case number, from anywhere of fewer than 1 million cumulative cases down to as few as single- or double-digit numbers in some of the Pacific Island nations.

Despite the difference in case incidence, no country has been fully spared from the effects of either the virus or the accompanying socioeconomic crisis. Figure 8 also gives the cumulative case incidence per 100,000 population, which does not follow the same trend as cumulative cases. This means the extent of the spread of the virus relative to the country's population is highly variable, and no country can take their eyes off the ball or allow complacency in their fight against the virus.

The ESCAP region contains five subregions: North and Central Asia, South and South-West Asia, South-East Asia, East and North-East Asia, and the Pacific (see table A3 in the Appendix). Figure 9 gives the subregional spread of the more than 38.6 million COVID-19 cases as of 20 April 2021. South and South-West Asia were the worst affected subregion at that time, with 73 per cent of cases and clearly due to the heavy spike in India. This was followed by North and Central Asia, which accounted for 16 per cent of the caseload. South-East Asia, which has many countries

**FIGURE 8 COVID-19 incidence — top ten countries in Asia and the Pacific**

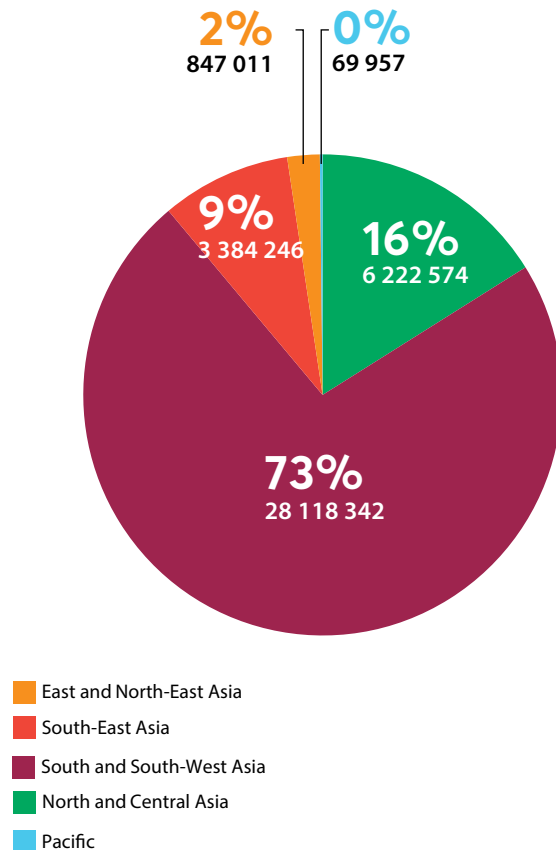


Source: Authors' calculation based on data from WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.

that share international borders with China, has a much smaller incidence of case infections, with just 9 per cent of the region's case count. With the exception of Indonesia and the Philippines, which are among the top ten countries with the highest COVID-19 incidence (figure 8), most other countries of South-East Asia have been relatively successful in containing their numbers (again, as of April 2021). The subregions with the lowest incidence of COVID-19 were East and North-East Asia and the Pacific.

The Oxford COVID-19 Government Response Tracker has been following a multitude of government measures as emergency response to the pandemic. These include school closures, workplace closures, cancelation of public events, restrictions on gatherings, stay-at-home requirements, restrictions on internal movements, closure of public transport, international travel controls, contact tracing, testing measures, facial coverings and quarantine requirements. They have had varying degrees of stringency and varying degrees of success in containing the spread of the virus. Even though the virus has not distinguished between men and women, rich and poor, developed and developing countries, the effects of these containment measures and their attendant socioeconomic consequences have had differentiated impacts on already-vulnerable and precarious populations. The type of gendered effects the pandemic has brought about in most countries are discussed next.

**FIGURE 9 COVID-19 incidence in the Asia-Pacific subregions**



Source: Authors' own calculations based on data from WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.

## 3.2 Gendered and unpaid care economy effects of COVID-19 in Asia and the Pacific

Past experiences with health pandemics and global crises make it clear that they have differential effects on women and girls (Azcona, Bhatt, Davies and others, 2020) because of their differential physical, safety, sanitary, economic and social needs. These differential needs require a more gender-sensitive response (Armitage, 2020). A UN Women evaluation of the first 100 days of the pandemic in Asia and the Pacific found that the COVID-19 responses exacerbated pre-existing inequalities, aggravating these effects on women and girls. The short-term and long-term knock-on effects of the pre-existing inequalities and gaps in service provision for care will likely erode women's resilience in the face of setbacks and push back gains made since the Beijing Platform for Action (UN Women, 2020f). An additional 47 million women and girls are expected to be pushed into poverty because of the pandemic and its fallout. From a projected 10 per cent increase before the pandemic, female poverty is now projected to reach 13 per cent, with almost 18.6 per cent of the women and girls living in South Asia (UN Women, 2020c). A tightening fiscal space and cuts to social spending on education and childcare (because of diversion of financial resources to elsewhere) will likely result in women leaving labour markets entirely. Social and cultural norms around the division of labour have intensified the pressures on women regarding unpaid care and domestic work within households. Cases of domestic violence and intimate partner violence against women are rising (Chiu, 2020; ESCAP and UN Women, 2020; Lepeska, 2020).

This section first takes a closer look at the gendered fallout of the pandemic, particularly on income, access to health services, violence against women and the care economy. It then turns to women's unpaid care and domestic work.

### GENDERED EFFECTS OF COVID-19 IN ASIA AND THE PACIFIC

Using the SDG lens, UN Women, UNDP, Care International and other organizations have conducted rapid gender assessment surveys in several countries globally. These assessment surveys and pandemic time-use surveys have exposed the detrimental effects the pandemic and containment measures have had on women and girls.

**1 Loss of livelihood and income** — While the pandemic has affected workers across the board, with 63 per cent of people reporting a loss of income, women are noting a larger drop than men (65 per cent for women, compared with 56 per cent for men). Additionally, a larger share of women (50 per cent) reported a reduction in working hours than men (35 per cent) (UN Women, 2020h). The UN Women survey also found women's economic resources from remittances, investments, savings or family businesses more adversely hit.

These statistics are representative also of global job losses faced by women (ILO, 2020a). Given the realities of occupational segregation, with women overrepresented in some sectors (see figure 1), disruptions in the national and international value chains caused by the COVID-19 response struck feminized sectors particularly hard, such as hospitality and tourism, textile and garments and paid care services. A case in point is the tourism sector, which saw a 98 per cent decrease in income from the previous year (UN Women, 2020h).

Given the high reliance on tourism among several countries, especially in the Pacific, women will experience this downturn more acutely. And considering the high rates of informal employment among women in Asia and the Pacific (ESCAP, 2019b), most of the women will be left without social protection of any kind. Azcona, Bhatt, Davies and others (2020) noted the specific challenges faced by women sex workers who are experiencing not only a decline in the demand for sex work but also increased risk of infections, less safe spaces, violence and incarceration. In Nepal, the worst-affected have been women who worked in brick kilns, the entertainment sector, daily wage workers and women owning small businesses. As many as 83 per cent of the women surveyed had lost their jobs (Care Nepal, 2020). In India, 83 per cent of women in informal employment reported experiencing an income drop and having to dip into their savings to meet household expenses in the face of rising prices (ISST, 2020). A pandemic time-use survey in May 2020 in Turkey found that although men reported more employment disruption on account of the pandemic, women endured greater risks due to their employment disruption, owing to being in already-vulnerable positions prior to the pandemic (UNDP, 2020a).

**2 Inadequate access to health services, especially sexual and reproductive health** — The already-inadequate health care provisions in most countries have been

stretched to breaking point, with much-needed resources being diverted towards fighting the pandemic. Around 60 per cent of women in the Asia and Pacific region reported major difficulties in accessing health services and longer times to see a doctor (UN Women, 2020h). Critical sexual and reproductive health services, such as maternal health care, contraceptives, family planning, abortions, cervical cancer screening and treatment, gender-affirming surgeries or routine services, were categorized as “non-essential” (UN Women, 2020f). Disruptions in continuity of care due to lockdown measures and the breakdown of health systems have exacerbated the risk for unsafe pregnancies and childbirth, among other things. Stories of pregnant women being turned away from hospitals emerged in some countries (Santos, 2020a).

**3 Increased domestic and intimate partner violence** — Termed as the “shadow pandemic”, the immediate aftermath of stay-at-home orders has seen an acute rise in cases of violence against women. Globally, as many as 243 million women and girls have been subjected to physical and sexual violence (UN Women, 2020c). A drop in availability of support services means that millions of cases will go unreported and women will continue to be locked in with their abusers without anyone responding to their needs. As many as 12 per cent of civil society organizations had suspended services completely and 71 per cent of them were found to be operating partially in the Asia and Pacific countries surveyed in 2020 (UN Women, 2020h). Governments have attempted to respond to this threat to women’s safety by launching helplines, shelter homes, social media campaigns and legal mechanisms. As many as 70 per cent<sup>14</sup> of the policy measures tracked by the UNDP–UN Women Global Gender Response Tracker addressed the violence against women issues. In Turkey, a quarter of women surveyed were not sure where to go for help in the event of domestic violence (UN Women, 2020e).

**4 Greater reliance on the care economy** — The pandemic has demonstrated the extent to which the market economy is built upon the unpaid and invisible work of women and girls (UN Women, 2020g). First, women form 70 per cent of the global health care workforce, which has been the front-line of fighting the pandemic. Deemed to be “essential workers”, the reality of how crucial the services of these nurses, doctors and paid or unpaid carers has been brought home to societies around the world. These essential workers are

disproportionately exposed to the risk of infections, need to work long hours with limited resources, are inadequately provided with personal protective equipment and are poorly paid, often without sufficient sick leave or other social protections (UN Women, 2020f). Domestic workers are the second group of paid caregivers who have been especially hit hard by the pandemic conditions. Unable to offer their services remotely and often stigmatized as carriers of contagion (UN Women, 2020d), as many as 34 per cent of people were let go of their domestic duties and often without wages or shelter (UN Women, 2020h). Those who continued to work reported heavier workloads and longer working hours due to more family members at home all the time, greater difficulties in commuting to their place of work under lockdown and little protection from infection (UN Women, 2020i).

Domestic workers in Nepal were found to be putting in more than 18 hours, compared with the six to ten hours they worked before the pandemic (Nepal Research Institute, 2020). The difficulties for domestic workers who are national or international migrants are more acute. In the Asia–Pacific region, the number of migrant women increased by 48 per cent, from 23 million in 2000 to 43 million in 2017. And 80 per cent of these migrant domestic workers were female. They were at heightened risk of abuse and exploitation in the absence of travel documents, social protections and public services prior to the pandemic (UN Women, 2020d). Loss of wages will hit the economic security of these women hard, including having substantial implications for the countries of origin and country of destination in terms of remittances and care gaps. Protection from COVID-19, access to screening and testing, access to other sexual and reproductive health services and ability to repatriate home with the closing of national borders are some of the several issues that plague the women who form the backbone of transnational care chains.

#### INTENSIFICATION OF UNPAID CARE AND DOMESTIC WORK

The range of effects on women’s unpaid care work spans across domestic work as well as caregiving to others. Unpaid care and domestic work burdens have been intensified and made more complicated by the crisis conditions due to the heightened need for handwashing, sanitization and hygiene; lack of

14 Authors’ calculations based on dataset available at the UNDP COVID-19 Global Gender Response Tracker.

access to water and sanitation facilities; increased time spent in water collection and food procurement; absence of care infrastructure like cooking fuel, food grains and school meal programmes; lack of access to public transport; restricted entry into grocery stores; and crowded tenement living conditions making physical distancing more difficult, etc. Apart from the difficulties in domestic tasks, the school and workplace closures as well as stay-at-home orders and absence of home carers or institutional health services mean that the care for children, other family members, sick or older persons or persons with disability fall upon the shoulders of families, mostly women.

A snapshot from the UN Women rapid gender assessment survey findings on unpaid care and domestic work (figure 10) reveals that while both men and women are doing more unpaid care and domestic work at home, women continue to do the lion's share (UN Women, 2020h). Women are seen to be taking on more responsibility for the more time-consuming tasks than men, such as cooking, cleaning, teaching children and the physical care of sick or older persons and young kids (UN Women, 2020i).

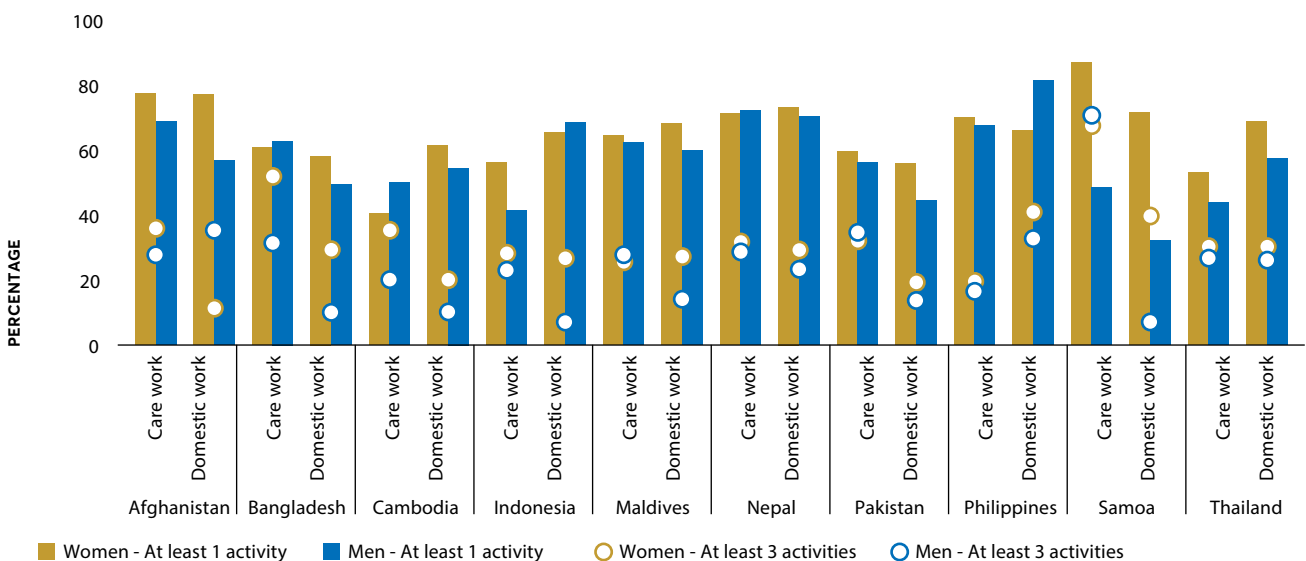
**While both men and women are doing more unpaid care and domestic work at home, women continue to do the lion's share.**

Unpaid care and domestic work effects can be seen in the increased time spent on the following activities:

**1 Food and water provisioning** — The pandemic has increased the time spent by women and girls in collecting water and fuel due to difficulty in accessing water sources under lockdown and longer waiting times in queues due to physical distancing. Around 27 per cent of women reported an increase in time spent on collecting firewood and fetching water, thus indicating how gaps in care infrastructure are magnified under a crisis (UN Women, 2020h). Food security has been threatened by the pandemic conditions, with both production and procurement of food becoming more difficult. While women in South Asia were more affected by insufficiencies of food, men in South-East Asia and the Pacific experienced larger drops to access, presumably because of being more aged and hence considered as at risk for going out of the home (UN Women, 2020h). And 60 per cent of women surveyed in India reported facing food shortages (ISST, 2020). Not only is the shortage of food grains an issue but access to cooking fuel can make providing the family with food more challenging despite government measures at food distribution.

**2 Unpaid domestic work** — Around 27 per cent of women, compared with 14 per cent of men, reported time increases in three or more domestic activities under lockdown (UN Women, 2020h). This finding has regional variations, with 55 per cent of women in the Kyrgyz Republic reporting an increase in three or more activities (UN Women, 2020g). Women in Kazakhstan, Turkey and the Kyrgyz Republic also reported the highest increase in time spent on unpaid care and domestic work, with four out of five women

**FIGURE 10 Time allocation in unpaid care and domestic work activities in select countries of Asia and the Pacific**



Source: UN Women, 2020g, p. 9.





Women process raw wool in the Kyrgyz Republic. Photo © UN Women/David Snyder

reporting at least one household chore having gone up, and as many as three times more women reporting they spend time on cooking and serving meals (UN Women, 2020g). Another study of private sector employees in three countries of South-East Asia (Indonesia, Philippines and Viet Nam) found women reporting more time spent on shopping, food preparation and cleaning, with 80 per cent of women spending more time on cleaning, while it was 64 per cent of the men (Investing in Women, 2020b). India and Turkey, countries with lower gender equality according to the Gender Development Index (see table A6 in the Appendix), actually experienced an interesting departure from the norm, with more men participating in unpaid work. Deshpande (2020) reported a new trend in India, whereby urban men increased their time for household work, from 0.5 hours up to 4 hours during the early months of the pandemic. In Turkey, men increased their time from 0.3 to 0.8 hours per day (UNDP, 2020a). It is too soon to say if this trend will continue post-pandemic.

3 *Childcare* — Limiting the movement of people has been the main strategy to reduce the risk of contagion. School closures have resulted in 89 per cent of school-going children staying at home as a preventive health measure (UN Women, 2020f). Parents have had to step in to fill the gap by taking up teaching and home education. The digital divide means not all students out of school

can access online schooling. Both men (53 per cent) and women (59 per cent) reported spending more time on school tasks with their children (UN Women, 2020h). Female single parents especially have faced the maximum burden in Afghanistan, Cambodia, Maldives and Pakistan, with having to combine paid and unpaid work with childcare. Closures of nurseries and day-care centres and the inability to leverage babysitters or even grandparents as a source of informal childcare have put the care of young children back onto families. This rise in demand for the physical care of young children is being picked up by women in most countries, especially given the predominant gender norms about these tasks being women's responsibility. In countries in Central Asia, 60 per cent of women reported increases in the time spent on at least one activity involved the caring of children or older family members (UN Women, 2020g).

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**The rise in demand for the physical care of young is being picked up by women in most countries, especially given the predominant gender norms about these tasks being women's responsibility.**



Woman holding baby in South Cotabato, Philippines. Photo © Louie Pacardo / UN Women

**4 Care of older or sick persons and persons with disability** — Many older persons, people who are ill and people living with a disability have been unable to access their personal carers, given the lockdown conditions in most countries that have restrict the movement of people. Where care facilities are accessible, older persons, people who are ill and people with disability are at higher risk of infection if their carers do not comply with preventive measures adequately. An increased dependency on family members leads to greater risk of absence of support if the family is quarantined. Older women can experience heightened marginalization and stigmatization (UN Women, 2020f). There are more than 690 million people with disabilities in Asia and the Pacific, the majority of whom are women. They likely are experiencing intersecting forms of inequality because they may not have been prioritized in prevention and containment measures.

**5 Depletion and mental health crisis** — In addition to the physical burdens and constraints that have been exacerbated under COVID-19, there has been a rise in anxiety, mental stress and the overall depletion effects on well-being. The double bind of time and income poverty that women already face has

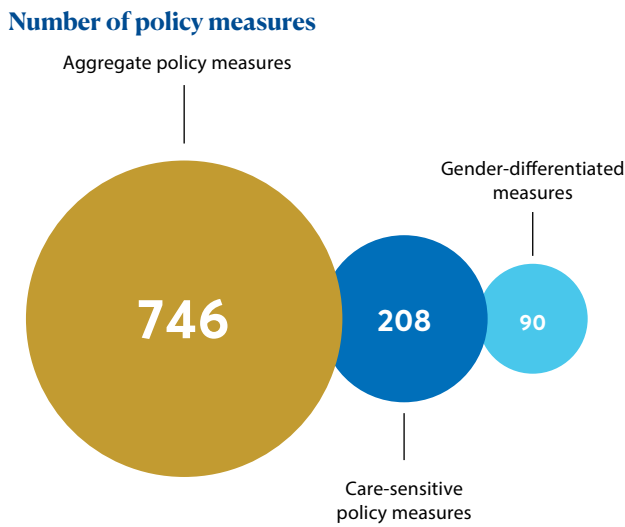
been exacerbated by the pandemic, leading to an increase in their stress levels. As much as 66 per cent of women felt their mental health decline, compared with 58 per cent of men in Asia and the Pacific (UN Women, 2020h). More women than men in China and Hong Kong (China) were reported as experiencing anxiety (Azcona, Bhatt, Davies and others, 2020). Workers with work-from-home options, especially women, face increased pressures of multitasking that is likely to erode their mental and physical well-being. In Turkey, one in every two women, compared with less than 25 per cent of the men, reported feeling overwhelmed by their workload. These numbers were much larger for women also engaged in paid employment (UN Women, 2020e; UNDP, 2020a).

It can be concluded unequivocally that COVID-19 responses have had serious gendered impacts that intersect and are exacerbated by the unpaid care work responsibilities of women. These dimensions need to be addressed and factored in during response and recovery planning and decision-making. The next section examines government policy measures in the immediate aftermath of the pandemic to assess the extent to which they address these gendered and care concerns.

### 3.3 Care-sensitive policy measures in Asia and the Pacific

Following the analytical framework introduced in the previous chapter (see figure 6), policy responses made by governments in the Asia and Pacific region were mapped under the four care-sensitive categories (care infrastructure, care-sensitive transfers and social protections, care services and employment-related care policies). The UNDP–UN Women Global Gender Response Tracker has collated more than 3,100 measures so far and specifically examines the care- and gender-sensitive items. They became the basis on which the dataset for this study was built. Of those more than 3,100 measures, 746 were adopted by ESCAP member States.

**FIGURE 11 Comparison of policy measures — aggregate, care-sensitive and gender-differentiated**



Source: Authors' own calculations.

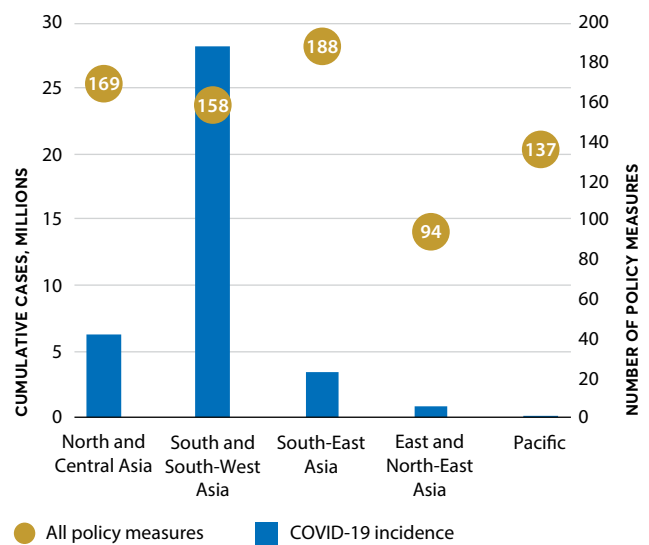
Figure 11 shows the crucial gender and care dimensions of the policy responses, comparing the total number of measures (746) across the region with the overall care-sensitive policies (208) and the gender-differentiated care measures within them (90).<sup>15</sup> The total care-sensitive measures amount to 28 per cent of the aggregate measures. The number of care-sensitive measures that specifically address women's gender-differentiated needs amount to 43 per cent of the care-sensitive policies and only a paltry 12 per cent of the aggregate policy measures.



Woman with disability cooking in India. Photo © Praveen Rao Kaliga

Figure 12 shows the subregional division for the overall policy measures adopted, along with the incidence of COVID-19. Although the highest disease incidence was in South and South-West Asia, South-East Asian governments adopted the maximum number of policy measures. Similarly, even though the Pacific region had a miniscule percentage of COVID-19 cases, it had a sizeable number of aggregate policies. This signifies that COVID-19 has not just been a health crisis requiring public health measures but has had varied socioeconomic effects due to the containment responses across countries, requiring each government to announce a slew of measures to support the economy and vulnerable populations.

**FIGURE 12 COVID-19 incidence and number of aggregate policy measures in Asia and the Pacific**



Source: COVID-19 incidence from WHO Coronavirus (COVID-19) Disease Dashboard as of 30 April 2021. All policy measures from authors' own calculations for ESCAP countries from UNDP–UN Women Global Gender Response Tracker 2021.

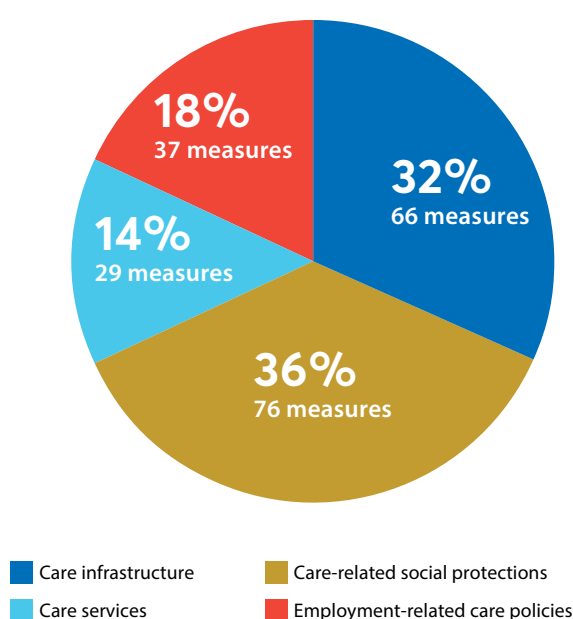
<sup>15</sup> This study mapped data only for countries in the ESCAP region. No data on global comparison of care-sensitive policy measures were analysed.

The following sections present descriptive analysis of the type and number of care-sensitive policy measures across the care policy categories, regional variations and the relation with other development indicators, such as income level, the Human Development Index and the Gender Development Index.

### EXTENT AND TYPE OF CARE-SENSITIVE POLICY MEASURES IN ASIA AND THE PACIFIC

Figure 13 reflects the total number of care-sensitive measures (208) across the four policy categories and their relative proportion. The largest number of measures are in the care-related social protections category (at 36 per cent), followed by care infrastructure (at 32 per cent). As table A3 in the Appendix indicates, the care infrastructure category refers to emergency food assistance through distribution of food grains, food packets, cooked or uncooked meals and utility bill waivers for up to four months. The care-related transfer and social protection measures primarily aimed at one-off relief or expanded non-contributory benefits to vulnerable populations with care needs, such as pregnant and lactating mothers, children younger than 16 years and ill or older persons or persons with disability. Around the world, 55 per cent of social protection programmes were new and 75 per cent were found to be non-contributory (ILO, 2020d).

**FIGURE 13** Care-sensitive policy measures, by category



Source: Authors' own calculations.

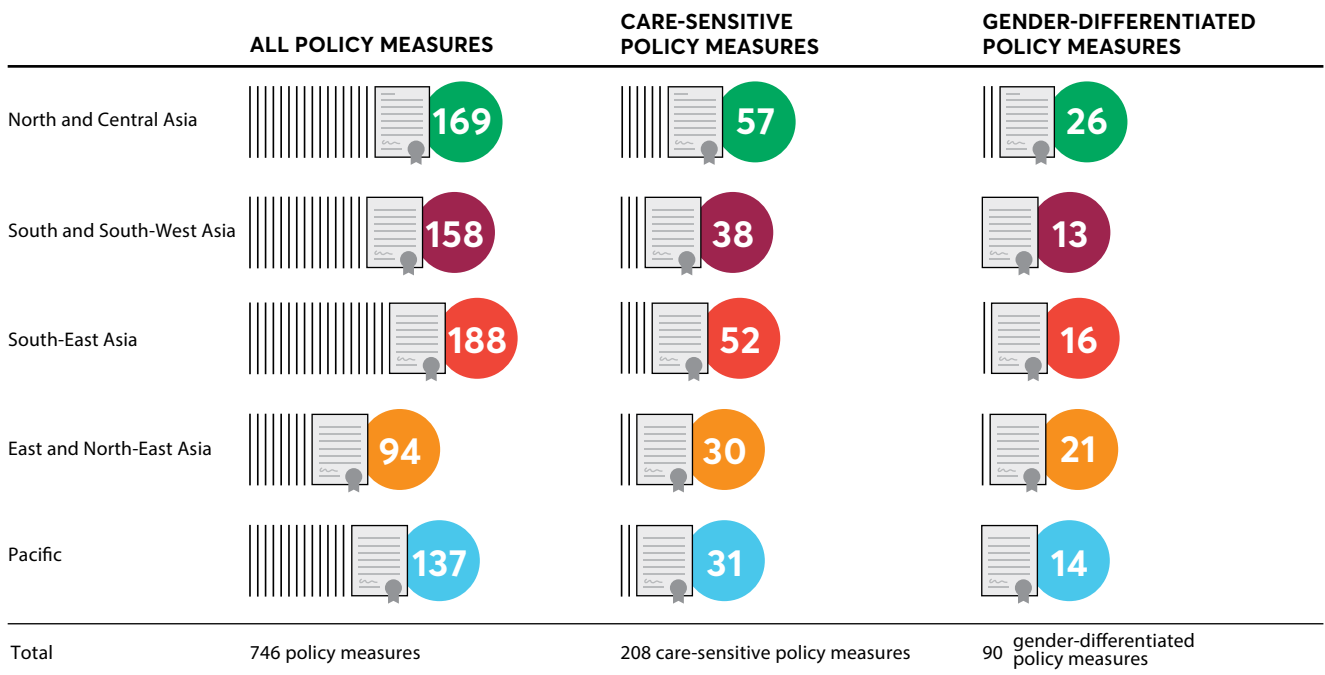
It is important to emphasize the fact that many of the measures under care-related social protection transfers and benefits and care infrastructure categories were found to be *one-time relief measures* or, at best, *short duration and temporary for two to four months*. Only a few countries have extended the duration of cash transfer benefits in the face of the protracted nature of the pandemic. Notably, Azerbaijan and Indonesia extended two schemes (Gentilini and others, 2020). This points to the more immediate, urgent and reactive nature of policy measures announced, which would not be sufficient to address women's long-term needs arising from the impact of the crisis as outlined in section 3.2. The smallest number of measures have been adopted in the care services category (at 14 per cent), which reflects the lack of attention on these critical services, which have the potential to address women's unpaid care and domestic work most directly. Given the isolation measures during the pandemic, the provision of institutionally available care services either through public or private channels has been adversely hit. Taken alongside the lack of care services in the pandemic response, this highlights the glaring need for these services to be built up and/or reinstated.

**It is important to emphasize the fact that many of the measures under care-related social protection transfers and benefits and care infrastructure categories were found to be *one-time relief measures* or, at best, *short duration and temporary for two to four months*.**

### GEOGRAPHICAL SPREAD OF CARE-SENSITIVE POLICY MEASURES

Figure 14 shows the geographical spread across the region of the aggregate as well as care-sensitive and gender-differentiated measures. While the largest number of aggregate measures have been in South-East Asia, the largest number of care-sensitive measures have been adopted in North and Central Asia, with 46 per cent of them gender differentiated. This is followed by South-East Asia, with the second-largest number of care-sensitive measures. Only 30 per cent of them, however, are gender differentiated. East and North-East Asia, although having a low incidence of COVID-19, have adopted 30 care-sensitive measures, of

**FIGURE 14 Subregional spread of aggregate, care-sensitive and gender-differentiated measures**



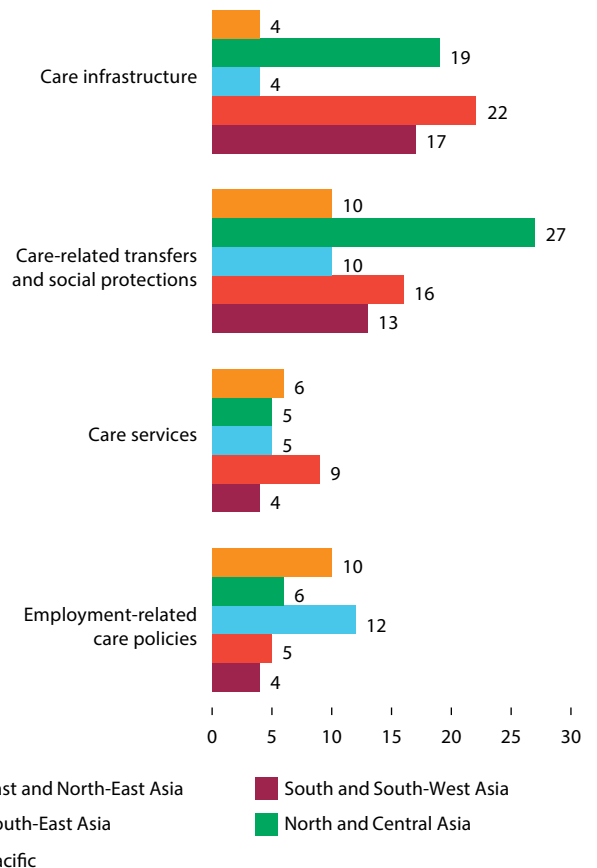
Source: Authors' own calculations.

which 70 per cent are gender differentiated. The nature and type of these measures, predominantly pertaining to the well-being of mothers, children and the care of older persons, are highlighted in the next chapter. South and South-West Asia, with the peak number of COVID-19 infections at the time of writing, have had the least number of gender-differentiated measures pertaining to the unpaid care work of women.

Figure 15 provides information on each category of care-sensitive policies along with the extent of the spread across the different ESCAP subregions. South-East Asia leads all other regions in the care infrastructure policy category and in care services-related measures. North and Central Asia have the maximum care-related social protection measures, and the Pacific subregion have adopted the maximum number of policy measures under the employment-related care policy category. Governments in South and South-West Asia issued several national and subnational measures to provide immediate food and medicine relief under the care infrastructure, along with emergency doles and cash transfers to vulnerable groups. The East and North-East Asia subregion has had several employment-related care policy measures, second only to the Pacific countries.

The type and nature of policy measures adopted appears to have depended upon the overall level of development of the country prior to the pandemic

**FIGURE 15 Care-sensitive policy category spread for each subregion**



Source: Authors' own calculations.

outbreak. This aspect of the country’s level of development is further explored in subsequent sections.

### A COUNTRY’S INCOME LEVEL AND NUMBER OF POLICY MEASURES

The level of development as signified by the income bracket of the country can influence the care needs of its population and determine the extent of differentiated care provisioning possible (because of the fiscal space available for such measures). This implies that a country’s resilience to a shock, such as COVID-19, and the ability to bounce back will be mediated by its pre-existing level of development and sociocultural attributes. Figure 16 compares the number of policy measures in each care-sensitive policy category across the four income groups of countries — high income, upper-middle income, lower-middle income and low income (see table A4 for spread of countries). As the chart demonstrates, upper-middle-income countries have announced a spate of care-related social protection transfers and benefits along with efforts to put in place provision for care services of children and older or ill persons. This could be a result of the higher level of resources available to governments to proactively address the care needs of citizens. A larger number of employment measures among high-income countries is not surprising, given that these countries are likely to have a larger formalized workforce, although the

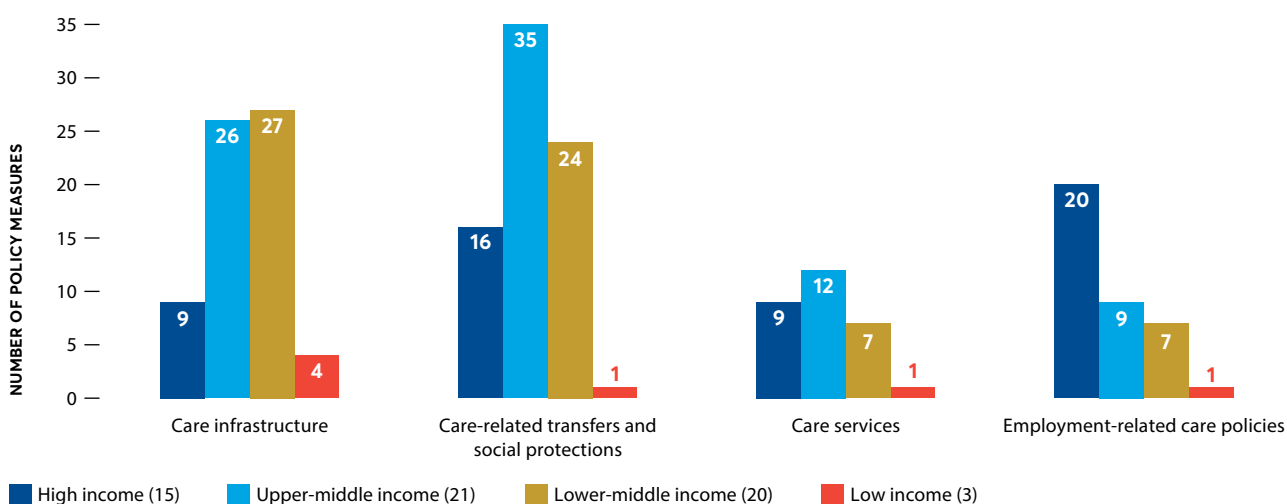
incidence of informal workers remains very high among the less-developed countries in the region (ESCAP and UN Women, 2020).

Lower-middle-income countries have adopted the greater number of care infrastructure measures, which largely refer to food assistance and utility bill waivers. This is followed by a preference to provide more cash transfers and few care services or employment-related care policies. This is similar to the pattern around the world, with social assistance through cash transfers (conditional and unconditional) the most widely adopted policies in low- and middle-income countries (Gentilini and others, 2020). This spread across the four care policy categories can be understood in light of the higher incidence of poverty among the lower-middle-income countries. In many cases, these measures were adopted only for the first few months of the pandemic.

### A COUNTRY’S HUMAN DEVELOPMENT INDEX RANK AND NUMBER OF POLICY MEASURES

Building on the argument from the previous section, figure 17 finds that the Human Development Index<sup>16</sup> ranking has a positive correlation with the extent to which a care-sensitive intent and gender-responsiveness is built into government policy programming. Table A5 in the Appendix provides the spread of countries by their Human Development Index ranking.

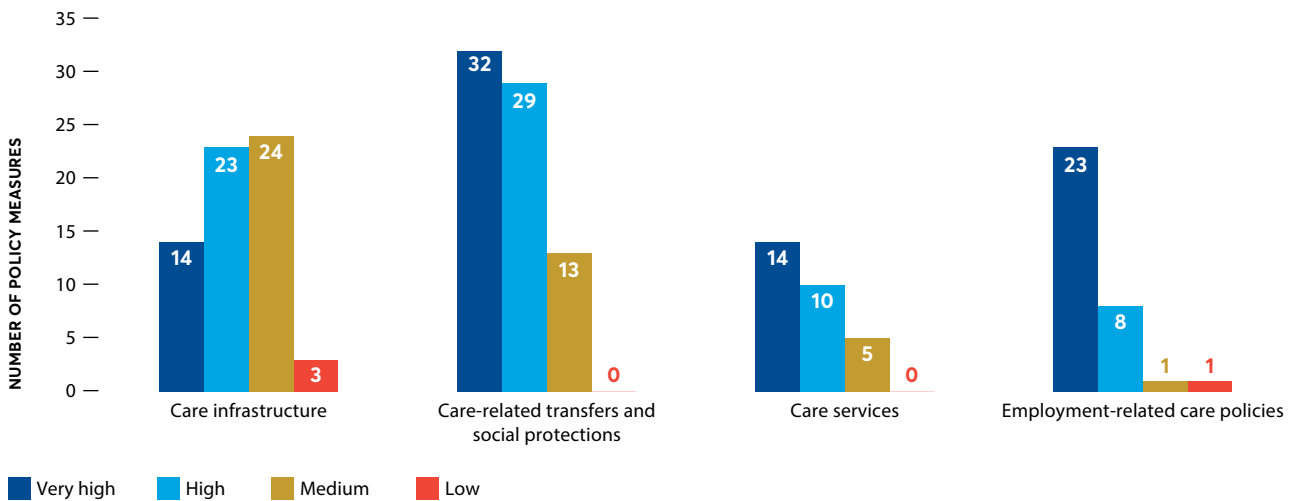
**FIGURE 16** Extent of care-sensitive policy measures, by income group of ESCAP member States



Source: Authors’ own calculations.

16 Human Development Index 2019 data accessed from <http://hdr.undp.org/en/content/human-development-index-hdi>. It is a composite index of such factors as decent standard of living, life expectancy and education.

**FIGURE 17 Human Development Index ranking and extent of policy measures**



Source: Authors' own calculations.

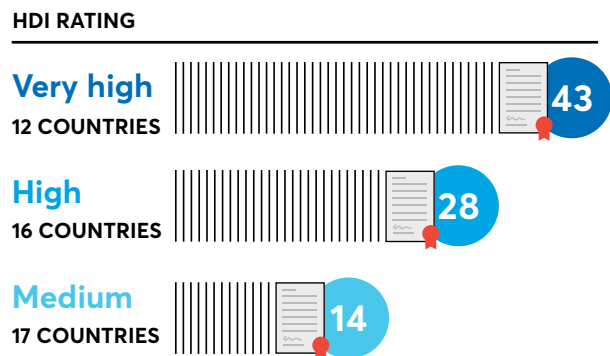
Note: Excludes measures in American Samoa, Cook Islands, Democratic People's Republic of Korea, French Polynesia, Guam and Macao (China) because they have no independent Human Development Index data.

Countries with the highest ranking have adopted the maximum number of care-sensitive measures, except in the care infrastructure category. This suggests that countries with a very high Human Development Index ranking already had basic care provision and infrastructure in place, while countries with only a medium Human Development Index ranking have had to respond more strongly to the basic amenities like food, water, energy, medicines and transport, among others. The larger number of employment-related policy measures among the very high-ranking countries also suggests a potentially bigger formal sector that requires more interventions for employment-related care policies. Drilling down further into the number of gender-differentiated policy measures adopted by countries (figure 18) shows, the analysis in figure 18 shows a clear link between the level of human development and the sensitivity to women's needs. Countries with a very high ranking had the maximum number of measures (close to 50 per cent of the total). This ranking is followed by 28 measures in the high-ranking countries and 14 measures in the medium-ranking countries.

**A COUNTRY'S GENDER DEVELOPMENT INDEX RANK AND NUMBER OF POLICY MEASURES**

Finally, the study cross-tabulated the extent of care-sensitive policy measures with the level of gender equality in a country, as captured by the Gender Development Index. Table A6 in the Appendix provides the spread of countries by their ranking.

**FIGURE 18 Human Development Index and gender-differentiated care policy measures**

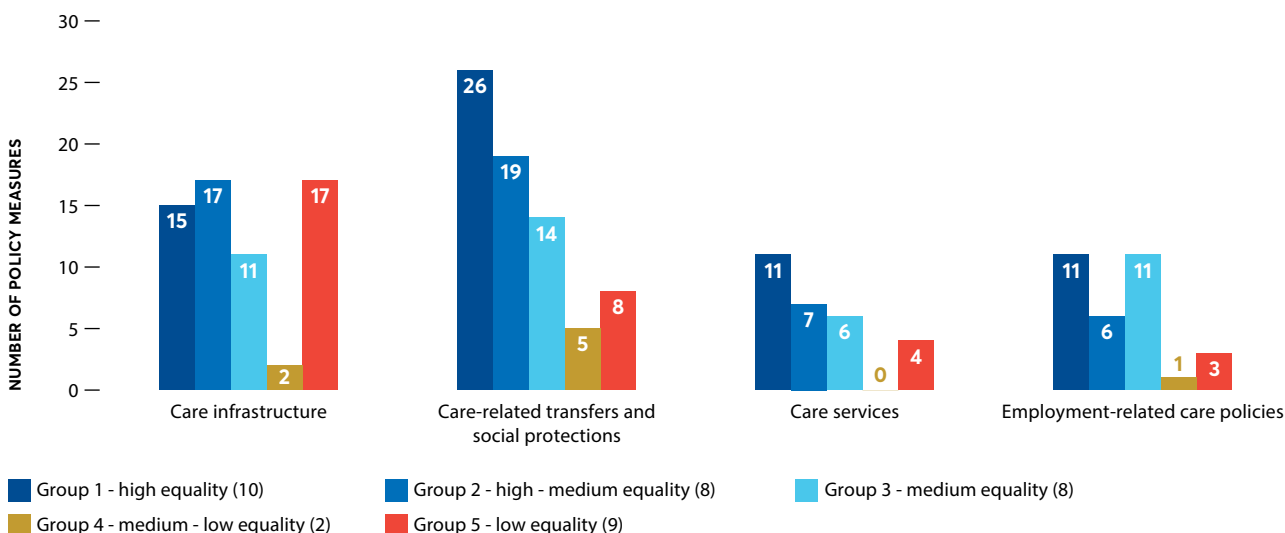


Source: Authors' own calculations.

Note: Does not include two gender-differentiated care measures taken by Cook Islands because it does not have Human Development Index data.

Figure 19 confirms similar patterns revealed in the previous charts. What is notable here is the low level of care services provisioning in countries belonging to group 4 (medium to low equality) and group 5 (low equality) of the Gender Development Index. Conversely, group 1 countries (those with high gender equality) have adopted the largest number of policy measures under the care-related social protections and care services categories. This seems to suggest that care service provisioning and social protections are a crucial link into achieving gender equality by allowing women's unpaid care and domestic work burdens to be redistributed to the State or markets.

**FIGURE 19 Gender Development Index and the extent of care-sensitive policy measures, by equality grouping**

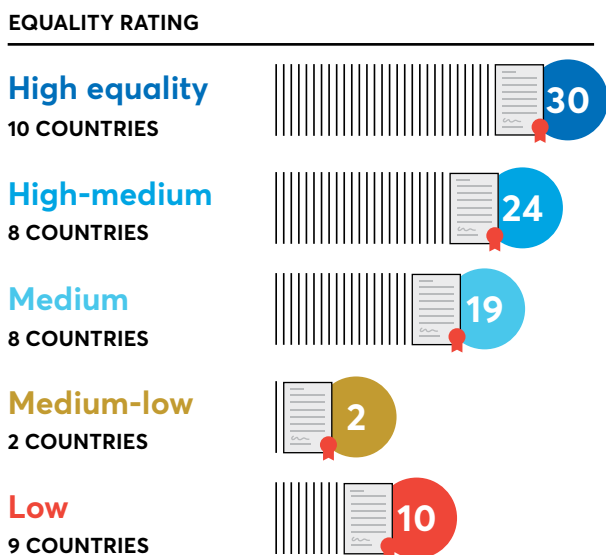


Source: Authors' own calculations.

Note: Excludes measures from Solomon Islands, Samoa, Fiji, Cook Islands, Guam, Vanuatu, Tuvalu, Turkmenistan, Papua New Guinea, American Samoa, Palau, Northern Mariana, Niue, New Caledonia, Nauru, Micronesia, Marshall Islands, Macao (China), Kiribati, French Polynesia and Democratic People's Republic of Korea on account of no Gender Development Index data.

Figure 20 reiterates the correlation between the greater number of gender-differentiated measures and countries having greater gender equality, with the exception of group 5, which had ten gender-differentiated measures despite having low equality. Looking a bit closer, these measures largely include food assistance, free cooking fuel and one-time cash transfers aimed at easing the immediate difficulties to life and livelihood generated by lockdown measures in such countries as Bangladesh, India and Pakistan.

**FIGURE 20 Gender Development Index and gender-differentiated care policy measures**



Source: Authors' own calculations.

Several studies had documented the uneven progress towards gender equality among countries in the Asia and Pacific region prior to the pandemic (ESCAP, 2019a; Baird, Ford and Hill, 2017; ILO, 2017; Rhodes and others, 2016). While figure 14 and figure 15, respectively, outlined the broad number of care policy measures across each subregion and under each of the four care-sensitive policy categories, figure 21 lays out the extent to which these measures have had a gender component. Care infrastructure (as noted) addresses the immediate food and survival concerns of vulnerable population groups with no specific gender-sensitive dimension unless it caters to food provisioning for children, which women are largely responsible for. As evident in figure 21, care-related social protections have the maximum gender-sensitive measures, meaning women's role as carers, especially mothers, have been addressed, with 63 per cent of care-related transfers being gender differentiated. The second preferred policy category for women is employment-related care policies, especially childcare leave and support for pregnant women. They amount to 50 per cent of the overall policies in this category. Care services have been already noted as the least attended to policy category among the pandemic policy responses.

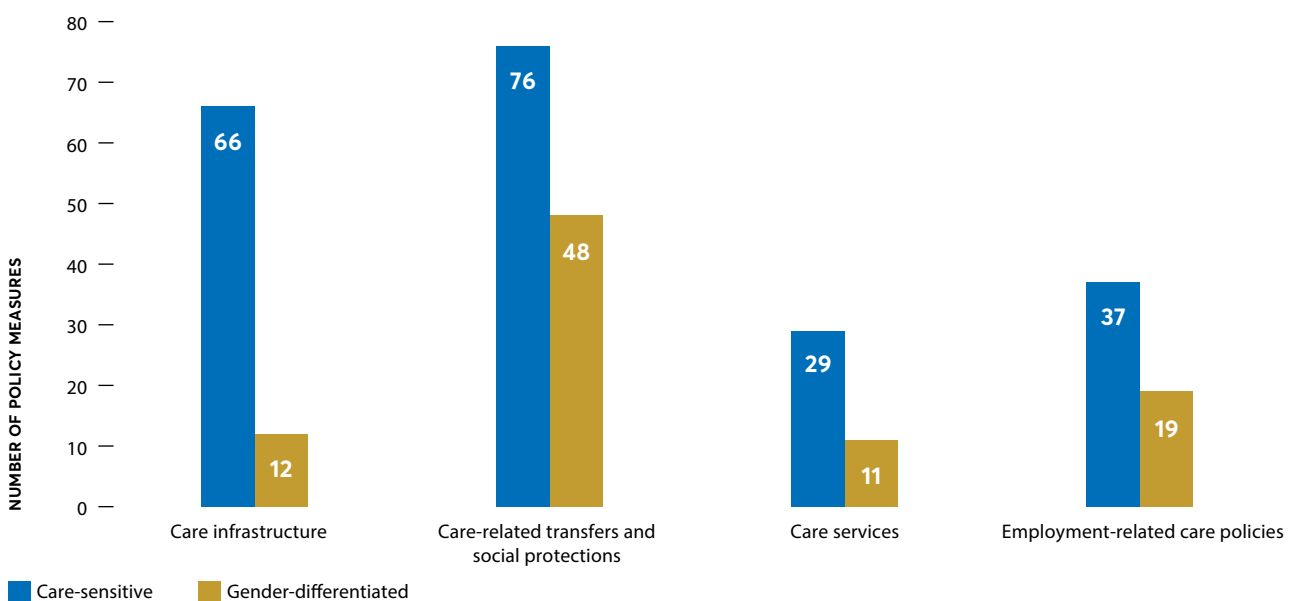
The next chapter drills down further into the country-level policy responses through a care lens, across each subregion, to identify regional and local best practices as well as lessons for national policy and programming going forward.





Women of Indonesia in the COVID-19 Prevention Response. Photo © UN Women/Putra Djohan and Ali Lutfi

**FIGURE 21 Comparison of care-sensitive and gender-differentiated measures in the ESCAP region**



Source: Authors' own calculations.



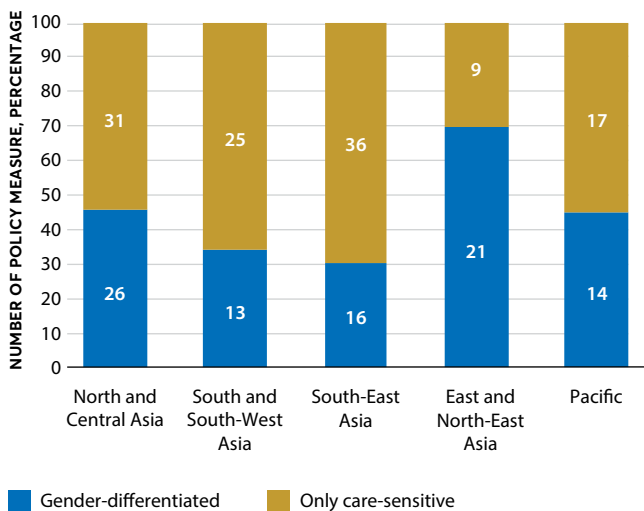
## Chapter 4

# Research findings: ESCAP subregional details

Woman cashier in Bangladesh.  
Photo © UN Women/Fahad Abdullah Kaizer

This chapter delves deeper into each subregion of ESCAP member States to determine three things: (i) the incidence of COVID-19 in each subregion; (ii) the gendered and care dimensions of the pandemic; and (iii) the nature of the response to the care needs of the people, which is crucial for understanding the most promising practices and policy efforts made by countries. Figure 22 highlights the proportion of gender-differentiated measures across each subregion. These gender-differentiated measures make up a small percentage of the overall care-sensitive policies adopted in each subregion, with some doing much better than others.

**FIGURE 22 Gender-differentiated measures as a proportion of total care-sensitive measures**



Source: Authors' own calculations.

It is evident from figure 22 that nearly 70 per cent of the care policy measures in East and North-East Asia have addressed and supported women's unpaid care work responsibilities, while close to 45 per cent of the measures in North and Central Asia and the Pacific are gender differentiated. These policies cover maternal and infant health and support, cash assistance to families with children, school meals, etc. While South-East Asia has had the largest number of aggregate policy measures as well as care-sensitive policy measures among all subregions, it has had the smallest number of gender-sensitive measures as a percentage of the total care-sensitive measures. The following sections discuss the impact of COVID-19 policy measures on the care economy in each subregion of Asia and the Pacific.

17 No data were available for Turkmenistan.

## 4.1 North and Central Asia

### COVID-19 INCIDENCE AND SOCIOECONOMIC FALLOUT IN NORTH AND CENTRAL ASIA

The North and Central Asia subregion accounted for 16 per cent of the COVID-19 incidence in the Asia-Pacific region as of 30 April 2021 (figure 9). Of the countries in this subregion, the highest incidence of the coronavirus disease has occurred in the Russian Federation, with cumulative cases tapering off sharply among the remaining eight countries (figure 23).<sup>17</sup> The overall morbidity and fatality rates of the region remained low as of 30 April 2021, with lockdown measures having been effective in stemming the spread of the virus. A few spikes were seen in June and July 2020 and a new wave of infections in the Kyrgyz Republic (OECD, 2020b). The governments in Kazakhstan, Mongolia and Uzbekistan responded swiftly in the early days to the health emergency with appropriate containment and lockdown measures following the global guidelines. But the governments in Afghanistan and the Kyrgyz Republic reacted with some delay (OECD, 2020b).

As the crisis wears on, countries are gradually opening internal and international movements while monitoring the situation closely. Schools and workplaces have re-opened in a phased manner in some countries. Public events have been cancelled or banned in large numbers (OxCGRT, 2020). Trade dependencies of most economies in the region imply that in the face of global contraction of GDP, weak local demand and a badly affected services sector due to the lockdown measures, the economic impact of the pandemic will likely be profound, slowing down recovery efforts (OECD, 2020b).

### GENDERED AND CARE DIMENSIONS OF COVID-19

Female employment was particularly hit hard in 2020, with more women than men reporting job losses, more women-owned businesses getting shuttered and a greater number of women-led micro, small and medium-sized enterprises defaulting on loan repayments in countries like Afghanistan, Kazakhstan and the Kyrgyz Republic (OECD, 2020b). A rapid gender assessment survey by UN Women (UN Women, 2020g) found that 70 per cent of self-employed women experienced a reduction in their paid working hours or job loss. And 51 per cent of women switched to

working at home, compared with 27 per cent of men doing the same. Half of all women reported more time spent in cooking, cleaning and home maintenance, with men performing “easier tasks” like household financial management and shopping.

Women reported helping men more in their work and care, at as much as 30 percentage points more than men saying they helped women. From this it can be surmised that the imbalance in the household division of labour has not only continued but has intensified during the pandemic. Four in five women reported in 2020 increased time spent on at least one household chore and 60 per cent of women reported increased time spent on at least one activity caring for others. The gender gaps in these caring tasks were highest in Kazakhstan and the Kyrgyz Republic. The same pattern applied to teaching of children. But in Azerbaijan and Georgia, men seemed to have taken up this activity a bit more than in other countries. However, even this share of men doing care tasks dropped dramatically in Georgia when the physical care of young children was involved, indicating that gendered norms are still present in the household division of labour. The overall effect of these intensified care burdens on women of the subregion is increased anxiety, stress and mental health issues (UN Women, 2020g).

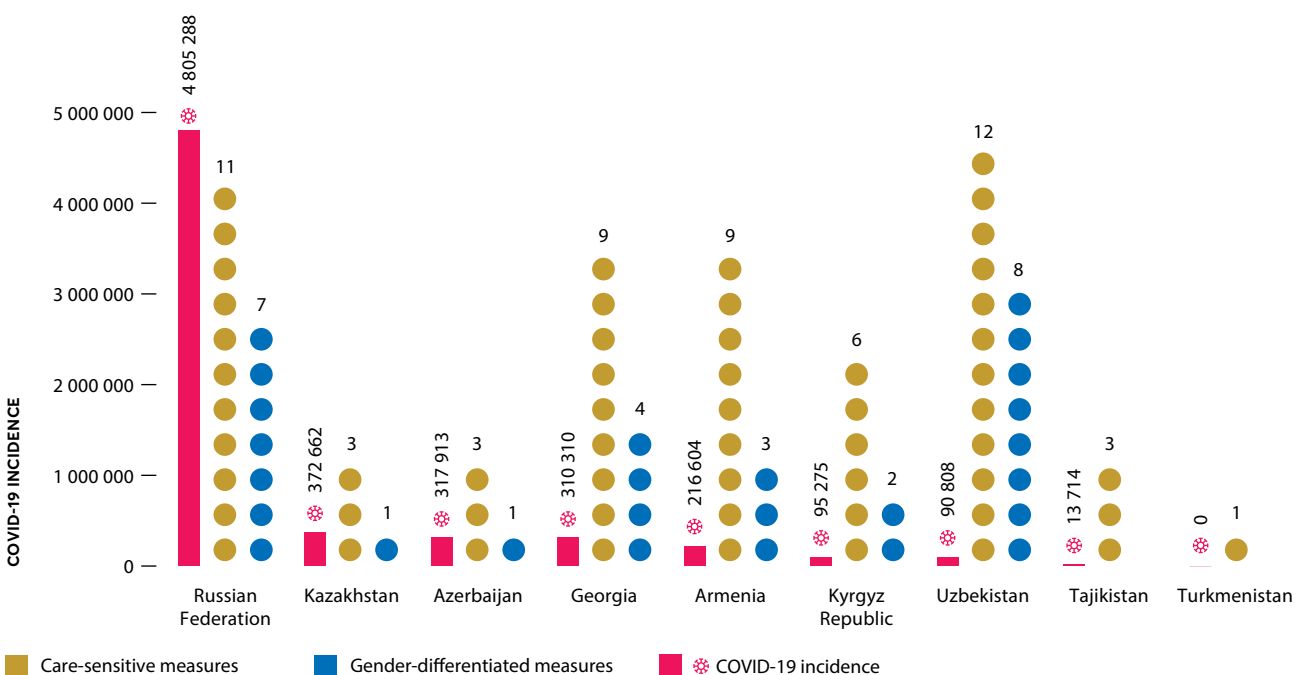
**CARE-SENSITIVE POLICY MEASURES AND PROMISING PRACTICES IN NORTH AND CENTRAL ASIA**

As figure 23 shows, the Russian Federation, which had the highest incidence of COVID-19 in the subregion of North and Central Asia as of 30 April 2021, has adopted 11 care-sensitive measures to counter the effects of the pandemic. Uzbekistan announced 12 measures and Armenia and Georgia nine each. Both the Russian Federation and Uzbekistan instituted a large number of women-focused measures addressing aspects of their unpaid care work. Box 1 highlights some of the promising policy measures taken by Uzbekistan, including the gender-differentiated ones.

Figure 24 illustrates the spread of measures across the four care policy categories for each of the countries of North and Central Asia.

Care-related social protection policies are the largest policy category in this region, followed by care infrastructure. All countries except Turkmenistan (for which data are limited) have instituted measures under both categories. Box 2 highlights some of the gender mainstreaming efforts in Georgia as well as childcare allowance and special support to families with young children. However, there have been fewer efforts at providing care services, such as health care access or home-based care packages or quarantine

**FIGURE 23 Incidence of COVID-19 and care-sensitive policy measures in North and Central Asia, by country**

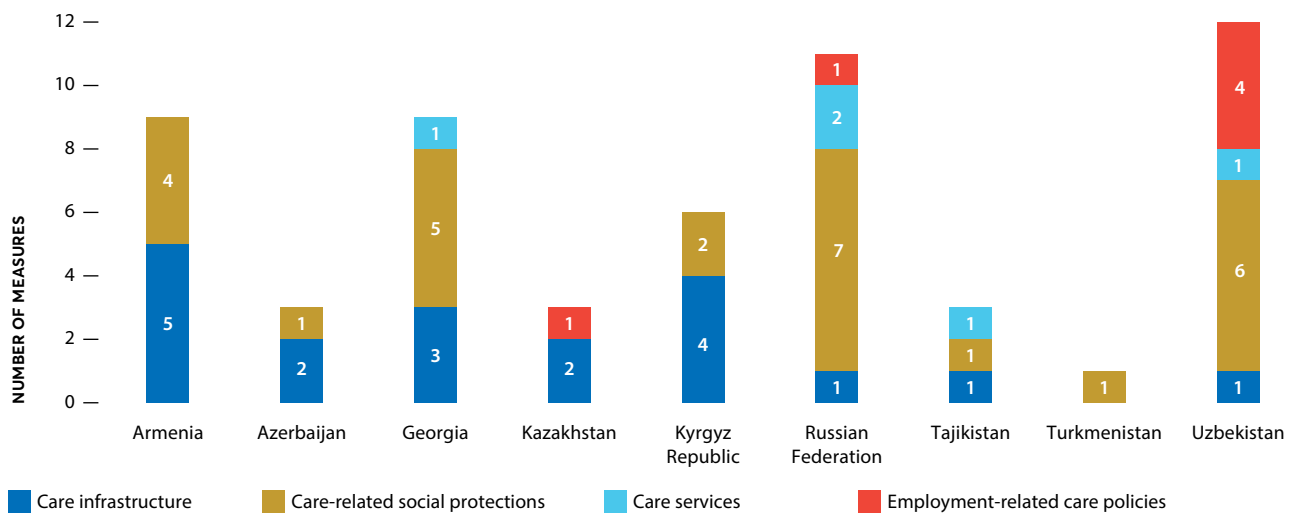


Source: Authors’ own calculations based on incidence data from the WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.



Women pharmacists on the COVID-19 front line in Georgia. Photo © GPC

**FIGURE 24** Care policies mix seen in countries of North and Central Asia



Source: Authors' own calculations.

support to households and individuals. Only four of the nine countries (Georgia, Russian Federation, Tajikistan and Uzbekistan) have provided care services. The highest extent of in-kind support so far was received in Georgia and the Kyrgyz Republic (UN Women, 2020g). Uzbekistan stands out within the region for its efforts to protect the employment of employees with care responsibilities as well as accommodate the needs of working parents. As box 1 indicates, this assistance includes paid sick leave to parents of children who need to be in quarantine, paid leave during the duration of school shut-down and prohibition of termination of employees who

are unable to come to work on account of childcare responsibilities.

Given the large number of independent measures in the Russian Federation across all four care-sensitive policy categories (Uzbekistan is the only other country in the region that has had policies in each of the categories). Especially considering that it has had specific social protection transfers, such as increased maternity entitlements and childcare allowances, it was selected as one of the country case studies to be showcased in Chapter 5. Box 2 highlights some promising policy measures taken by Georgia.

**BOX 1** Care-sensitive and gender-differentiated policy measures  
in Uzbekistan

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	Disposable facial masks, antiseptic sanitizers and antibacterial soap were added to a list of 18 essentials foodstuffs and hygiene products provided to beneficiaries of regular goods baskets. Eligible populations included older persons (men older than 60 years and women older than 55) and people with a disability who need outside care, do not have children (except for minors or people with disabilities), spouses or parents (with the exception of older persons and people with a disability) or guardians, trustees or persons entrusted by a court to provide care.	
Care services	Additional support was provided through a 10 trillion Uzbek so'm (about \$1 billion) Anti-Crisis Fund. Social assistance provisions under this fund includes covering the costs of quarantining persons at risk or in contact with infected persons.	
Care-related social protections	The duration of the childcare allowances and family allowances for low-income families was extended for six months. It had expired in March–June (and is for children until they turn 2 or 14, depending on the social allowance) (additional \$60 million). The Government approved amendments to simplify the application process and relax the income test (by disregarding certain incomes and categories) to determine eligibility to family allowances.	Y
	Effective 1 September 2020, the Government provided a 10 per cent increase in the base amount of the following benefits: allowance for persons with a disability from childhood (513,350 so'm); allowance for people with a disability and older persons without sufficient employment service for a pension (315,030 so'm). This support was expected to financially benefit 2.8 million older people and 687,000 people with disabilities. The Government also simplified the system for issuing documents on temporary disability.	
	The support to women in low-income families involved a 100 billion so'm transfer to the Federation of Trade Unions of Uzbekistan, funded from the Anti-Crisis Fund.	Y
	The one-off cash transfer (in the total amount of 580 billion so'm) supported 400,000 vulnerable households (1.7 million people). The presidential decree of 30 July 2020 provided for the allocation of one-time payments (until 15 August) to families from the Temir Daftar list. Then 160,000 additional families were included and thus receive one-time financial assistance. The list included persons with disabilities and chronic diseases; lonely and older widows and widowers and those in need of outside care; families with five or more children; individuals who lost their source of income due to quarantine measures; and vulnerable, poor and needy families.	Y
	A one-off cash assistance of 500,000 so'm (\$50) went to every child younger than 16 years in either a low-income family or a family receiving breadwinner-loss allowance or pension or if they have a disability (formal status). The purpose of the cash transfer was to help families meet the out-of-pocket expenses related to education.	Y
	Until the end of 2020, the Government gradually increased the number of households receiving three types of social benefits to reach 1 million total recipients in 200,000 families: (i) childcare allowance for kids up to age 2; (ii) benefits for families with children younger than 14; (iii) financial assistance to low-income families. A presidential decree specified that the terms of payments of benefits to mothers for childcare and families with children, which expired in July–September 2020 were automatically extended for the next six months.	Y
Employment-related care policies	If a member of the health care or medical staff is infected with COVID-19 while dealing with patients, the person receives one-off compensation of \$10,400. If the infection results in severe health damage or death, then the person or their family members receive \$26,040 as compensation	
	Termination of the employment contract for an employee who is the parent (person, substitute, guardian, trustee) of a child younger than 14 who is infected with coronavirus infection or placed in quarantine is prohibited.	Y
	Working parents (one per family) received a paid leave for the duration of schools and kindergartens shutdown without affecting the regular annual paid leave schedule.	Y
	Sick leave is normally paid at the rate of 60–80 per cent salary depending on the employment history. For the duration of quarantine, it is increased to 100 per cent of the salary for everyone and covers parents whose child is in quarantine.	Y

**BOX 2** Care-sensitive and gender-differentiated policy measures in Georgia

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	Food distribution is supported by central and local governments (municipalities). Families hit the hardest by COVID-19 are mostly the ones with many children adding additional burden to women. To mitigate the most-pressing needs for vulnerable families, more than 50 million food and hygiene kits were disseminated across the country to women-headed households, single parents, ethnic minorities, LGBTQI+ community members, Roma settlements and other vulnerable groups. Relevant public bodies, such as the Office of the State Minister of Georgia for Reconciliation and Civic Equality, Tbilisi Mayor's Office, local municipalities, and the Prime Minister's Human Rights Council have been actively participating in the process.	Y
	In March 2020, the Government announced it would subsidize utility fees for three months (March, April, May), which includes electricity bills, sanitary services and gas and water bills for households that consume less than 200 kWh of electricity and 200 cubic metres of natural gas per month. The programme budget was 170 million Georgian gel.	
	As the crisis continued, the Government prolonged the programme to cover the winter months of November, December, January and February 2021.	
Care services	Out of pocket co-payments for COVID-19-related expenditures are fully subsidized by the government for all.	
Care-related social protections	All children younger than 18 in Georgia received a one-time payment of 200 gel (approximately \$60). More than 800,000 children benefited from the programme. Main recipients were parents or legal guardians.	Y
	In May 2020, the Government signed the resolution introducing three temporary cash transfers (monthly benefits): Families with a proxy means test rating score, in Targeted Social Assistance, of 65,000–100,000 received a flat benefit of 100 gel for up to six months. This benefited about 70,000 families and 45 million gel (about \$14.13 million and €13.10 million) was allocated for it. Families with a PMT TSA rating score of 0–100,000 who have three or more children younger than 16 years received a top-up benefit of 100 gel for targeted social assistance for up to six months. This benefited about 21,000 families. The budget for this assistance was 13 million gel (about \$4.08 million and €3.78 million).	Y
	Persons with severe disabilities and children with disabilities received a direct transfer of 100 gel for up to six months. About 40,000 citizens benefited and 25 million gel (about \$7.85 million and €7.28 million) was spent on this assistance.	
	From 1 July, more than 410,000 pensioners aged 70 and older have received 30 gel in addition to their pensions. In January 2021, pension indexation was introduced, meaning that for pensioners aged 70 and older, 80 per cent of the actual economic growth will be added to the inflation rate, or the annual pension increase will surpass the inflation rate. Regardless of the inflation and economic growth, pensions will increase by at least 20 gel and 25 gel for pensioners aged 70 and older than 70, respectively.	
	Georgia's fiscal resilience and social protection support programme, supported by the Asian Development Bank, includes targeted measures to meet the requirements for effective gender mainstreaming through (i) increase in the universal pension pay-out to beneficiaries aged 70 and older, 65 per cent of whom are women, (ii) adoption of indexation mechanism to maintain purchasing power of universal pension pay-outs, benefiting 71 per cent of female beneficiaries, (iii) establishment and operationalization of the Pension Agency, with at least 50 per cent of female technical staff; and (iv) finalized operationalization of the Fiscal Risk Management Division, 85 per cent of whom are women.	Y

## 4.2 South and South-West Asia

### COVID-19 INCIDENCE AND SOCIOECONOMIC FALLOUT IN SOUTH AND SOUTH-WEST ASIA

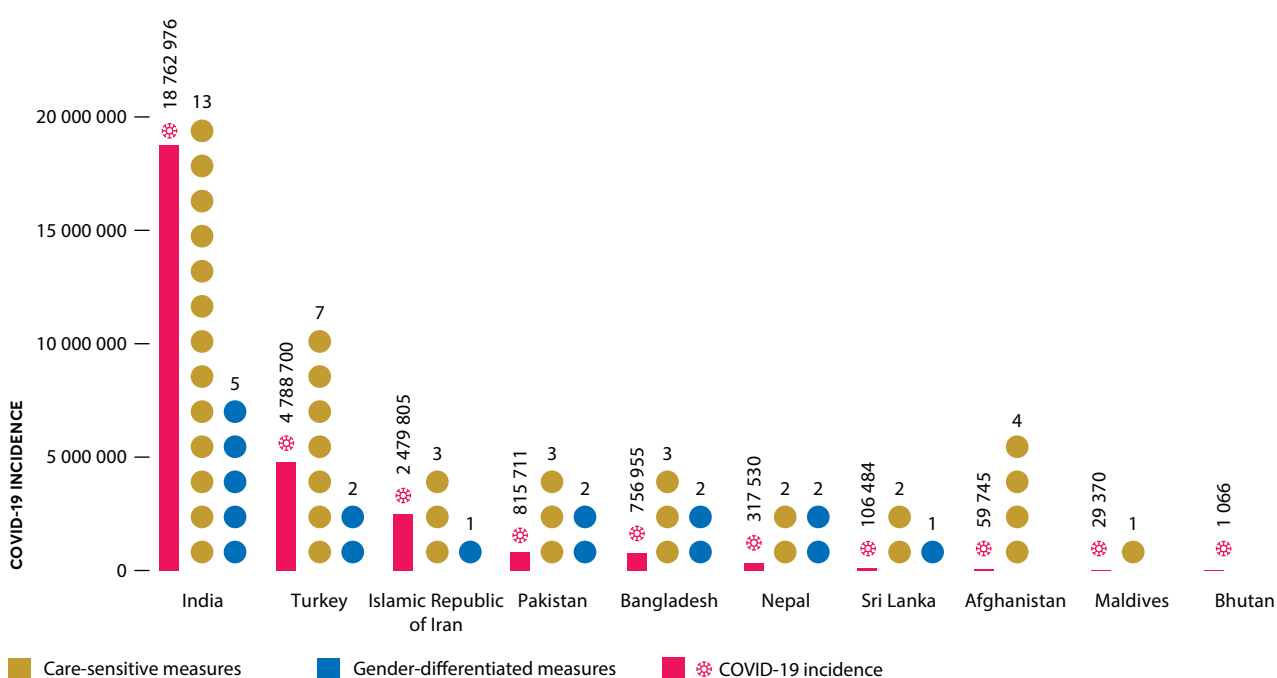
The South and South-West Asia subregion is bearing the brunt of COVID-19 infections within the region. A cumulative caseload of 73 per cent (figure 9) was largely contributed by the spiralling number of infections in India (see figure 25), with Turkey also battling a fresh wave of cases. Despite stringent lockdown measures announced with great alacrity in March 2020, India still emerged as a global epicentre of the pandemic, after the United States. Although the absolute numbers have remained high, the cumulative caseload per 100,000 people has remained low, given its large population. The greater concern for countries in this subregion is the massive toll on their economies that the stringent lockdown measures entail. Almost 140 million people lost their jobs and several faced steep salary cuts in the first few months of the pandemic, making the economic consequences of COVID-19 far more severe for South Asia than the health consequences (Pande and Haqqani, 2020). This effect was underlined by the World Bank’s latest estimation that South Asia will be the worst-hit subregion by extreme poverty on account of COVID-19, with female poverty already

very high (World Bank, 2020a, p. 9). Of the more than 600 million children in the South Asia subregion, as many as half could be pushed into poverty due to the pandemic (UNICEF, 2020). While governments have attempted to relax lockdowns in phases, allowing restricted internal movements, the opening up of economic activities in non-containment zones, opening and then re-closing schools as infections spiked, the threat of second- and third-wave infections attest to a long and protracted path to recovery.

### GENDERED AND CARE DIMENSIONS OF COVID-19 IN SOUTH AND SOUTH-WEST ASIA

Countries in the South and South-West Asia subregion accounted for the highest time use of women in unpaid care and domestic work prior to the pandemic (Charmes, 2019). Patriarchal culture and gendered social norms dictate that women bear the greater load of household tasks and care for family members. Marriage and motherhood together are strong predictors for women’s decline from labour force participation (Azcona, Bhatt, Cole and others, 2020; Deshpande and Kabeer, 2019). Most countries in the region rank poorly in the Global Gender Gap (World Economic Forum, 2021). Given this prevailing context in the region, one expects to see an intensification of women’s unpaid care and domestic work burdens,

**FIGURE 25 Incidence of COVID-19 and care-sensitive policy measures in South and South-West Asia, by country**



Source: Authors’ own calculations based on the incidence data from the WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.



especially under conditions of heightened sanitation, hygiene, social distancing and school and workplace closures. Analysis during the early months of the pandemic found that women employed at the start of the pandemic were 20 percentage points less likely to be employed than men a few months later (Deshpande, 2020). The study further noted that both men and women reduced their time spent with family or on leisure, but the reduction was relatively more for women. An assessment in Turkey revealed that women were more likely to switch to working from home (43 per cent) than men (23 per cent). And although the unpaid workload increased for both sexes, women endured a more substantial increase, from 2.9 hours per day to 4.5 hours per day (UNDP, 2020a). This was even more so for women living in two-parent households with children and women employed in full-time paid work. The rapid gender assessment carried out by UN Women in Turkey found a whopping 77 per cent and 60 per cent of women increased their time on mainly two domestic chores: cleaning and cooking meals, respectively, compared with 47 per cent and 24 per cent of men reporting the same, respectively (UN Women, 2020e).

A promising trend of men increasing their share of housework and care has emerged in some countries. In Turkey, men who switched to working from home and decreased their employment hours thus have increased their participation in unpaid work (İlkkaracan and Memiş, 2021). Similar trends were observed in India and the Maldives, where the gender gap in time use on housework reduced for men and women by one hour, suggesting men were doing more unpaid care and domestic work in the immediate few months after the pandemic broke out and that men and sons were reported to be helping more (Deshpande, 2020; Valero and Tinonin, 2020). Despite this positive development, it is too early to say if this norm shift will stick or if women will continue to do the bulk of unpaid care and domestic work.

#### CARE-SENSITIVE POLICY MEASURES AND PROMISING PRACTICES IN SOUTH AND SOUTH-WEST ASIA

Corresponding to the size of the country and the scale of the pandemic, India has announced the largest slew of measures to address both the public health aspects as well as socioeconomic shocks caused by the pandemic (figure 25). These measures fall across all four categories — care infrastructure, transfers and social protections, care services and employment-related policies (see figure 26 and box 4 for details).

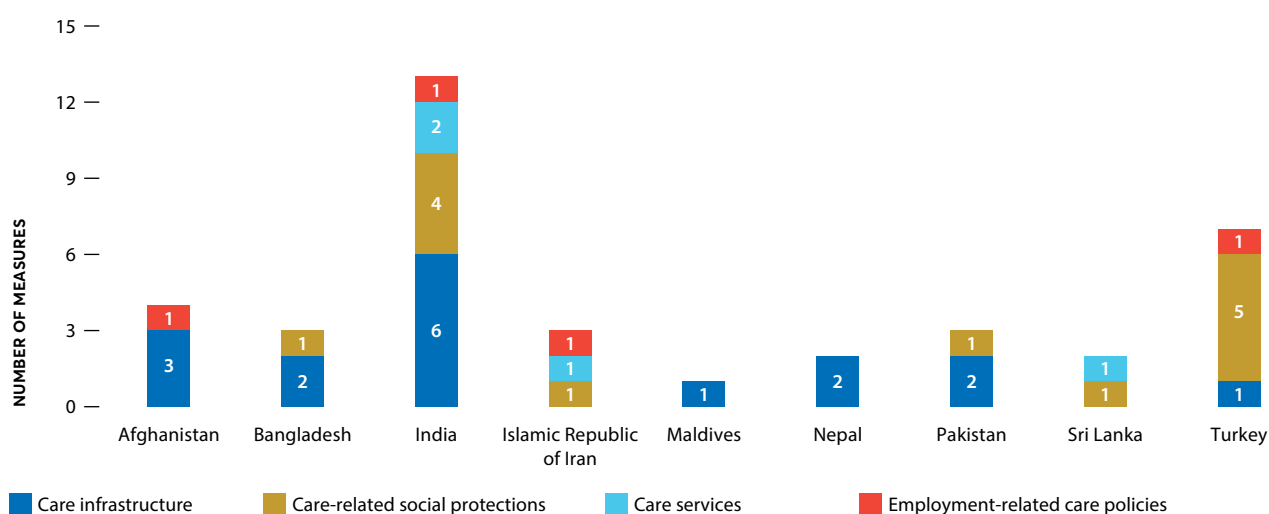


Woman collects her salary in India. Photo © UN Women/ Gaganjit Singh

Turkey has had the next-largest number of policies in the region (seven), of which only two are gender differentiated (see box 3). Bangladesh and Pakistan each have three measures, of which two are gender differentiated. The food provisioning measures adopted in both countries especially target women-headed households and transgender women.

Overall, care infrastructure measures were the largest in number, notably in five out of nine countries of the subregion (figure 26). These measures have been also in response to recognition of persistent and acute poverty in the region, which requires emergency in-kind and food assistance among millions of low-income, unemployed and migrant persons. Utility bill waivers or rent reductions have been provided in many countries. Interestingly, Sri Lanka is the only country in the subregion (except the Islamic Republic of Iran) that has not provided any care infrastructure measures. The next-largest category of measures is the care-related social protection transfers and benefits. Both India and Turkey have expanded their reach with one-time cash payments and have expanded existing social assistance programmes. It is important to point out that some of the cash transfers are directly gender sensitive, targeting women or young children who are mostly cared for by women. However, many other programmes are for older or sick persons or persons with disability, thereby indirectly supporting women's care work by ameliorating burdens on families to some extent. Pakistan has announced an expansion of the existing social assistance programme to cover 48 per cent of the population. The programme focuses on women as a key category of beneficiaries to receive an additional sum each month for three months in 2020 (Gentilini and others, 2020).

**FIGURE 26** Care policy mix in countries of South and South-West Asia



Source: Authors' own calculations.

**BOX 3** Care-sensitive and gender-differentiated policy measures in Turkey

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	Water bill debts of residences and businesses whose activities have been suspended due to COVID-19 were postponed by the municipalities for three months.	
Care-related social protections	Cash transfers targeting women were increased by 29 per cent for health, postnatal and pregnancy payments. Cash transfers for new mothers were increased to 100 Turkish lira (around \$15.5) and monthly transfers for women who recently lost their husband amounted to 325 lira (around \$50).	Y
	Individuals older than 65 years or those with chronic conditions are exempt from tax payments until the end of the COVID-19 outbreak.	
	Social assistance for older persons and persons with disability was made for three months without seeking income criteria and severe disability.	
	The minimum pension level was increased to 1,500 lira (\$230).	
	A holiday bonus was planned to be paid to retirees just before the religious holiday, but it was paid earlier (at the beginning of April 2020). To get the bonus, a retiree had to go to the bank branch. Now the bonus is deposited into their bank account.	
Employment-related care policies	During the COVID-19 outbreak, pregnant women, women on breastfeeding leave, people with disability and people older than 60 who work in public institutions were allowed a 12-day paid administrative leave. However, the regulation does not include people working in the private sector or people with children whose schools were shut down. Some municipalities allowed the parents of children younger than 12 to be on administrative leave. As an example, Ankara Municipality provided this opportunity to only mothers, while İzmir Municipality provided it to both parents.	Y

**BOX 4** Care-sensitive and gender-differentiated policy measures in India

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	The Government scaled up the Public Distribution System allocations for all Antyodaya Anna Yojana priority households for three months (1 kg pulses per household and 5 kg wheat or rice per individual).	
	Delhi is providing two in-kind measures: free rations, with 50 per cent more quantity than normal entitlements, to 7.2 million beneficiaries. Lunch and dinner are served free to each and every person at all Delhi government night shelters.	
	The Kerala State government will deliver food ingredients for mid-day meals to over 300,000 children studying in 33,115 anganwadis (rural childcare centres) closed due to the COVID-19 pandemic. They delivered such food items necessary for ten days. Before the end of such period, the materials required for the next ten days will be packed and delivered. The materials were packed and distributed by the teachers.	Y
	The State of Gujarat expanded free grains even to households living on income above the poverty line but are not covered in the National Food Security Act. These households were promised 10 kg of wheat, 3 kg of rice, 1 kg of sugar and 1 kg of pulse.	
	Free cylinders were provided for three months to poor Pradhan Mantri Ujjwala Yojana beneficiaries (83 million households).	Y
	Residents of Jammu and Kashmir were given 50 per cent discount for a year on water and electricity bills.	
Care services	The Government published guidelines and advisories for at-risk or vulnerable populations, such as older people and people living with disabilities. Certain states have developed specific measures to identify and support at-risk or vulnerable populations. The southern State of Karnataka conducted a state-wide survey to identify at-risk or vulnerable households (5 million as of 28 May 2020) to monitor their health and provide medical support when required.	
	Kerala State launched a senior citizen cell, with the aim of reaching out to vulnerable older people and providing them with essential items, such as food and medications.	
Care-related social protections	A cash transfer of 500 rupees (\$6.50) was distributed for three months (April to June 2020) to 200 million women with a Pradhan Mantri Jan Dhan Yojana (financial inclusion) account.	Y
	And additional 1,000 rupees was paid to all beneficiaries under the National Social Assistance Programme for older persons, widows and persons with disability receiving social pensions (35 million beneficiaries). And 500 rupees was given monthly for three months to all female Jan Dhan accounts, topping up the PM-Kisan transfer scheme by 2,000 rupees for 87 million farmers for three months.	Y
	A 4,000–5,000-rupee pension was paid to 850,000 beneficiaries by 7 April 2020.	
	The State of Assam provided a cash transfer through the Orunodi scheme to families based on income (the composite household income of the applicant should be less than 200,000 rupees per annum. From October, families in Assam received \$13 per month (1,000 rupees per month). The transfers were made into the bank account of a family. But the family had to nominate a woman to receive the payment in her own bank account. The scheme has covered 1.7 million families and the target is to expand it to 2.5 million families in days to come.	Y
Employment-related care policies	India's National Pension System allows partial withdrawals towards treatment for COVID-19-related illness for subscribers, spouses and children. The current rules of early withdrawal don't apply to the Atal Pension Yojana pension scheme (informal sector) subscribers and therefore are applicable only for about 10 million people.	

## 4.3 South-East Asia

### COVID-19 INCIDENCE AND SOCIOECONOMIC FALLOUT IN SOUTH-EAST ASIA

South-East Asia had 9 per cent of the COVID-19 cases, as of 30 April 2021, amounting to more than 3 million in total across the 11 countries that make up the ESCAP subregion (figure 9). Indonesia and the Philippines have been the worst-affected nations, together accounting for 80 per cent of all cases across the subregion as of April 2021. The situation has been worse in Indonesia, which had two and a half times the number of deaths as the Philippines had.<sup>18</sup> The difference in the rate of testing might explain the difference in outcomes of the two countries. Owing to the lack of testing facilities in Indonesia, patients arrive at hospitals much later, reducing the chances of recovery (Paddock and Sijabat, 2020). By contrast, Cambodia, Thailand and Viet Nam had led the way in containing their infection rates as of 2020 (see figure 27). Swift action, political commitment, aggressive testing and close coordination among government departments were seen as effective strategies for containment (Sullivan, 2020; Walden, 2020). This was in stark contrast to Singapore, which initially had a far higher incidence of COVID-19 infections relative to its size. The somewhat-contained impact (as of December 2020) in South-East Asia was explained by the prior experience that several countries had gained during the spread of SARS in 2003, the H1N1 virus in 2009 and MERS in 2015, which led to strong political leadership in introducing early social distancing, aggressive testing and tracing, strict quarantine and stay-at-home orders, etc. (Ariadne Labs, 2020; Sullivan, 2020; Walden, 2020).

### GENDERED AND CARE DIMENSIONS OF COVID-19 IN SOUTH-EAST ASIA

Both the Gender Development Index (see table A6 in the Appendix) and the *Global Gender Gap Report 2021* (World Economic Forum, 2021) show wide variations in gender equality outcomes among countries of this subregion. The extent of economic empowerment, educational attainment, political representation and membership in leadership roles of technical professions is clearly highly variable. Time-use data on unpaid care work are available only for two countries: Cambodia (2004) and Thailand (2014). Data from Cambodia's

time-use survey reflect the lowest contribution by men towards unpaid care work among 75 countries around the world (Charmes, 2019). While women did 188 minutes per day, men put in only 18 minutes a day. Thailand had a similar pattern of women doing a much larger share of unpaid care and domestic work than men, although the proportion was not as skewed as in Cambodia (Charmes, 2019; see figure 4). Other studies found dips in women's paid work, choice of occupational roles and earnings that correlated to their care responsibilities (Johnson, 2018).

"Then COVID-19 came!" shrieked a headline in an internet announcement (Mariska, 2020). What is most poignant about this pandemic is the disproportionate effect the crisis has had on people's lives and livelihoods, sometimes irrespective of the health impact. For example, despite the small number of coronavirus cases and an early easing up of lockdown measures, Viet Nam's textile and garment industry has been hit hard from the collapsing global demand and halted supply chains. This means that hundreds of workers have lost their livelihoods, most of them women. Indonesian women have experienced greater loss in income from family businesses and an intensification of their unpaid care work burdens relative to men, with 61 per cent reporting more time spent on care for others in 2020, compared with 48 per cent among men (UN Women, 2020b). Difficulty in access to safe water and sanitation sources, health care infrastructure and services, schools, child protection, especially in rural areas, were amplified in the wake of the COVID-19 responses in Indonesia (Care International, 2020a). Gender norms in many places have been reinforced and intensified (Nguyen and others, 2020).

Across countries, the risks of COVID-19 are higher for intersectional gender groups, such as women with disabilities or older women or women from religious and ethnic minority backgrounds (Care and IRC, 2020). A study in Malaysia found a doubling of unemployment levels and a high poverty rate between September and December 2020 among female-headed household and households headed by someone with a disability (UNICEF and UNFPA, 2020). Migrant women domestic workers from Indonesia and the Philippines working in Hong Kong (China) have been dealt a double blow — having to work longer hours with larger workloads and no break or place to "go home" because entire employer families stay at home. They fear of losing their jobs and incomes on which their own families back home rely for support (Kolo and Cai, 2020).

18 WHO Coronavirus (COVID-19) Disease Dashboard reports Indonesia cumulative deaths at 45,334, compared with 17,145 in Philippines as of 30 April 2021.



Children with handmade masks in Zi Lun internally displaced persons camp in Kachin State in Myanmar. Photo © UN Women/Naw Su

### CARE-SENSITIVE POLICY MEASURES AND PROMISING PRACTICES IN SOUTH-EAST ASIA

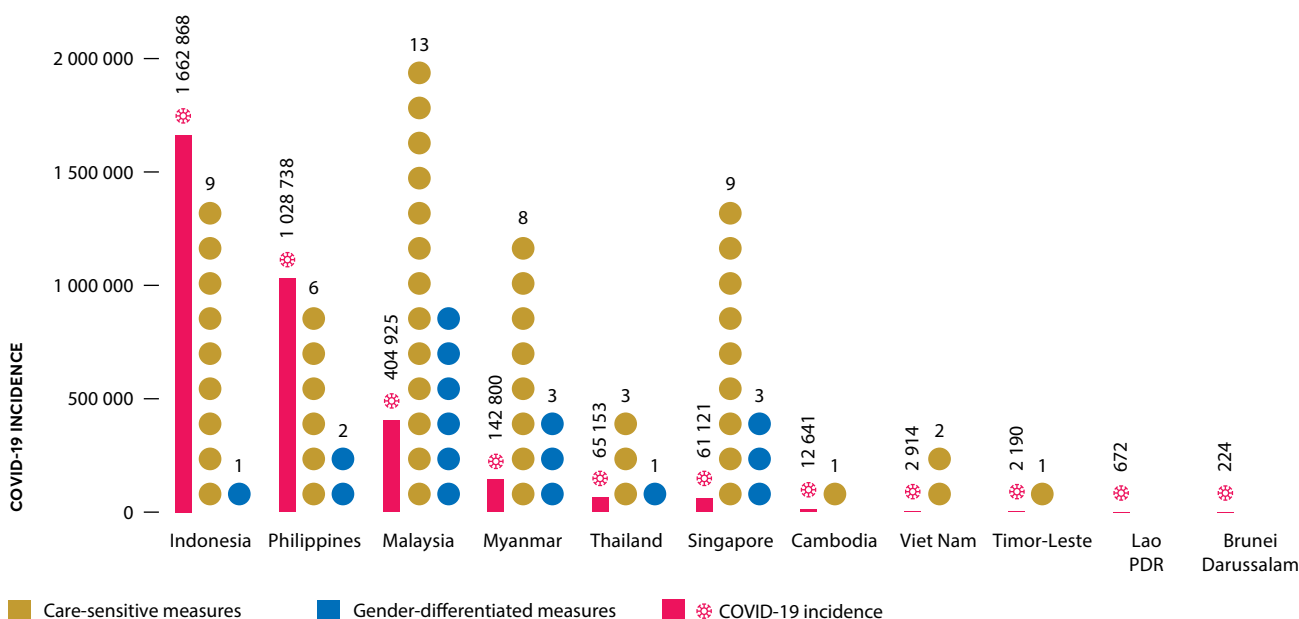
Figure 27 details the incidence of COVID-19 across countries in the subregion, mapping these against the number of care-sensitive policy measures adopted by each as well as the number of gender-differentiated measures within them.

Malaysia stands out for the sheer number of measures adopted (13) despite its low infection rates. Malaysia reached out to several low-income and vulnerable households and recipients (such as single mothers, persons with a disability, older persons and children in shelters) by innovatively targeting the existing cash-transfer programme recipients and using a new

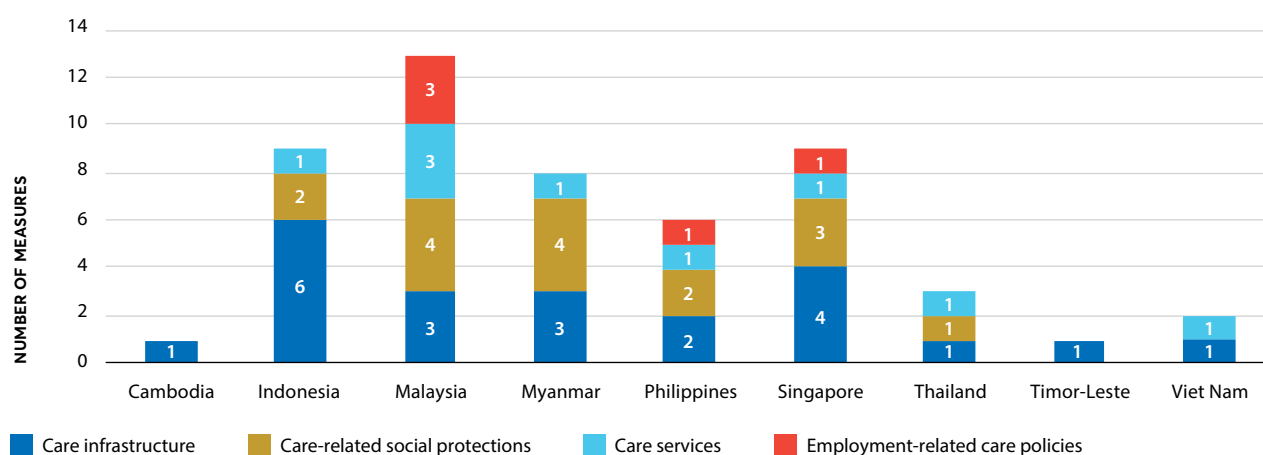
tax system to identify beneficiaries (ILO and ESCAP, 2020). Approximately half of Malaysia’s care-sensitive measures are gender differentiated (box 5). Malaysia is followed by Indonesia, Myanmar (box 6) and Singapore in terms of the number of care policy measures.

Figure 28 shows that care infrastructure-related policies, with a food assistance thrust, and cash transfers to vulnerable populations have been the predominant policy measures adopted in this subregion. Seven of the ten countries put in place some care services while only Malaysia, the Philippines and Singapore have provided employment-related care policies also. A detailed case study on the Philippines appears in the next chapter.

**FIGURE 27 Incidence of COVID-19 and care-sensitive policy measures in South-East Asia, by country**



Source: Authors’ own calculations based on the incidence data from the WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.

**FIGURE 28 Care policy mix in countries of South-East Asia**


Source: Authors' own calculations.

Note: No data on policy measures in Brunei Darussalam and Lao People's Democratic Republic were found.

**BOX 5 Care-sensitive and gender-differentiated policy measures in Malaysia**

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	A discount on electricity bills, initially offered at 2 per cent, was increased according to electricity consumption. The discount ranged from 15 per cent to 50 per cent.	
	The B40 community that are renting public housing for the urban poor, the Citizen Housing Project, were exempted from rent for six months. The sum of these forgone payments was 3 million Malaysian ringgit (\$750,000). The Kuala Lumpur City Hall made the same exemption for public housing in its jurisdiction, benefiting 40,000 renters. The Government also provided a rent exemption to premises owned by the Government, such as school canteens, kindergartens and cafeterias.	Y
	The Government announced that in collaboration with all telecommunications companies in Malaysia, all mobile internet subscribers receive free internet access from 1 April 2020 until the end of the movement control order.	
Care services	The Government is working with non-government organizations and social entrepreneurs to distribute food, medical care equipment and shelter.	
	Through the national insurance plan for the B40, mySalam, patients of COVID-19 can apply for an income replacement of 50 ringgit per day for up to 14 days. This initiative was extended to the B40 who are quarantined as persons under investigation (of COVID-19 symptoms).	
	The Government allocated 30 million ringgit to improve and provide childcare centres and preschools in government buildings and hospitals as part of initiatives announced under Budget 2021. The finance minister pledged an additional 20 million ringgit in matching grants would be allocated for the private sector to provide childcare centres within their premises. He said the allocation was made in response to the pleas of parents working as front-liners who found it hard to acquire childcare services while on duty during the movement control order.	Y
Care-related social protections	Public pensioners received a one-off cash transfer of 500 ringgit per person in April 2020. This benefited 850,000 pensioners.	
	The Government allocated 25 million ringgit (around \$6 million) to be channelled to vulnerable groups, including older persons and children in shelters, people with disabilities and people with no home.	
	A 200 million ringgit Child Care Subsidy was provided to working parents during the conditional movement control order period.	Y
	And 108 million ringgit was provided as social assistance to vulnerable groups, such as persons with disability and single mothers.	Y
Employment-related care policies	The prime minister announced in March 2020 that Malaysians younger than 55 could withdraw 500 ringgit per month from their Employees Provident Fund account for 12 months to buy essential goods amid the worsening COVID-19 pandemic.	
	A payment of 600 ringgit (around \$150) was provided per employee per month for up to six months for workers who were forced to take leave without pay from 1 March 2020 onwards. This was delivered through the Employment Insurance System and targeted workers with monthly income of less than 4,000 ringgit (around \$1,000). This was expected to cost 120 million ringgit (about \$30 million).	Y
	Income tax relief for parents on childcare services costs was increased, from 2,000 ringgit to 3,000 ringgit for 2020 and 2021.	Y

**BOX 6** Care-sensitive and gender-differentiated policy measures in Myanmar

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	The 150 first units of electricity consumption for general public, religious and local non-government organizations (excluding embassy, United Nations and international non-government organizations) were exempted from payment until end of April 2020.	
	The Government provided emergency food rations to vulnerable households and at-risk populations, reaching 4.1 million households.	
	From 10 to 19 April (water festival holiday), the Government provided food packages to each low-income households that did not have regular income. These packages included rice, cooking oil, salt, beans and onions.	
Care services	The Government extended health care benefits for unemployed Social Security Board members from six months to one year from the date of unemployment and extend medicine and travel benefits from six months to one year from the date of unemployment.	
Care-related social protections	A total of 509,880 beneficiaries of the Maternal and Child Cash Transfer Programme (supporting mothers of children under the age of two, pregnant women) has received a one-off 30,000 kyat cash payment. Total budget was \$12 million.	Y
	The Government provided top-up benefits for the Maternal and Child Cash Transfer, targeting women and social pension beneficiaries for two to three months and reduced the age limit of social pension. This measure aimed to reach 1 million individuals.	Y
	Beneficiaries of the social pension programmes (supporting people older than 85) received a one-off 30,000 Myanmar kyat cash payment (in addition to the existing average monthly payment of 10,000 kyat). Total budget was \$4.7 million benefiting 200,301 people. In total, the Government provided one-off cash reached 490,704 individuals aged 80 and older. The total cost was around \$11 million. This included top-up benefits for 198,002 social pension beneficiaries aged 85 and older and 292,702 new beneficiaries aged 80–84 years.	
	The Government launched COVID-19 Economic Relief Plan on 27 April 2020. The cost of all action plans was estimated at around 2 billion kyat, with a focus on cash transfers to the most vulnerable and affected workers and households. It aimed to reach around 5.4 million households. As per the relief plan, the cash transfer targeted persons aged 80–84 years, people with a disability, all women with children younger than 2 years and 5.5 million vulnerable households. Total amount reserved for social assistance was \$711.4 million.	Y

## 4.4 East and North-East Asia

### COVID-19 INCIDENCE AND SOCIOECONOMIC FALLOUT IN EAST AND NORTH-EAST ASIA

With just 2 per cent of the cumulative infections (see figure 9), countries of the East and North-East Asia subregion had been spared the worst of the pandemic, at least as of 30 April 2021. Originating in Wuhan, China, the SARS-CoV-2 virus quickly forced the Chinese Government to step into high gear. Cities were locked down and mandatory social distancing for the whole population led to a de facto shutdown of the economy to force the outbreak curve to flatten. Massive, large-scale testing (with stadiums and hotels turned into quarantine facilities) and mobilizing large-scale medical resources and volunteers to affected locations were adopted in the early months

of January and February 2020. By the end of March 2020, when other countries were just coming to grips with the pandemic, China had managed to get the outbreak under control. Japan, on the other hand, with more than half a million cases, led the subregion with sharp spikes, making it also one of the top ten countries across Asia and the Pacific with the highest disease incidence (see figure). Japan experienced a much higher rate of spread due to slower testing and tracing interventions. The Republic of Korea, with the third-highest caseload within the subregion as of 30 April 2021, was lauded in some quarters as a success story due to its prior experience and expertise built in combating a MERS outbreak (Ariadne Labs, 2020).

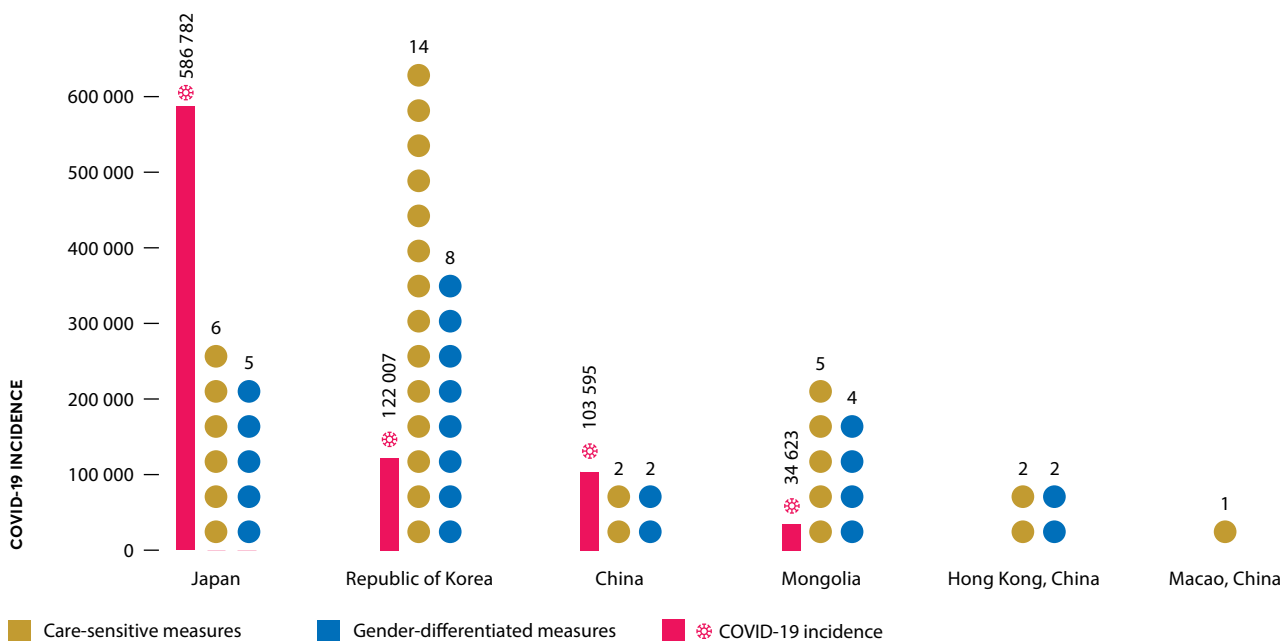
While the economy of this subregion was plunged into a forced shutdown, grinding factories and businesses to a halt, in recent months there has been a revival, with China resuming exports and international trade.

**CARE-SENSITIVE POLICY MEASURES AND PROMISING PRACTICES IN EAST AND NORTH-EAST ASIA**

The Republic of Korea stands out in the subregion for the maximum number of care-sensitive measures (14) across all four care policy categories (figure 29). This is followed by Japan and then Mongolia, with six and five measures, respectively. Japan launched measures in each of the four policy categories, while Mongolia did in all except the care services category (figure 30). Details of the measures by Mongolia along with their gender component are explained in box 7. China had only one care-sensitive policy measure, for older persons with intensive care needs and living alone, allowing them to receive home-based or institutional care if their family carer is under quarantine.

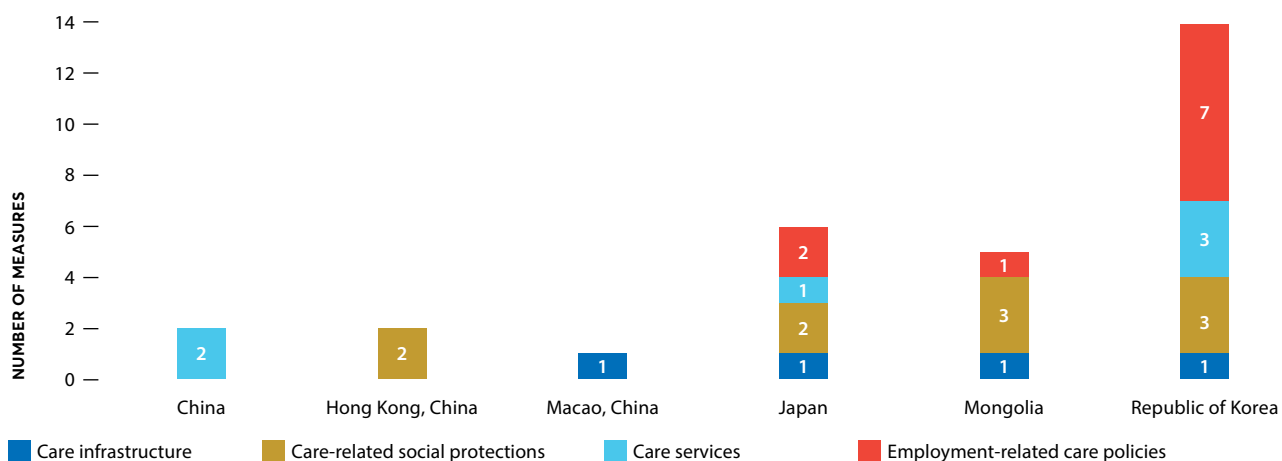
In Japan, several measures focused on childcare: directing childcare services to remain open to support workers who needed them; a top-up of existing childcare allowances and special benefits to single-parent households; and an employment-related compensation to employers for employees taking paid leave on account of childcare. A policy measure like this can go a long way in helping workers, especially women workers, to remain engaged in the workforce. More than two thirds of the measures in this subregion were found to be gender differentiated, with the Republic of Korea demonstrating the widest spread in terms of type and extent of measures. A detailed case study on the Republic of Korea appears in the following chapter.

**FIGURE 29 Incidence of COVID-19 and care-sensitive policy measures in East and North-East Asia, by country or territory**



Source: Authors' own calculations based on the incidence data from the WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.

**FIGURE 30 Care policy mix in countries and territories of East and North-East Asia**



Source: Authors' own calculations.



**BOX 7** Care-sensitive and gender-differentiated policy measures in Mongolia

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	Monthly food stamps were doubled to a value of 32,000 Mongolian tughrig (\$11.50), granted per adult in high need of food provision per month and 16,000 tughrig (\$5.75) per child. The assistance reached 240,000 citizens of low-income households.	
Care-related social protections	Around 32,600 people, including 3,600 senior citizens not entitled to pension benefits, 42,500 citizens with disabilities and 16,500 orphaned or (who had only one parent) and single parents received an additional 100,000 tughrig for five-month period beginning in October 2020, totalling their monthly allowance to 280,000 tughrig.	Y
	The Child Money monthly allowance, given to 1.14 million children, was increased to 100,000 tughrig (about \$32.80) until 1 October (six months) 2020. Because the previously increased 30,000 tughrig from the initial 10,000 tughrig within the Government's first package of measures was already granted to children in April 2020, the leftover amount of 70,000 tughrig was given separately.	Y
	On 6 May 2020, a second package of fiscal measures (amounting to roughly 2 per cent of GDP) was announced to protect the vulnerable groups. These included: (i) further increase in child money allowance; (ii) increased food stamp allowance; and (iii) an increase in social welfare pensions for older persons, people with disability, dwarfs, orphans and single parents with more than four children. The Government indicated it expected to fully offset these measures with expenditure cuts.	Y
Employment-related care policies	Changes in working hours under the Resolution No. 11 of the National Emergency Commission of Mongolia, dated 5 May 2020, the management of the state and local administrative organizations, enterprises and legal entities were instructed to take measures by providing pregnant women and mothers with children younger than 12 years, with conditions and opportunities for working from home and paid leave until the 31 May 2020 to prevent the spread of COVID-19. Upon such instruction, every legal entity reduced or changed their working hours, making them more flexible. Women and other workers were given the opportunity to work from home after internal labour rules were amended.	Y

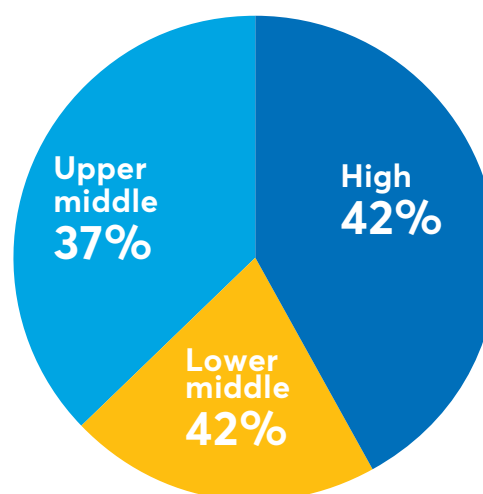
## 4.5 Pacific

### COVID-19 INCIDENCE AND SOCIOECONOMIC FALLOUT IN THE PACIFIC

As noted in figure 9, the COVID-19 disease caseload in the Pacific subregion of ESCAP member States has been relatively small, with less than 0.5 per cent of the diagnosed infections as of 30 April 2021. Yet, the situation remains concerning due to the inherent vulnerabilities of the member States and territories. First, there is concern regarding the adequacy of health care infrastructure and services, which are limited in terms of infrastructure, equipment, and trained medical staff. Second, the absence of infectious disease screening and diagnostic facilities among island countries can be life threatening. A third concern is the potential collapse of the tourism-reliant economies of the subregion, given the travel and movement restrictions in place and the risk of allowing tourists and visitors into the island territories should the restrictive measures be relaxed (Pacific Community, 2020). The sharp fall in local economies, especially in tourism and hospitality, points to the direct economic loss of income for women, who are predominant in these sectors. As figures 31 and 32 indicate, 21 per cent of the Pacific countries have

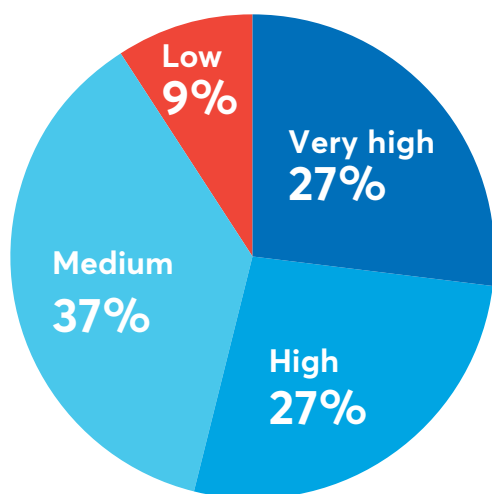
lower-middle income status, and around 45 per cent of them have medium or low Human Development Index rankings. Given this situation, any increase in COVID-19 disease cases would have dire consequences for the subregion. Some countries, such as Papua New Guinea, have experienced a rise in cases as the pandemic wears on.

**FIGURE 31** Income profile of Pacific countries



Source: Authors' calculation (see table A4 for the data).

**FIGURE 32 Human Development Index ranking of Pacific countries**



Source: Authors' calculation (see table A5 for data).

**CARE-SENSITIVE POLICY MEASURES AND PROMISING PRACTICES IN THE PACIFIC**

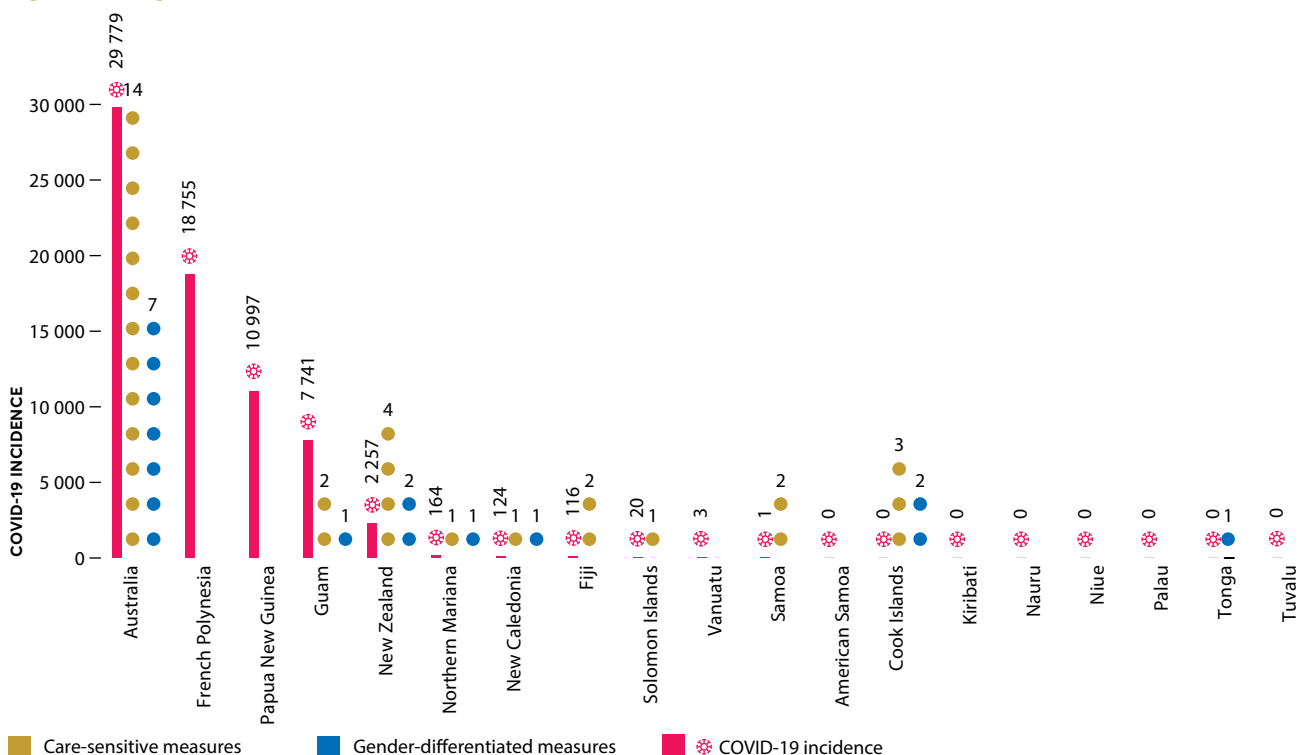
Despite the low incidence of actual COVID-19 infected persons to date, the subregion has had to respond to the pandemic with both public health management and containment measures as well as socioeconomic policy measures. Figures 33 and 34 show the prevalence of COVID-19 along with the number and types of policy measures in place in each country.

Australia takes the lead with the most care-related measures (14). Given the extensive and wide-ranging nature of care measures in Australia, it was selected as a case study example. Its promising practices are profiled in Chapter 5. Otherwise, most members of the subregion have only one or two measures in any one category. No country in the region has at least one measure across each of the four care policy categories, including Australia, which has no measure related to care infrastructure.

Care infrastructure is provided by four countries in the subregion for which data are available: Guam, Samoa, Solomon Islands and New Zealand. The greatest spread of countries is seen in the provision of employment-related care policies (seven countries). Close to half of all measures in the subregion are gender differentiated. Box 8 refers to the measures adopted by Cook Islands.

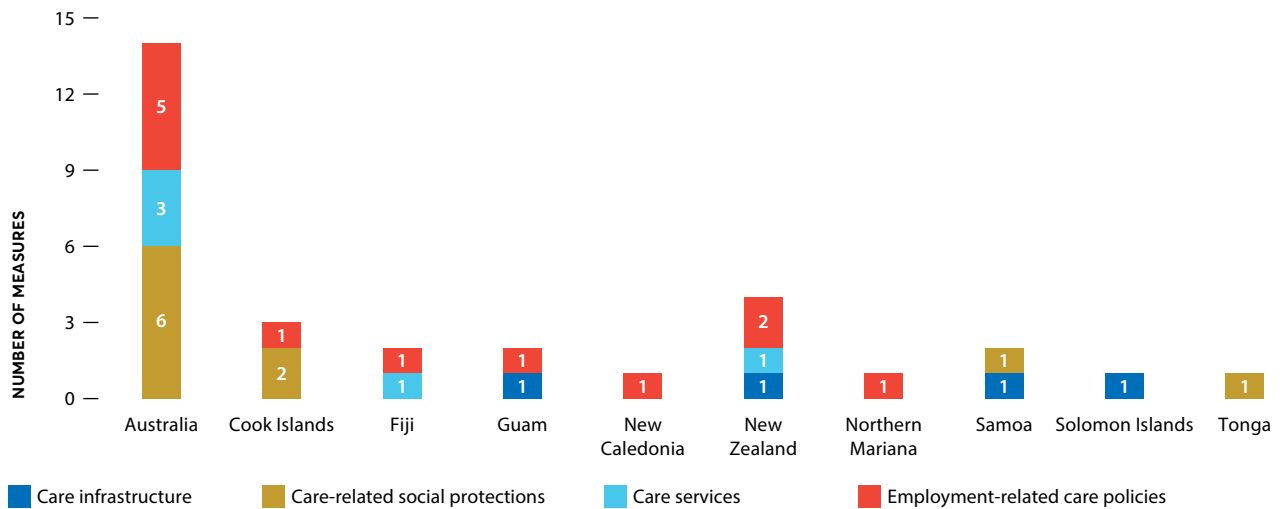
This chapter illustrates the wide variation in the extent and type of care-sensitive measures adopted by governments in the various ESCAP subregions. The largest number of care-sensitive measures have been adopted by North and Central Asia, with 46 per cent of them gender differentiated — notably in Georgia, the Russian Federation and Uzbekistan. This was followed by South-East Asia, with the second-largest number of care-sensitive measures, although only 30 per cent of them are gender differentiated.

**FIGURE 33 Incidence of COVID-19 and care-sensitive policy measures in Pacific, by country**



Source: Authors' own calculations based on the incidence data from the WHO Coronavirus Disease (COVID-19) Dashboard as of 30 April 2021.

**FIGURE 34** Care policy mix in the Pacific countries



Source: Authors' own calculations.

The South and South-West Asia subregion follows, with 37 care-sensitive measures, of which one third are gender differentiated. India and Turkey each have the largest number of care measures in the subregion but are also among the top ten countries in the Asia-Pacific region with a massive scale of infection rates. It is important to reflect on whether these measures do enough to address women’s unpaid care and domestic work needs in these countries, given the pre-existing gender inequalities. East and North-East Asia, although having a low incidence of COVID-19, have adopted 30 care-sensitive measures. Of them, as much as 70 per cent are gender differentiated. The Pacific countries have adopted a sizeable number of aggregate measures, signifying the importance of mitigating the public health effects as well as the

survival, livelihoods and macroeconomic effects. The chapter also highlights the promising practices from different countries.

Care-related social protection transfers and benefits emerged as the largest category of measures adopted in North and Central Asia as well as East and North-East Asia, while care infrastructure is the largest category of measures in South and South-West Asia and South-East Asia. East and North-East Asia also have an equally large number of employment-related care policies, pointing to the higher level of development and formalization within countries of this subregion. Employment-related care policies is the largest policy category in the Pacific, followed by care-related social protections. Chapter 5 now examines some positive case studies, with lessons for the region.

**BOX 8** Care-sensitive and gender-differentiated policy measures in Cook Islands

Policy category	Care-sensitive policy measure	Gender differentiated
Care-related social protections	For each child (aged 0–16) receiving child benefits, an additional \$100 on top of the current \$50 was allocated for every fortnight during school closure outside of school holidays. An application process was not required.	Y
	A one-off top-up payment was given to current welfare benefits in the amount of \$400 per beneficiary. This one-off support was to assist the most vulnerable because they are at health risk from the COVID-19 and also likely to be exposed to its economic impact. The cash was only available to people on the welfare list, including destitute persons, pensioners and their caregivers.	Y
Employment-related care policies	The Government established self-isolation support for businesses, covering staff absences due to self-isolation requirements and who are not under the wage subsidy scheme. The self-isolation support does not impact an employee’s accumulated leave entitlement. It was a separate category of emergency leave entitlement offered under the COVID-19 stimulus package for a maximum period of 14 days at a time, at the minimum wage. It is possible that the same employee may have to self-isolate more than once throughout this pandemic, as such, the support can be requested by the employer as often as needed. This support will only cover self-isolation as defined under the public health guidelines, where the employee is: not sick, cannot perform work remotely and has been advised by the Ministry of Health to self-isolate; not sick but has to care for dependants who are required to self-isolate or who are sick with COVID-19.	



## Chapter 5

# Research findings: Country case studies

Participants to the Thirteenth Triennial Conference of Pacific Women and Sixth Meeting of Pacific Ministers for Women (2017) in Suva, Fiji. Photo © UN Women/Terri O'Quinn

## 5.1 Australia

### SOCIOECONOMIC CONTEXT

Australia boasts of a large, advanced economy, with high and steady growth rates and that ranks thirteenth in the world (Nordea, 2020a). It is the only country of the Organisation for Economic Co-operation and Development (OECD) that did not enter a recession during the last financial crisis. It is a vast producer of primary goods and one of the world's main exporters of wool, meat, wheat and cotton. Australia also has a large mining sector, owing to its plentiful reserves of minerals and energy raw materials, such as iron ore, gold, and uranium, that contribute 10.4 per cent to GDP in 2019–2020. The economy is dominated by the services sector, which contributes 66.2 per cent to GDP and employs 77.7 per cent of the workforce. This is due to the rapid growth of a large business and financial services sector, along with health care, social assistance, travel services, including education-related travel, recreational travel and business travel services. Australia maintains close economic ties with Europe and the United States and key trade and investments relations with China and other countries of the Asia–Pacific region. The unemployment rate is quite low, estimated at 5.2 per cent in 2019, and Australian living standards have grown rapidly over the past two decades. Like other advanced, post-industrial economies in the world, Australia is facing the challenges of providing for an ageing population, managing its carbon emissions and tackling climate change (such as loss of the Great Barrier Reef coral due to catastrophic bleaching, frequent bushfires and increasing droughts straining water resources) (Nordea, 2020a).

### GENDER EQUALITY AND SOCIAL NORMS

Australia's female labour force participation is 68.9 per cent, which ranks lower than most comparable OECD countries (WGEA, 2016). The labour market participation is marked by two distinct features: a highly gender-segregated workforce and gender norms that promote a "1.5 income earner" model (Bergin, 2020): this means a traditional Australian family would have one full-time earner, usually a male, and one earner who works less than full-time hours, usually a female. When care responsibilities increase, it is usually the female who sacrifices working hours. Among 51 OECD countries, Australia had the fourth-highest rate of women working part-time in 2019, or almost 1.5 times more than the OECD average. The

female share of this part-time employment was as much as 68.3 per cent (OECD, 2020a). In addition, the Australian labour market is gender segregated, with the heavily feminized occupational sectors of health, teaching, caring, retail and hospitality. Nearly four in five workers in health care and social assistance are female: nurses, midwives, doctors, pharmacists, allied health, aged care, social workers, and community welfare workers (National Skills Commission, n.d.).

A consequence of this work–life pattern for women is lowered financial earnings over the lifetime, greater job insecurity and a higher burden of unpaid care and domestic work within the home. Research reveals that working hours, pay and superannuation are three inequality markers that change over the four life phases for employed women in Australia (Baird and Heron, 2019). Part-time roles limit career progression opportunities, and women are underrepresented in senior leadership roles. The gender pay gap in Australia is still 14 per cent (Batchelor, 2020). Taking parental leave has a negative effect on women's wage growth and results in a "motherhood penalty" of 7 per cent and increasing to 12 per cent over the subsequent year during the child's infancy (WGEA, 2016).

Time-use data from Australia confirms the global pattern of women investing more hours in unpaid care and domestic work. In Australia, women spend 64.4 per cent of their average working hours each week (56.4 hours) on unpaid work, compared with 36.1 per cent for men (or 55.5 hours) (WGEA, 2016). This translates into a gender time gap in unpaid care work of an average 2 hours and 19 minutes per day. The more time women spend in unpaid care work, the lower is their workforce participation. One survey found women's labour force participation rate dropped from 34.1 per cent to 11.4 per cent after parenthood, while no significant change for men emerged (WGEA, 2016). Data from the Australian Bureau of Statistics indicate that men spend twice the amount of time as women in paid work, while women spend twice the amount of time as men in unpaid care and domestic work. Women spent 2 hours 52 minutes per day on domestic activities, compared with 1 hour and 37 minutes per day by men. And they spend 59 minutes on childcare, compared with 22 minutes per day by men (Care Australia, 2020). Women did more chores, such as housework, grocery shopping, gardening and repairs even when employed. Among older person care, women are overrepresented in the group (100 women to every 86 men are aged 65 year or older). And they are the main caregivers of older persons (of the 3.5 per cent of all Australians who are primary carers, women make up 71.8 per cent) (Care Australia, 2020).

### COVID-19 INCIDENCE AND THE GENDERED EFFECTS

Australia leads the Pacific subregion in having the largest number of COVID-19 cases (figure 33). The total number of cumulative infected cases was 29,779 at the time of writing. The State of Victoria was the most severely hit, with maximum cases centred in the capital of Melbourne, with small clusters also emerging in other urban centres. Community settings, such as aged care homes, meat factories, schools and public housing estates emerged as hotbeds, and there were reports of non-compliance with wearing face masks or staying at home when sick during the early period of the pandemic (Mao, 2020).

The Workplace Gender Equality Agency is monitoring the gendered effects of the COVID-19 responses in Australia to determine which strategies would better promote workplace gender equality. Women experienced a sharper fall in employment (at 8.1 per cent) between March and April 2020, compared with men (at 6.2 per cent) (Bergin, 2020). Jobs across the feminized sectors, like retail, hospitality and tourism, were affected. So too were jobs in higher education, with women academics having caring responsibilities more severely impacted and universities grappling to maintain gender diversity commitments (Nash and Churchill, 2020). This exacerbated the financial stress on women. As much as 23.6 per cent of women reported being stressed about paying for essential goods and services, and 50.7 per cent reported spending less than pre-pandemic levels (Batchelor, 2020). A government policy measure of allowing early access to superannuation funds led to more women withdrawing from their balance, at 21 per cent of their fund, compared with 17 per cent for men. And 14 per cent of women had withdrawn their entire superannuation savings, compared with 12 per cent of men. This money was reportedly used for immediate household spending, which will have a negative impact on women's long-term financial security in retirement (Batchelor, 2020).

COVID-19 is reconfiguring the world of work and home by increasingly requiring workers to operate from home where possible. In a pandemic-related study, the Australian Institute of Family Studies found that the proportion of people always working from home increased from 7 per cent before COVID-19 to 60 per cent during the pandemic. For parents, it was 60 per cent of mothers and 41 per cent of fathers who always worked from home. In 2020, 40 per cent of parents had to always or often "actively" care for children (who were home because of school closures)

during their work hours. The study also found that fathers became more involved in the care of children younger than 3 years, although only around 10 per cent of fathers took on the primary carer role (Batchelor, 2020). Similar findings were reported by the ABS Household Impacts of COVID-19 survey, which reported that 31 per cent of Australians said they "worked from home most days", compared with 12 per cent prior to the pandemic restrictions. One of the main reasons was the need to keep children at home in the absence of adequate and affordable childcare services. Hence, the need to reduce or change working hours (Alon and others, 2020; WGEA, 2020). Opposing forces on gender equality have been brought about by the pandemic: While businesses are adopting flexiwork arrangements more widely and more permanently, working from home also puts more pressure on employees with caring responsibilities. Economic loss and uncertainty, coupled with the intensification of work on the domestic front, has resulted in a higher degree of depression and anxiety being reported by as many as 47 per cent of the women surveyed by the Melbourne Institute (Batchelor, 2020).

### CARE-SENSITIVE AND GENDER-DIFFERENTIATED POLICY MEASURES ADOPTED

Australia has adopted the highest number of caresensitive policy measures (14) in the entire Asia-Pacific region and is matched only by the Republic of Korea. Box 9 lists out all the care-sensitive measures and marks the relevant gender-differentiated responses. Seven of the 14 measures adopted are gender differentiated. Most notable are the Early Childhood Education and Care Relief package, which included measures to have daycare centres open and available for essential workers' for free. Another commendable measure is the Paid Parental Leave, Dad Pay and Partner Pay measures that have been expanded to support workers whose employment is impacted due to childcare responsibilities during the pandemic.

However, some of these measures were rolled back within a few months, especially the free access to childcare services. A relatively weak attention to women's differentiated needs has been attributed to the largely masculine composition of both the current cabinet and the Prime Minister's National COVID-19 Coordination Commission, which has only two women filling the ten seats (Haussegger, 2020; Wallace, 2020).



Women celebrate International Women's Day 2021 in Sydney, Australia. Photo © UN Women

## CASE HIGHLIGHTS

- Australia has a relatively high female labour force participation, at 68.9 per cent within the Asia–Pacific region.
- A total of 14 care-sensitive policy measures have been adopted since onset of the pandemic, the highest within the Asia–Pacific region.
- Half of the care-sensitive measures have a gender-responsive dimension.
- Attention has been given to the care needs of multiple vulnerable groups, such as children, older persons, persons with disability, ill persons and family carers.
- One notable measure is the Early Childhood Education and Care Relief package, which included measures to have daycare centres open and available for essential workers' for free.
- Another notable measure is the expanded Parental Leave Pay and the Dad and Partner Pay measures that were expanded to support workers whose employment is impacted due to childcare responsibilities during the pandemic.

**BOX 9 Care-sensitive policy measures in Australia**

Policy category	Care-sensitive policy measure	Gender differentiated
Care services	State governments provided a one-off emergency relief payment of \$250 for individuals and up to A\$1,000 for families who are required to self-quarantine. This is available to informal casual workers and low-income workers.	
	A home care package supports senior citizens (A\$0.3 billion).	
	The Commonwealth government provided free childcare to around 1 million families through mid-July 2020 (A\$0.3 billion) and announced targeted support to the education system.	Y
Care-related social protections	Some 6.5 million pensioners and welfare recipients received \$750 cash payments from end of March 2020 and onwards. The \$4.8 billion plan covers disability support pensions, carer's allowances, youth allowances, veteran support payments, family tax benefits, commonwealth senior health cardholders and 2.4 million aged pensioners.	Y
	Australia also expanded access to income-support payments to persons required to take care of someone affected by COVID-19. Workers (including casual workers and self-employed) receive the JobSeeker payment if they care for someone who is affected by COVID-19. Those not entitled to the JobSeeker payment can receive the Crisis Payment (Special Benefit) if they are caring for someone required to be in quarantine or self-isolation.	Y
	The Early Childhood Education and Care Relief Package is a payment to support childcare services to remain open, including Centre Based Day Care, Family Day Care, Outside School Hours Care and In-Home Care. To receive these payments child support services must prioritize care to essential workers, vulnerable and disadvantaged children and previously enrolled children, must not charge any fee for sessions of care provided.	Y
	In the second package, the Government announced a time-limited coronavirus supplement to be paid at a rate of A\$550 per fortnight (around \$330) to recipients of Jobseeker payment, parenting payment, youth allowances and other payment types. This supplement was in place for six months, at a cost of A\$14.1 billion (\$8.5 billion).	Y
	Self-employed persons have access to special unemployment benefits for sickness absence due to COVID-19 or quarantine.	
	The Government invested an additional A\$24.7 million in the ParentsNext programme and introducing changes to simplify eligibility criteria, better direct support to those most in need, and extend access to financial assistance to all participants. Programme support includes help with developing skills, training or work experience, help arranging financial support for job preparation skills, training and other work-related expenses or connecting to local support services such as counselling. Parents will be in a better position to move into employment when they are ready and as jobs are recovered or created in the labour market.	Y
Employment-related care policies	The Government allowed individuals affected by the coronavirus to access up to A\$10,000 of their superannuation in 2019–2020 and a further A\$10,000 in 2020–2021. Eligible individuals were able to apply online to access up to A\$10,000 of their superannuation before 1 July 2020. They could access up to a further \$10,000 from 1 July 2020 for approximately three months (exact timing will depend on the passage of the relevant legislation).	
	The Government provided paid pandemic leave to aged care workers.	
	Employees (including casual workers) were entitled to take two days of unpaid carer's leave if they had to look after a family member who was sick with the COVID-19 or to care for a child due to school closures (only if they have no paid sick or carer's leave left for full-time or part-time employees).	
	Australia will introduce a pandemic leave payment for workers who have run out of sick leave but need to be quarantined because they have been directed to stay at home due to COVID-19.	
	The Government is providing an extra A\$130.4 million for paid parental leave to support families whose employment has been impacted by COVID-19. Under normal circumstances, to qualify for paid parental leave, the primary carer must have worked at least 10 of the 13 months before the expected birth or adoption of their child and worked at least 330 hours during that period. Pending the passage of legislation, the Government is temporarily extending the work test period from 13 to 20 months. This will make it possible for most individuals with a genuine pre-COVID-19 work history, who would otherwise fail the work test due to loss of employment or a reduction in work hours, to access Parental Leave Pay and Dad and Partner Pay.	Y



## 5.2 Philippines

### SOCIOECONOMIC CONTEXT

The Philippines is considered a dynamic and growing economy, sustaining an average annual growth of 6.4 per cent over the past decade (World Bank, 2020b). With this growth momentum, the Philippines is poised to move from a lower-middle-income country into the upper-middle-income bracket. It has several distinct advantages, such as a large and young population, a competitive and globally recognized workforce, strong consumer demand, sound economic fundamentals and one of the richest reserves of minerals, such as copper, gold and zinc, in the world (Nordea, 2020b). Key economic sectors include business processing outsourcing, telecommunications, electronics and electrical product manufacturing and food processing. The services sector contributes 60 per cent of GDP while the manufacturing sector provides 19 per cent. These two sectors account for 57 per cent and 8 per cent of waged jobs, respectively (ILO, 2020c). Remittances from its large, 10 million-strong workforce based abroad is another pillar of the national economy. Although the Philippines has managed to reduce its poverty rate from 23.3 per cent in 2015 to 16.6 per cent in 2018 (World Bank, 2020b), rising wealth inequality and unemployment of nearly 18 per cent (Nordea, 2020b) are challenges that the country needs to address.

### GENDER EQUALITY POLICY AND SOCIAL NORMS

The Philippines is considered one of the most gender equal countries in the South-East Asia and Pacific subregion, second only to New Zealand. It closed 78.4 per cent of its overall gender gap to rank 17 worldwide in the most recent *Global Gender Gap Report 2021* (World Economic Forum, 2021). Women outnumber men in senior and leadership roles as well as professional and technical professions. Wage equality between men and women is high, and women can expect to live five years longer than men. It is one of the few countries worldwide where a woman Head of State is more frequent than the norm, and women held 28 per cent of the seats in the national legislature.<sup>19</sup>

The policy environment in the Philippines signals a deep commitment to women's equality as well. The Magna Carta of Women is a comprehensive women's

human rights law that was adopted in 2009 to eliminate discrimination through the recognition, protection, fulfilment and promotion of the rights of Filipino women, especially those in the marginalized sectors of the society (PCW, n.d.b). This was devised in response to the Convention on the Elimination of All Forms of Discrimination Against Women. The Gender Equality and Women's Empowerment Plan 2019–2025 covers four years of the Philippine Development Plan 2017–2022 and the remaining years of the Philippine Plan for Gender-Responsive Development 1995–2025 (PCW, n.d.a). In a testament to shifting gender norms and attitudes, the recent Social Norms, Attitudes and Practices Survey of urban millennials in Indonesia, the Philippines and Viet Nam reported the promising trend of 87 per cent young women saying they would be more inclined to share childcare with men, and 67 per cent saying they would be willing to share breadwinning (Investing in Women, 2020a).

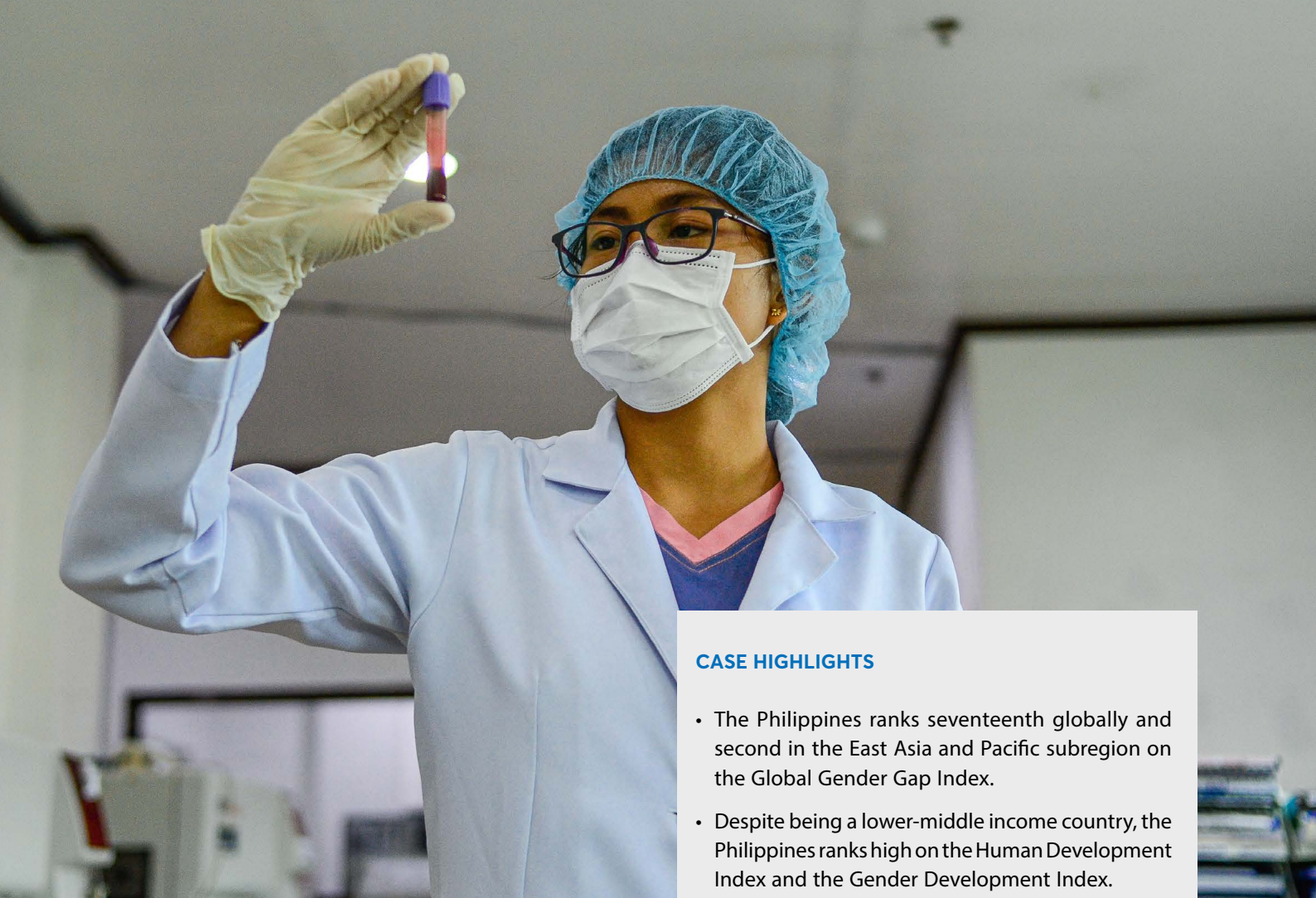
Despite these positive aspects, it is interesting that the female share of the labour force has hovered at around 45 per cent over the past two decades (ILO, 2020c), with only a few years when it touched 49–50 per cent. There is a sharp decline in female labour force participation among women aged 25–29 years, ostensibly due to marriage and childbearing (NEDA, 2019). These figures are the lowest among other ASEAN countries. Within the employed workforce, women make up 76 per cent of workers in the services sector, relative to men (at 45 per cent), and only 10 per cent in manufacturing, relative to men, at 25 per cent (ILO, 2020c).

This points to an occupational segregation in the workforce. In the absence of formal time-use statistics on unpaid care and domestic work, it is pertinent that the recent Social Norms, Attitudes and Practices Survey found that a large majority of females think women are better suited to childcare and had no strong wish for fathers to do more (Investing in Women, 2020a).

### COVID-19 INCIDENCE AND GENDERED RESPONSES

As seen in figure 27, the Philippines reported more than 1 million COVID-19 infections as of 30 April 2021, making it the second-most affected country in the South-East Asia subregion, after Indonesia. In addition to coping with this global public health emergency, the island country had to deal with the historic Taal volcano eruption and the first typhoon for the year, Typhoon Ambo (Vongfong) (UNFPA Philippines, 2020). While the majority of confirmed COVID-19 cases were

19 Accessed from the United Nations country data tables 2020, <http://data.un.org/en/index.html>.



Woman medical technologist in the Philippines.  
Photo © Louie Pacardo / UN Women

concentrated in the National Capital Region due to high population density, epidemiological centres have also been spread to other areas.

The Government has mounted a multisector response, introducing nationwide measures related to economic, medical and food supply strategies; enhanced community quarantines (lockdown); travel restrictions; repatriation of citizens from COVID-19-affected countries; deploying the military and police and front-liners; and implementing a no-touch policy (Asia Pacific Forum, 2020). The Inter-Agency Task Force on Emerging Infectious Diseases has steered the National Action Plan on COVID-19, which allowed the Government and local government units to utilize appropriate funds, including a Quick Response Fund. The Bayanihan To Heal as One Act (Republic Act 11649) was signed into law, allowing the president emergency powers to further strengthen the government response and expand social protection coverage for three months (Philippines HCT, 2020). By the end of June 2020, the second tranche of the Social Amelioration Program had reached close to 13 million low-income families who were not previously part of the Philippines' Pantawid Pamilyang Pilipino

#### CASE HIGHLIGHTS

- The Philippines ranks seventeenth globally and second in the East Asia and Pacific subregion on the Global Gender Gap Index.
- Despite being a lower-middle income country, the Philippines ranks high on the Human Development Index and the Gender Development Index.
- It has extended its Social Amelioration Program to include as many as 78 per cent of its population.
- Notable measure — cash and food assistance to vulnerable populations, including pregnant and lactating women, single parents and undernourished children.

Program (4P) national social protection programme. In addition, 4.3 million beneficiaries registered as 4P beneficiaries and almost 100,000 public transport drivers received emergency cash assistance through the Social Amelioration Program (Philippines HCT, 2020).

As noted throughout this report, the pandemic has exacted a heavy cost on women and girls. It is no different for the Philippines. Due to their being at the front-lines of the health care system, one in six COVID-infected cases have been health workers. With 69 per cent of them female, including nurses, physicians and community-based health workers, women have borne the brunt of taking care of patients both physically and mentally (UNFPA Philippines, 2020). The pandemic has dire consequences for women's sexual and reproductive health, with a projected 22 per cent increase in maternal deaths, a 23 per cent increase in teenage pregnancies and

a 63 per cent increase expected in unmet family planning needs (UNFPA Philippines, 2020). This is likely to translate into a 47 per cent increase in unintended pregnancies, resulting in 1.8 million additional births, which would be the highest in the country since 2012 (Santos, 2020b). Pregnant women have been facing closure of health facilities and diversion of necessary medical resources towards COVID-19 care. Even when services are available, commuting to and from a facility presents a challenge due to the risk of infection in transit, apart from the sheer lack of transport facilities. Women fear getting infected at the hospital or birthing homes, which may lead to higher risky home deliveries (UNFPA, 2020). Additionally, the United Nations Population Fund projects a 6 per cent increase in gender-based violence in the Philippines.

The socioeconomic fallout of the pandemic also has gendered effects. With retail, tourism and textile and garment manufacturing severely impacted in the Philippines, women have been the hardest hit in terms of loss of employment, reduced pay and reduced working hours (Baird, 2020). Data from UN Women's rapid gender assessment survey in the Philippines found that almost 70 per cent of the surveyed women noted a decrease in income from family businesses, while 65 per cent noted a decrease in remittances. Confirming earlier warnings that women were less likely to weather economic shocks of the pandemic, 54 per cent of women reported decreases in resources related to properties, investments or savings (UN Women, 2020j). Women-led and owned micro, small, and medium-sized enterprises have been negatively affected, with the majority of respondents reporting difficulty in product distribution and service offering as well as increased responsibility for unpaid care duties (UN Women, 2020j).

And 53 per cent of women reported being mainly responsible for domestic work, which meant more difficulty in finding or undertaking paid work or even time to rest. Around 70 per cent of women reported this increased their stress and anxiety and deteriorated their mental and emotional health. A quarter of women reported that their physical health had been impacted, resulting in illness (UN Women, 2020j). For example, grocery shopping permits were granted to men, confining women to the home. Similar effects were seen among women in formal employment (Hill, Baird and Seetahul, 2020). More women reported changing their location of work to their home (63 per cent), compared with

men (58 per cent). The increased household work, such as food preparation and childcare, however, resulted in 34 per cent of women reporting not being as productive from home. Girls and young women in the Philippines have been adversely impacted by the pandemic and unable to study due to increases in household chores and poor internet connectivity (de Guzman, 2020).

Filipina migrant workers in the Philippines and abroad have faced an increasingly difficult repatriation process, with restrictions at points of entry, suspension of air, water and land travel, long waits for COVID-19 test results and a slow pace of testing. The primary concern of women migrant workers is loss of employment and unpaid wages as well as discrimination and stigma resulting from being perceived as "carriers of the virus" (UN Women, 2020j). Women reported turning to alternatives, such as farming, setting up businesses at home or online and community work in migrant worker federations, domestic worker alliances, and church groups. Women's human rights groups have spoken out against the "militarized" nature of the lockdown, with public health restrictions and emergency powers being "misused" to curtail human rights, including freedom of expression, peaceful assembly and association and access to social protection (Mohideen, 2020; UN Women, 2020j).

#### CARE-SENSITIVE POLICY MEASURES ADOPTED

The Philippines has adopted six care-sensitive policy measures, two each in care infrastructure and care-related social protections, and one each in the care services and employment-related care policies. Of these six measures, only two are gender differentiated. However, it is the size and large scale of the Social Amelioration Program that put the country in the top ten globally in terms of reaching a majority of its population, in this case, 78 per cent, or approximately 83 million people (see figure 5 in Gentilini and others, 2020, p. 6). The programme reaches a wide swathe of people, cutting across multiple axes of vulnerability and necessity, as noted in box 10. The Bayanihan to Heal as One Act has been followed by the Bayanihan to Recover as One Act, also known as Bayanihan 2, aimed at funding several government programmes (*Manila Bulletin*, 2020), even though the weak attention to gender-differentiated measures has been called out by civil society (Basuil, Lobo and Faustino, 2020).

**BOX 10** Care-sensitive policy measures in the Philippines

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	The Government provided subsidized meals, transportation and accommodation arrangements to its skeletal workforce responding to the public health emergency.	
	Under Bayanihan 2, the Government provides access to free, healthy meals to undernourished children. Food provisions are distributed by the Disaster Response Management Group.	Y
Care services	Individuals with urgent medical and burial needs can avail of financial assistance from the Department of Social Welfare and Development, through the Assistance to Individuals in Crisis Situation Program. But the number of beneficiaries to be accepted for processing every day is limited in adherence to social distancing measures.	
Care-related social protections	An emergency cash subsidy initiative (for two months) was carried out by the Department of Social Welfare and Development, provisioning 5,000 Philippine pesos to 8,000 pesos per month for two months to their target beneficiaries. Target beneficiaries of the Social Amelioration Program were low-income families or those on subsistence economy or workers in the informal economy and with members belonging to the vulnerable sector, assessed to be the most-affected by the declaration, given their existing life situations or circumstances. This subsidy programme was under the Bayanihan to Heal As One Act. Also covered were families with at least one member who is a senior citizen, person with a disability, pregnant and lactating women, single parents, members of a poor indigenous community, homeless persons, informal economy workers (such as directly hired, subcontracted house helpers, public utility drivers, street vendors), Anyone who earns wage below the prescribed minimum rate (examples: dishwashers and helpers in carinderia), employee with no-work no-pay situation distressed overseas Filipino workers, entrepreneur with an asset of less than 100,000 pesos, family enterprise owners, farmers, fisherfolk and stranded workers who cannot return to their places of residence at the moment.	Y
	The Government provides 100,000-peso compensation to public and private health workers who contract the disease while in the line of duty. In case of death, their families will receive 1 million pesos.	
Employment-related care policies	The Philippine Health Insurance Corporation may be directed to shoulder all medical expenses of public and private health workers in case of "exposure to COVID-19 or any work-related injury or disease during the duration of the emergency".	

### 5.3 Republic of Korea

#### SOCIOECONOMIC CONTEXT

After World War II, the Republic of Korea became independent from Japanese rule (in 1945). After the Korean war of 1950–1953, the Republic of Korea was an income-poor and resource-poor country. Within two generations, the country emerged as a high-income, technologically advanced and post-industrialized society (by the 1990s). The rapid trajectory of GDP growth from the early 1980s to the late 1990s resulted in a high standard of living for most people (Ma, 2016). The country weathered two economic crises — the Asian financial crisis that began in 1997 and the Great Recession of 2008–2009. With a largely formal economy, trade unions in the 1980s made gains in wages (Yun, 2018). The Republic of Korea ranks in the “very high” category on the Human Development Index (see table A5). Like other post-industrial economies, it is experiencing an increase in female labour force participation, declining fertility rates and a decrease in extended families (An, 2008). The fertility rate, which was six children in 1930, was 1.3 in 2001 due to effective government family planning programmes (Ma, 2016). Currently, it stands at 1.09. A low and declining fertility rate has implications for an ageing population who will increasingly need long-term care.

#### GENDER EQUALITY POLICY AND SOCIAL NORMS

Traditional Korean society is conservative, centred around the family, with rigid gender roles (An, 2008). The Government’s social policy adopted a familial principle in its welfare assistance, with the male breadwinner and female caregiver model as the assumed status of all families (Peng, 2009). Although the female labour force participation has increased over the years, it hovers at only 53.5 per cent. Despite being a high-income economy, the Republic of Korea ranks moderately (group 3) in the Gender Development Index (see table A6). According to the World Economic Forum’s (2021) *Global Gender Gap Report 2021*, the country ranked 102nd globally among 156 nations; 123rd for women’s economic participation; and 104th on educational attainment. Women continue to be severely underrepresented in leadership positions, and there is wide gender disparity. These metrics point to a large gender gap across vital parameters that still need to be bridged for women to enjoy equal status and outcomes with men.

Women are expected to perform unpaid care labour as per prevailing gender norms. Time-use survey data are available for 1999, 2004, 2009 and 2014. The latest data indicate that women perform 82.8 per cent of all unpaid care work, spending more than 186 minutes per day, which is five times more than men’s time

in unpaid care work (Charmes, 2019). The pattern of men doing notably less unpaid care and domestic work has not changed much since the 2004 time-use survey (An, 2008; Budlender, 2008). This implies that women take on the larger burden of childbearing and childrearing. Ma (2016) found evidence for an M-shape curve in female labour force participation, with women tending to quit work before or during a pregnancy and then returning to the workforce after the household needs them less. Around 60 per cent of once-working women did not return to the labour force at all.

To address the trends in low fertility, low care-dependency ratios and the ageing population, the Government implemented policies to effect change in the “care diamond” (Peng, 2009). In a bid to enhance care provisions and augment labour market strategy, the Government has invested in the social arena since 1997. New parental leave legislation, childcare policies, support for single-parent families and long-term care of older persons policies have been introduced. These policies intend to free up women’s time for paid work and also to create new sectors of growth in care services and paid care employment (Yun, 2018; Peng, 2009). However, public spending on care policies as a percentage of GDP remains low when compared with OECD countries (ILO, 2018).

Econometric analysis has shown that increased public spending on social infrastructure has the overall positive effect of increasing female and male employment in the short to medium run (Ilkharacan and others, 2020; Oyvat and Onaran, 2020). A recent study found higher demand for public childcare centres as opposed to private care because public investment can tend to improve working conditions of care workers, thereby benefiting care recipients with better-quality care (Suh, 2020). However, the Government’s use of contractual care services introduces a source of precarity and non-standard employment. Despite expansion of older person care provisions by the Government through social security, a significant portion of care continues to be provided by family members (Cha and Moon, 2020). This means that women still bear the larger burden for caregiving to children and older family members, and social care tends to step in to ensure the family does not fail.

The Ministry for Gender Equality and Family was established in 2001 to address the issue of gender discrimination. Its current focus is on the second Framework Plan for Gender Equality policies, with a commitment to ensure equal rights to work and opportunities, enhance women’s political and economic representation and create social infrastructure for the

work–life balance through family-friendly policies (MOGEF, n.d.b). The first female president of Korea, Park Geun-hye, who was elected in 2013, set up a Task Force on Gender Parity and Empowerment of Women. It was the country’s first public–private partnership that promotes gender equality and capitalizes on female talent (Weiss, n.d.). More than 100 private companies and 40 state ministries are committed to implementing gender equality policies (H.J. Kim, 2020) and even apply for family-friendly certification (MOGEF, n.d.a).

## COVID-19 INCIDENCE AND GENDERED RESPONSES

The Republic of Korea was the first country outside of China to see an explosive rate of transmission of the coronavirus, detecting the first case in early January. A quick and timely response and coordinated leadership at all levels enabled the peninsular State to control the contagion (Institut Moutaigne, 2020). The country flattened its COVID-19 curve early on. Despite the largest number of cases outside China in the first two months of the outbreak, a strong national response mobilized necessary resources for care (Oh and others, 2020). Experience in previously battling the SARS and MERS epidemics had prepared the country well. Applying the learnings from those public health crises, the Government invested heavily in infectious disease research. Extensive use of facial coverings, contact tracing, free testing, research and development for rapid diagnostic kits, the innovative use of information and communication technologies (big data and artificial intelligence) to spread emergency information, updating the testing database and results, use of smartphone apps for contact tracing via travel history, digital monitoring of quarantines, telemedicine and walk-thru testing booths were some of the various mechanisms effectively deployed by the central and state governments (Ahn, 2020; Ariadne Labs, 2020; ICTworks, 2020; Oh and others, 2020; Zastrow, 2020).

A gender analysis of the coronavirus response in the Republic of Korea, however, finds scope for improvement. The war metaphor deployed by the State, “Corona cannot defeat Korea”, has ignored the impact of interruption to routine public services. Hospitals turned a blind eye to the health needs of people with a disability and long-stay patients and pregnant women, older persons and the urban poor. And despite emergency childcare services being provided by the Government, many women have still shouldered the larger share of increased childcare within families (Kim and others, 2020).

## CARE-SENSITIVE POLICY MEASURES ADOPTED

The Republic of Korea, along with Australia, stands out as having put in place the largest number of care-sensitive measures (14) across Asia and the Pacific. It has a large number of employment-related measures, reflecting its developed formal labour market. More than 50 per cent of these measures are gender

differentiated (box 11). There is a notable focus on provisioning for workers with care responsibilities, especially childcare, via temporary wage subsidies and emergency childcare services (Chun and Kim, 2021). It is also apparent that the Republic of Korea has instituted a mindset of social provisioning of care, which is reflected in several of the COVID-19 response measures.

### BOX 11 Care-sensitive policy measures in the Republic of Korea

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	The Government provided a 1.3 trillion Korean won worth of electricity bill payment deferral, which was given to 3.2 million small businesses and 1.57 million low-income households for three months, from April to June 2020.	
Care services	If there are not enough workers volunteering to act as carers, family members or relatives who live with someone with a disability can do this work instead. In this case, the Ministry of Health and Social Welfare registers them as temporary care workers and they are paid the same wage as their professional equivalents. They are provided with two hours of safety instructions by the quarantine facilities, health centres or hospitals. If families are not able to help the person with a disability, then these persons can enter quarantine facilities.	
	The Government supported childcare with 2.4 trillion won to low-income households as they shifted from child day-care to homecare. Specifically, parent employees received 50,000 won per day.	Y
	The Government offered emergency childcare to parents dealing with the double challenge of school closure and work-at-home policy as the country battled against the fast-spreading novel coronavirus.	Y
Care-related social protections	Some 2.8 million households considered in a vulnerable group, such as beneficiaries of national basic livelihood security and disability pensions, received cash assistance. All other households received relief in the form of credit or debit card points, regional gift certificates or prepaid cards. The aid was granted upon request via online and offline platforms.	
	The Government provided 2.8 trillion won via four months of purchase vouchers to households receiving child and social assistance.	Y
	The Government provided 200 billion won to low-income households with someone unemployed and to those under COVID-19 treatment or quarantine.	
Employment-related care policies	The Ministry of Employment and Labour announced that employees with children can reduce their working hours to take care of their children due to the postponement of the new term. The subsidies for indirect labour costs, the compensation for wage cut and replacement were increased temporarily, from 1 March to 30 June.	Y
	Around 84 billion won was dedicated to subsidize employers' cost for paid leave time offered to persons infected with COVID-19.	
	Compensation for wage cuts (for businesses of all sizes): In case of a reduction of weekly working hours to 15–25 hours, the subsidy increased from 400,000 won per month to 600,000 won. In the event of a reduction of weekly working hours (to 25–35), the subsidy was increased from 240,000 won to 400,000 won (for pregnant employees it increased from 400,000 won to 600,000 won).	Y
	Parent employees get up to five days of leave along with childcare support. This measure is limited to those without receiving paid family emergency leave from their firms.	Y
	The Government announced a Comprehensive Measures for Public Welfare and Economy to Minimize the Impact of Corona 19 and Early Overcoming in February 2020. The programme targeted workers with children younger than 8 years who need family care due to the absence of day-care centres. Family care expenses were provided, at 50,000 won per person per day and temporary support for up to ten days. This was associated with the original 90-day unpaid family care leave that could be used for childcare.	Y
	Wage subsidies for parents with childcare responsibilities increased by 250 per cent from the indirect employment-cost subsidies (by 400 billion won, to 500 billion won per worker) in the event they had to reduce work hours for COVID-19-related family care. This was coupled with relaxed eligibility criteria (the minimum employment duration from six months to one month). This emergency measure introduced a further increase in employment retention subsidies, from 66 per cent of wages to 90 per cent, for three months, April to June 2020 (while maintaining the cap of 66 per cent per employee per day). Large firms were subject to the 66 per cent threshold.	Y

### CASE HIGHLIGHTS

- The Republic of Korea established the Ministry of Gender Equality and Family in 2001.
- State policies on social care date to 2008, with focus on public provisioning of childcare and long-term older-person care.
- The Republic of Korea has the largest number of care-sensitive measures in the East and North-East Asia subregion.
- The country has a great number of employment-related care policies, which have been the least well-represented category.
- Notable measures — emergency childcare services for workers and wage subsidies for parents with childcare responsibilities.

## 5.4 Russian Federation

### SOCIOECONOMIC CONTEXT

After the dissolution of the Union of Soviet Socialist Republics in 1991, the Russian Federation emerged as the largest of the new States. It needed to move from a centrally planned economy to a market economy. Having a vast landmass and rich reserves of oil, natural gas, petroleum and precious metals, the Russian economy now relies on revenues from exports of these resources. This has opened the country to oil price shocks and general currency volatility. Weathering negative growth during periods of economic crisis, capital flight, political uncertainty, war and sanctions, the Russian economy moved into modest growth from 2017 (Nordea, 2020a). Facing an economic slowdown since 2018, the Government adopted a long-term socioeconomic development plan. The Russian Federation is an upper-middle-income country (see table A4) in the Appendix), with a “very high” ranking on the Human Development Index (see table A5). As much as 90 per cent of the population is covered by at least one social protection benefit, with 100 per cent of children receiving a child or family benefit (ILO, 2017). This universal protection is achieved by a mix of both contributory and non-contributory schemes. Public expenditure on select care policies as a percentage of GDP is moderate (ILO, 2018). Despite these advances, the country remains plagued by high wealth inequality and uneven development, as reflected by the high social inequalities between cities and rural areas. Like other European countries, the Russian Federation faces the demographic trends of low fertility rate and ageing population. The fertility rate is 1.82, and a large number of older persons make the nation particularly vulnerable to the COVID-19 disease.

### GENDER EQUALITY POLICY AND SOCIAL NORMS

The country ranks 81 in the recent *Global Gender Gap Report 2021* (World Economic Forum, 2021). The uneven progress towards gender equality can be surmised from the country ranking first on the educational attainment and health and survival indices, twenty-fifth on women’s economic empowerment and 133rd on the political empowerment index (World Economic Forum, 2021). Despite the lag in political representation of women, the country ranks in group 1 of the Gender Development Index, indicating high gender equality (see table A6 in the Appendix). The female labour force participation rate is 54.8 per cent, while 40 per cent of senior roles in organizations are held by women. Although no time-use data exist for the Russian Federation, women and girls aged 15 years and older have been found to spend 18.4 per cent of their time on unpaid care and domestic work, compared with 8.1 per cent of men and boy’s time (UN Women, n.d.). Even though the Russian society is moving towards greater acceptance of gender equality, there is a counterforce towards neo-traditionalism and viewing women’s roles only as childbirth and childrearing. There is greater support for women’s sexual reproductive rights, and yet the declining fertility rate emphasizes their traditional maternal role (Zavadskaya and others, 2019).

In the Russian Federation’s national review<sup>20</sup> of Beijing+25, several benefits in connection to birth and upbringing of children, including childcare benefits, have been instituted. Attention has been paid to setting up childcare facilities, extending childcare leave for parents and expanding the Maternity Capital grant programme (UNECE, n.d.). Given the low fertility rate, the Government has taken a strong look at the reproduction rates among Russian women, attempting to incentivize them to increase childbirth by pledging

20 Details available at <https://asiapacificgender.org/countries/russian-federation>.

state funding for new mothers (Hovhannisyanyan and Snip, 2020). Some 69 per cent of new mothers are covered by a maternity benefit, compared to the average of 81 per cent in Europe and Central Asia (ILO, 2017). There are policies offering tax breaks to mothers with four children, in a bid to encourage larger families. The one-off maternity capital payment introduced in 2007 as part of a ten-year programme succeeded in increasing the number of families with two children. Still, the birth rate has been falling since 2017 (BBC News, 2020). This is pertinent when one assesses the nature of measures introduced in response to the pandemic by the Government.

### COVID-19 INCIDENCE AND GENDERED RESPONSES

When most countries in Europe were grappling with the spread of the coronavirus infections from January 2020 onwards, the disease had not yet taken hold. It wasn't until mid-March 2020 cases appeared, although at fewer than 100 (Deprez, 2020). The tide quickly turned, and soon the number of cases were exponentially increasing. The president announced a nationwide lockdown and non-working week from 28 March to 5 April 2020. The cumulative number of COVID-19 cases as of 30 April 2021 was nearly 5 million — the third-highest death rate per 100,000 population across the Asia–Pacific region. The health care system and the economy were badly hit by the pandemic. The drop in oil prices has the potential to destabilize the economy, with the virus already creating stock market and rouble volatility (Mankoff and others, 2020). In early August 2020, the Government announced the local development of a vaccine, called Sputnik V, to combat the virus. Although the Sputnik V vaccine has been approved for use and registered in several countries, detailed trial data are still awaited (Parkins, 2021; Euronews, 2020).

Like the world over, the pandemic has had differential effects on the health, safety and economic well-being of women and girls. Noting the absence of institutions promoting the human rights of women in the Russia Federation, Avedissian (2020) reported that the number of Russian women losing their home due to an inability to pay rent increased by 40 per cent in April 2020. Ever since the Government decriminalized domestic violence in 2017, thousands of women are killed by their husband every year. National domestic violence hotline call volumes rose by 24 per cent in March 2020, compared with February.

The COVID-19 restrictions have worsened the dangers for pregnant women, with several maternity wards converted into COVID-19 units, forcing women to either give birth at home or find a hospital further away, with unfamiliar doctors (Hovhannisyanyan and Snip, 2020). A third of all families are single-female households with children, and these are expected to be pushed deeper into unemployment and poverty as a result of pandemic-related job losses and school and kindergarten closures (Zhukova, 2020).

### CARE-SENSITIVE POLICY MEASURES ADOPTED

Given the existing thrust towards childcare social protection and the new thrust towards maternity coverage, there has been a spate of measures announced for mothers and children in the wake of the pandemic. Of the 11 care-sensitive measures taken up by the Russian Federation (box 12), close to 60 per cent (seven measures) are gender differentiated, the largest proportion among all the case study countries. Most notably, the measures included expansion of the existing Maternal Capital Grant, with top-up cash benefits and child care allowances for children in various age groups younger than 17 years.

### CASE HIGHLIGHTS

- The Russian Federation ranks “very high” on the Human Development Index.
- The country ranks in group 1 in the Gender Development Index, signifying high gender equality.
- Several measures have been introduced to support pregnant women, women with young children and families with children younger than 18.
- Notable measures on childcare are the additional allowance to families covered by the Maternity Capital Grant; child care allowances for children younger than 18 months and first-born children; one-off cash transfer to families with children younger than 17 years; and cash support for each child younger than 18 years given to parents who become unemployed due to the pandemic.
- Food packets to vulnerable families replaced the school feeding programme.



## BOX 12 Care-sensitive policy measures in the Russian Federation

Policy category	Care-sensitive policy measure	Gender differentiated
Care infrastructure	For the duration of remote school instruction, pupils from vulnerable families were provided with food packages that replace school feeding. Eligibility criteria are determined by regional governments because school feeding is the responsibility of the regions. Usually these include low-income families, primary school pupils and children from big families.	Y
Care services	Citizens older than 60 years can order food and medicine delivery by a hotline phone and get it delivered to their home. This measure is implemented with the support of All-Russia People's Fund, the Roscongress Foundation and Rostelecom (Russia's leading long-distance telephony provider). The All-Russian Public Movement coordinates "medical volunteers" and the Association of Volunteer Centers. The food and medicine delivery is organized by the Moscow City government for people aged 65 or older. At least 40,000 people claimed this benefit over the Moscow city government hotline.	
	Although kindergartens have suspended normal operations until further notice, if parents or other representatives of a child must continue working, kindergartens can arrange special on-demand classes for no more than 12 children, subject to strict precautionary measures. Private kindergartens are also allowed to operate under license when arranging special on-demand classes.	Y
Care-related social protections	By Decree, all families entitled to the Maternity Capital Grant were paid an additional 5,000 Russian rubles (\$63) a month for each child younger than 3 years, for three months (starting in April 2020). Another Decree also established that from April to June 2020, monthly allowances in the amount of 5,000 rubles (\$68) per month would be paid to mothers who had given birth to their only child between 1 April 2017 and 1 January 2020. The second Decree extended the number of beneficiaries for the allowance because these mothers were otherwise entitled to the Maternity Capital Grant (mothers of a single child are entitled to maternal care only if their child was born after 1 January 2020). These one-off and permanent additional allowances will cover more than 27 million children.	Y
	Parents who lost their job after 1 March 2020 received a monthly payment of 3,000 rubles (\$38) for each child younger than 18 during three consecutive months — April, May and June 2020.	Y
	The amount of child care allowance for children younger than 18 months depended on whether or not the child was firstborn and on the mother's wage prior to maternity or childcare leave. Non-working mothers (or mothers pursuing studies) were entitled to the minimum amount of the allowance. On 11 May 2020, the minimum amount of allowance was increased from 3,375 rubles (\$46) to 6,751 rubles (\$92) per month.	Y
	The Government increased the social pensions, starting from 1 April 2020 (indexation coefficient is 1,061). Social pension is a non-contributory, pension-tested benefit available to all citizens who do not receive a pension from other sources.	
	The President Decree of 20 March 2020 introduced new allowances for children aged 3–7 years that started from June 2020 for families with per capita income of less than the subsistence level (to be continued as long as eligibility criteria are met). The amount of payment is 50 per cent of the subsistence level for a child, established by the regional government. The allowance is set annually. As part of the anti-crisis measures, if a family as of 1 January 2020 had a child aged 3–7 years, then they received a lumpsum in June (covering the first five months of 2020). In total, 2 million families received the new allowance. In April 2020, another Decree called for acceleration of eligibility determination so that families with children aged 3–7 years received the means-tested monthly family benefits quicker. Almost 105 billion rubles were earmarked from the federal budget to this effect, and regional budgets were provided 31.5 billion rubles.	Y
	An additional one-off cash transfer of 10,000 rubles (\$136) was given to every child younger than 16 years, irrespective of the family income, in July 2020. All children born between 11 May 2004 and 30 June 2020 were entitled to the benefit. No applications need to be submitted in case parents previously applied for one-off cash transfers for children aged 0–3 and 3–15. These one-off and permanent additional allowances covered more than 27 million children.	Y
	Cash transfers for people who were taking temporary custody for an orphan, a person with disability or an older person in April–June 2020. The payment of 12,130 rubles (\$158) was paid per month (limited by the period of April–June 2020) per each person under the custody.	
Employment-related care policies	A higher level for the sick leave pay was introduced. Sick leave payments became equal to at least one minimum wage 12,130 rubles (\$152) per month until the end of this year, as well as automatic prolongation of benefits without beneficiaries having to file additional paperwork. Prior to this change, cash sickness benefits were calculated on the employee's length of service and salary. Previously, some employees were entitled to very low payment for sick leave.	



## Chapter 6

# Policy recommendations

Stereotypes performance in Bangladesh on  
International Women's Day, March 2020.  
Photo © Shabbir Rahman/UN Women

Even before the pandemic, the world was experiencing systemic challenges with extreme wealth and extreme poverty, rising economic and income inequalities, cuts to public sector spending, increasing privatization of public services, taxation policies that support the wealthy instead of redistributing gains, climate change and a slow march towards achieving the Sustainable Development Goals (Oxfam, 2020a; Women’s Budget Group, 2020). Poverty, inequality and crisis all have disproportionate impacts on women and girls. The Asia–Pacific region is not immune to these trends. As the Beijing+25 review of national achievements within the region shows, women continue to face persistent and variegated inequality, gender-based violence, low or declining female labour force participation in many countries, low political participation, labour market disadvantages and occupational segregation (ESCAP and UN Women, 2020; ESCAP, 2019b).

The pandemic has turned a glaring spotlight onto the neglected aspects of social reproduction and the care economy that underpin the global phenomena. The literature reviewed for this report underscores a lopsided gendered division of labour, bolstered by patriarchal social norms that continue to allocate the lion’s share of unpaid care and domestic work to women. As long as women (and households) continue to subsidize the global, capitalist economy by shouldering the majority of care work, it will appear as if governments and businesses do not need to pay or provide for these care services. However, the pandemic has amply established that a care-sensitive and gender-differentiated model is needed to make societies sustainable and resilient in the face of crises and shocks. Investment in the care economy can spur growth in the production sector by generating quality employment, countering discrimination in the labour market (ECLAC, 2019) and enabling families and communities to not just survive but thrive.

The previous chapters assessed the extent to which the care economy has been factored in and addressed by governments’ policy responses to containing the spread of COVID-19 across the Asia and Pacific region. The care-sensitive and gender-responsive policy framework proposed in Chapter 2 outlines four care-sensitive policy categories: care infrastructure, care-related social protection transfers and benefits, care services, and employment-related care policies. Analysing the pandemic-related policy measures adopted across the region, this report found that of the total 746 socioeconomic measures adopted, less than 30 per cent are care sensitive. And among

them, only 12 per cent are gender differentiated. That is, they directly or indirectly address aspects of women’s unpaid care work. Similar to other studies (ESCAP, 2021a), this study also found that richer countries are in a stronger position to protect and support their citizens through shocks, such as this type of pandemic. A larger number and wider set of care measures have been instituted in countries with already a higher level of human development, more financial resources and better gender equality progress.

Given the centrality of care to human life and survival, this chapter makes recommendations to policymakers on how best to incorporate a care perspective in a systematic and long-term manner. The chapter begins by laying down foundational principles that must inform a care policy perspective. These incorporate fundamental tenets of a feminist political ethics of care and the Triple-R Framework, along with a whole-of-government approach and gender mainstreaming in all activities. Then, the chapter delineates concrete actions and specific recommendations under each of the four care policy categories. These recommendations are structured around the Triple-Rs: recognize, reduce and redistribute. Then the chapter outlines levers of change that are requisites for these recommendations to be implemented effectively in spirit and in tangible terms. Together, the three components of transformation — foundational principles, concrete policy actions and levers of change — will help policymakers in orienting their post-pandemic reconstruction efforts to account for women’s unpaid care work and in designing appropriate recovery measures that build back better in a manner that achieves the aims of the SDGs. Positive practices from various countries in the region are highlighted in boxes as ideas to be considered.

## 6.1 Foundational principles

Care is an issue that cuts across multiple areas of human development: health, education, decent work, social protection, nutrition, economic growth and human rights (Nesbitt-Ahmed and Chopra, 2015). The ideas and principles articulated in this section should become the backdrop for the concrete policy actions proposed in the following section. Feminist economists and development experts who are sensitive to the nature of women’s work have been drawing attention to social reproduction and care work for decades (Fraser, 2016; Chopra, 2015 and 2014; Razavi, 2012; Folbre, 1994). Despite these efforts,

the dominant conception of the economy has been understood as a market economy in which goods and services must have monetary value (Women's Budget Group, 2020). The pandemic is making clear that economies should be judged by other values also. With more than 60 per cent of the world's population in Asia and the Pacific, it is imperative that the region's governments begin viewing care as a social good and an investment (in the present and the future) rather than as a social cost or expenditure.

### RECOGNIZING CARE AS FOUNDATIONAL

Food, fuel, shelter, cleaning and allied services emerged as "essential services" during the pandemic, contrasted against the inefficacy of high-paying jobs in banking or financialized capital in terms of catering to the needs of the world's population. While economies were handicapped and devastated by strict lockdowns and containment measures, human life and health survived on the backs of these essential services, performed largely by the poor and unpaid workers of the world. The criticality and primacy of life-making activities (Jaffe, 2020), as opposed to economic and profit-making activities, was starkly driven home.

A second realization has been the success of community solidarity in providing resilience and a safety net to many people (evidenced in the community food kitchens and mobile food distributions centres sprung up by citizen groups) as opposed to central, top-down planning and a politics of authoritarianism (Leach and others, 2021). The pandemic has thus highlighted that policymakers must recognize the central role care has in human lives and give it due recognition as a foundational premise, making it a catalyst for institutional frameworks and for the redistribution policies, benefits and services (ECLAC, 2019).

The ethics of care, articulated by feminist philosophers and political scientists (Held, 2006; Sevenhuijsen, 2003; Tronto, 1993), are instructive in the values of solidarity, trust, empathy, mutuality, context-specificity, collaboration, inclusion, and collective action resilience — values that are desperately needed today. The ethics of the care approach is built on the recognition that human beings are connected and intertwined in relations of interdependence. It views care as invaluable and central to our politics, translating care from a privatized, individual activity into socialized action with co-responsibility entrusted to public and private actors (Oxfam, 2020b). A "politics

of caring" built upon these normative values creates an opening for assumptions to be challenged and for transforming development and economic models in practice these days. The ethics of care is the missing link between neoliberal capitalist growth paradigms and a gender-just world envisaged by the Triple-R Framework. It allows for conceiving a different model of public policy, one in which the needs of people and the planet are central (Women's Budget Group, 2020). It brings in an intersectional approach that accounts for race, class and disability in addition to gender while determining how caring practices must be delivered or why they fail to be provided (Raguram, 2019).

An ethics of care as a normative approach for assessing policies that supports people's ability to give and receive care can lead to a sustainable, gender-just and rights-based world in which well-being for all is the goal of social and economic development.

### VALUING AND INVESTING IN CARE

Broad social protections have been the necessary and preferred policy tool to support vulnerable people during this pandemic, as evidenced by the large proportion of care-related social protection policies among the four policy categories in this study, at 36 per cent (figure 13). And yet, many countries in the region spend less than 2 per cent of their GDP on social protection. The average regional investment is around 5 per cent, less than half the global average of 11 per cent (ESCAP, 2021a). This "false economy" of cutting funding for social security (Women's Budget Group, 2020) belies the huge impact that providing basic social protections could make if countries were to invest just 2–6 per cent of their GDP (ESCAP, 2021a). Public investments in universal child benefits, disability benefits and old-age pensions, even at conservative benefit levels, have the potential to lift more than one third of the population in simulations for 13 developing countries in the region. According to simulations in 13 countries, the poorest households in Indonesia, Maldives, the Philippines and Sri Lanka would gain a 50 per cent increase in purchasing power from a modest social protection package (ESCAP, 2021a).

The ILO projects high employment-generation impact from investing in social services like early childhood care and education, health care and long-term care (Ilkharacan and Kim, 2019; ILO, 2018). Given the feminization of these sectors, such investment would have enormous positive impact for women in

the labour market. Recent input–output analysis of selected European Union countries and the United States demonstrated that a care-led recovery has superior employment outcomes to investment in construction, after matching for wages and hours (de Henau and Himmelweit, 2021). This effect is explained by higher labour intensity in the care industry with fewer non-labour inputs (like machinery and raw materials) when compared to construction. Additionally, shorter paid working hours and lower wages in the care industry are counterbalanced by the greater number of people who can be employed for the same amount spent. At current gender ratios, this would translate into more jobs for women.

Thus, appropriately valuing and investing in care, both in its paid and unpaid forms, can address the care and decent work deficits by ensuring that women’s unpaid care burdens are reduced or redistributed and that relevant professional standards, decent work conditions and pay are extended to paid carers. If ignored, the long-term costs of stretching women’s time and energy to make up for gaps in social protection and public services provision could be immense (UN, 2020d).

### INCREASING TRUST IN CITIZEN–STATE RELATIONS

The success of the pandemic containment in the Republic of Korea has been partly attributed to the Government’s effort to create a sense of trust with citizens by sharing information in a timely and transparent manner (Ahn, 2020). Trust increases the strength of citizen–State relations. It also enhances the effectiveness of response to diseases and development more generally (Leach and others, 2021). Trust speaks directly to the legitimacy of public institutions and the needed compliance for the effectiveness of policy measures. Trust was found to be a significant correlation with citizens’ compliance early on with the pandemic containment measures (Bargain and Aminjonov, 2020). However, researchers looking at the importance of public trust for the success of policies that rely on people’s behaviour change found that trust in government has been eroding (Brezzi, Gonzalez and Prats, 2020). Governments serve the people within their borders as guarantors of rights and must be held accountable as duty bearers. As signatories to human rights declarations, ILO conventions and other international covenants, governments are

to ensure for their citizens a minimum standard of internationally agreed rights and benefits that recognize their roles as workers and carers.

### DEPLOYING A GENDER-DIFFERENTIATED, CARE-SENSITIVE POLICY FRAMEWORK

The literature confirms that a lion’s share of care work is carried out by women and girls. As Elson and Fontana (2019) pointed out, most international organizations tend to refer to women’s unpaid care and domestic work as a barrier to their economic empowerment. The analysis represented in this report, however, takes the view that care work makes a crucial contribution to economic growth and development. The conceptual framework emphasized in this study recognizes the connections and overlaps between paid care and unpaid care economy, which are at the heart of the broader market economy.

The framework identifies moderating influences that mediate the way women undertake and perform care work, underlining the importance of an intersectional lens. This stresses the need to focus on vulnerable groups of women who are particularly disadvantaged in the care economy, especially older, rural, indigenous, migrant, displaced and refugee women, single parents, female heads of household and young girls with disabilities (UN, 2020a; ESCAP, 2019c).

The research for this report elaborates that a comprehensive care perspective in policymaking requires embracing the four policy categories of care: care infrastructure, care-related social protections, care services and employment-related care. In adopting measures that reflect these four policy categories (care-sensitive policies), governments must determine and respond to women’s differential needs (adopt gender-sensitive measures).

#### BOX 13 Positive practice from the Philippines

Local ordinances in the Philippines, including in Tacloban City and the Municipality of Salcedo in Eastern Samar, require the inclusion of unpaid care work in planning and budgeting processes and increasing access to safe water and childcare centres.

Source: Oxfam, 2020a.

## 6.2 Care-sensitive policy actions

Building caring economies (Women’s Budget Group, 2020; ILO, 2018; IWRAP Asia Pacific, 2013) and caring democracies (Tronto, 2013) requires investment in building caring systems. This means investing in state and institutional capacities for care provisions, be it services, social or physical infrastructure, workplace organization and culture, or direct and indirect aid to low-income households. Investing in the care sectors (health, education, personal care for children and older persons, long-term disability care, etc.) dually addresses poverty and inequalities while narrowing the gender employment gap (Women’s Budget Group, 2020). This section extols concrete recommendations for the unpaid care work component of the care economy to free up women’s time from unpaid care and domestic work and thus open pathways for their greater autonomy and participation in the paid market economy. The discussion underscores the importance of a transformative, inclusive and intersectional approach to gender equality and women’s economic empowerment (ESCAP and UN Women, 2020).

### CARE INFRASTRUCTURE POLICIES

Rapid gender assessments carried out in the wake of the COVID-19 containment responses (Care International, 2020a; Care Australia, 2020; Care and IRC, 2020; Nguyen and others, 2020; UN Women, 2020h; UNDP, 2020a) exposed the increased amount of time women are spending in fuel and water collection, meal preparation and domestic cleaning. Closure of schools and workplaces have meant a greater number of family members to cater to without sufficient household help. This study’s policy mapping found many infrastructure measures, such

as food assistance and utility bill waivers, adopted across countries. But they were found more so in middle-income countries than in high-income countries, which points to the absence of adequate care infrastructure at the start of the pandemic. For example, India adopted several national and subnational measures for the free distribution of food grains, cooked meals, temporary food packets, etc. (see box 4). Poor infrastructure has a direct impact on women’s time poverty because it increases the time spent in unpaid care and domestic work and reduces the time available for market opportunities, along with the physical effects of energy depletion, health problems, exposure to harassment and even violence (Chopra, 2018). Government responses in past crises tended to prioritize increased investments in construction and other male-dominated sectors at the expense of spending cuts in the feminized care sectors (UN, 2020d), which only exacerbates the care deficits. It is crucial that the current recovery efforts increase spending on the care infrastructure to avoid regressing on gender equality outcomes.

### CARE-RELATED SOCIAL PROTECTION TRANSFERS AND BENEFITS

The pandemic has loudly flagged the gaps in coverage and vulnerability of people left out of social protection systems. Social protection is vital for coping with the social, economic and health dimensions of this pandemic crisis. This study’s findings from across Asia and the Pacific reveal that care-related social protection policies have been the most widely used category of policy measures. Middle-income countries have employed these measures far more than high-income countries. Countries with better Human Development Index and Gender Development Index rankings have been more likely to deploy a greater

**TABLE 1 Recommended policy actions for care infrastructure**

Policy category	Recognize	Reduce	Redistribute
Care infrastructure	Conduct gap analysis of care deficits across all areas of care provisioning: food, water, fuel, transport, childcare, older person care, sick person care and care for persons with disability. Time-use surveys or components integrated into labour force surveys can be used for this.	Invest in sustainable, easily accessible and affordable electricity, clean fuel and energy sources, piped water, roads and safe transport that save time and energy, especially in rural areas.	Invest in infrastructure that caters to the health care, education and housing needs of low-income and rural communities, such as school feeding programmes.
	Factor women’s needs and viewpoints into infrastructure projects to make them effective and sustainable.	Provide time- and energy-saving devices and digital technologies to make access to care easier.	Direct public expenditure to safe water, sanitation, cooking fuel, food services and health care infrastructure.



Women working in rural Viet Nam. Photo © UN Women Viet Nam/Nguyen Van Xuan

number of care-sensitive and gender-differentiated social protection measures. North and Central Asia, followed by South-East Asia, had deployed the most measures under this category as of 30 April 2021. The care-sensitive measures include child assistance, such as increased cash transfers and allowances to families with children in varying age groups, cash transfers to older persons, people with disability and COVID-19-related health and quarantine support. The gender-differentiated measures include maternity grants along with childcare benefits.

The Social Protection Inter-Agency Cooperation Board (2020) calls for social protection to be redefined as an entitlement and a critical investment that must be seen as part of the social contract to ensure the redistribution of resources and social justice. Comprehensive, shock-responsive social protection systems, including social protection floors, are necessary to lead the pandemic recovery and to ensure equitable and inclusive development (ILO and ESCAP, 2020). The design of COVID-19-related gender-sensitive social protections in low- and middle-income countries must factor in benefit levels, frequency, delivery mechanisms, operational features and complementary programming (Hidrobo and

others, 2020). See box 14 for positive policy practices from Afghanistan and Tonga. Chopra (2018) noted that access to social protection takes time and effort that women may not have because of their socially prescribed and entrenched roles as care providers. Thus, not only must policymakers pay attention to all categories of care-sensitive policies but also develop a road map for implementation success to achieve the desired outcomes from gender-responsive social protection systems.

#### **BOX 14** Positive practices in Afghanistan and Tonga

Afghanistan's 2018 Social Protection Law provides shelter and income for older women to alleviate the care burden on families.

Tonga's Social Services Project extends services and assistance to families responsible for the care of older family members or young children with disabilities.

Source: ESCAP and UN Women, 2020.

**TABLE 2 Recommended policy actions for care-related social protection**

Policy category	Recognize	Reduce	Redistribute
Care-related social protections	Target women via women-focused social protections and cash transfers. Designate female recipients. These changes likely will lead to larger gains in women’s empowerment and well-being across domains.	Account for women’s time, energy and access constraints due to unpaid care and domestic work in the design of delivery mechanisms for social protection transfers, for example, evaluate electronic versus manual payment systems.	Make maternity and child entitlements and allowances universal. Integrate childcare components into public works programmes with a clear implementation focus.
	Adopt a life cycle approach to pay attention to women’s differing and changing needs over the life course when designing social protection schemes.	Measure and reduce time taken by female beneficiaries of social protection programmes in accessing benefits and services and avoid conditionalities that can further intensify their time poverty.	Target income support and pensions for retired and older persons, with a focus on older women, along with enhanced allowances for carers in households with older or sick persons or persons with disability.

**CARE SERVICES**

Care services for dependants is a requisite for workers with family responsibilities even in the best of times. However, the research for this report found this policy category to have been the least utilized among the pandemic emergency responses. This is partially explained by the need for social distancing and hygiene measures that make many kinds of institutional care, especially for vulnerable populations, difficult to maintain in the pandemic conditions. Yet, the research findings also indicate that a higher ranking on the Human Development Index and the Gender Development Index positively correlated with more policy measures in this category. These includes home carers packages, financial support to carers, childcare provisions for essential workers, financial aid for in-home care and reimbursements for quarantine-related care. There are many good examples (see box 15) on financing long-term care from countries in Asia and the Pacific that have expanding ageing populations (ESCAP, 2018). Good-quality public institutional care

has been found to be preferred by users (Suh, 2020), and state solutions should be prioritized instead of leaving the private sector to plug the care deficits for households (Fiedler, 2020).

A recovery and rebuilding programme must pay attention to this neglected category, which holds considerable potential to free up women’s time from unpaid care work within the household by expanding access to publicly funded essential services and institutional provision for care. For example, public universal childcare enables women to increase their labour force participation. In the United Kingdom, investments in public care services have the potential to generate 2.7 times as many jobs as an equivalent level of investment in construction. This would potentially mean 6.3 times as many jobs for women and 10 per cent more for men (de Henau and Himmelweit, 2020). This also improves working conditions for paid carers, who are primarily women, and can attract men to care jobs and thus break down the sectoral segregation (ILO, 2020b).

**TABLE 3 Recommended policy actions for care services**

Policy category	Recognize	Reduce	Redistribute
Care services	Conduct gap analysis of care deficits in childcare, long-term older person care and care for people with disability to plan for shifts in the demographic trends via time-use and labour force surveys.	Invest in adult social care or older person care, especially in countries with high care dependency ratios and thus where the majority of the care work falls on women.	Provide publicly funded institutional care for all care dependants: children, older persons, persons with disability and people who are ill.
	Recognize gender norms around women’s care roles. Encourage perceptions of care work as a skilled and valuable contribution.	Ensure services are easily accessible and open at convenient times to reduce the burden on family members in utilizing the care services.	Make public childcare universal and ensure its accessibility, affordability and quality. This is crucial for women’s economic empowerment.
	Focus on older women and women with disabilities because they tend to be overrepresented in older populations as a result of longer life expectancies.	Combine the network of worksite and community-based creches to expand access for working parents.	Expand financial support — in terms of reach and cash benefits — to family caregivers through bonuses, vouchers and subsidies.



Mongolia's preschool education programme offers universal, free, high-quality childcare throughout the country, which has led to an increase in mothers' rate of employment, by 8.3 per cent, an increase in hourly wages, by 6 per cent, and a decrease in seasonal employment by mothers due to their greater likelihood of finding formal work (Altansukh and others, 2020).

### EMPLOYMENT-RELATED CARE POLICIES

Women's economic empowerment is a necessary pillar for gender equality. However, feminist observers have argued that in the absence of any redistribution of unpaid care and domestic work, labour market participation becomes a double and triple burden for women (Sengupta and Sachdeva, 2017; Kabeer, 2012; Swaminathan, 1991). The Decent Work Agenda of the ILO (2018) targets this issue and emphasizes that it is essential to convert women's labour market participation into a "triple boon" (Chopra and others, 2019). Along with governments, companies and businesses must do their fair share in supporting the redistribution of care work by paying taxes that support public spending in care infrastructure and adopt family-friendly practices such as flexible working and parental and carer leave benefits for both men and women. They also must actively challenge the gendered distribution of care work (Oxfam, 2020a). See boxes 16 and 17 for showcased efforts made by countries prior to the pandemic to acknowledge women's unpaid care work and accommodate ways in which women can participate in the formal economy and enjoy better social protections.

### BOX 15 Positive practices in long-term care in Asia and the Pacific

In the Republic of Korea, some local governments run their own care centres for older persons. Local governments provide a cash subsidy to help with out-of-pocket payments for long-term care to family caregivers living with persons aged 80 or older. The Government has subsidized the wages of caregivers in nursing homes. Long-term care insurance is managed by the National Health Insurance Corporation but is kept separate from other health insurance, and it covers both home-based and institutional care.

In Fiji, the Government runs several care homes free of charge for older persons who have no family. Quality standards for care in these homes are being developed.

In India, the Government operates nursing homes for poor older persons and older persons with dementia.

In China, the Government allocated an estimated 1 billion Chinese yuan for the construction of nursing homes in rural areas, to be operated by community providers. Non-profit institutions for the care of older persons are exempt from income tax and nursing homes are further exempted from paying business tax.

In Japan, long-term care insurance is funded through insurance premiums as well as subsidies from the prefectural governments and municipality governments.

Source: ESCAP, 2018.

### BOX 16 Positive practices for promoting care in the formal economy

In Japan, the 2018 Act on the Arrangement of Related Acts to Promote Work Style Reform requires companies to redress the poor treatment of regular and non-regular workers, such as part-time or contract workers. Because women tend to be overrepresented in non-regular work as a result of their unpaid care responsibilities, the Act promotes the quality of work available to women and reduces care penalties in the workplace.

With 64 per cent of women in the Asia-Pacific region in informal employment, nine countries have attempted to transition women workers from the informal to the formal sector. Among them, the Lao People's Democratic Republic adopted the 2014 Social Security Law to allow informal sector workers to join the National Social Security Fund. In the Philippines, the 2014 Domestic Workers Act extended minimum wage protections and leave entitlements to household workers. And similar policies in Cambodia and Turkey seek to strengthen decent work provisions and the formalization of care and domestic workers through, for example, regulation of contracts, paid public holidays and social security requirements.

Source: ESCAP and UN Women, 2020.

**TABLE 4 Recommended policy actions for employment-related care policies**

Policy category	Recognize	Reduce	Redistribute
Employment-related care policies	Break away from the entrenched male breadwinner norms by helping women transition back into the workplace after long absences due to care responsibilities.	Promote day-care centres or mobile creches in workplaces (including public works and construction sites) with breastmilk pumping machines.	Adopt paternity leave policies to address prevailing gender norms regarding early childcare, with incentives or “use it or lose it” provisos to encourage uptake.
	Extend paid parental and carer leave policies for workers (both men and women) with dependant care responsibilities.	Support workers in combining paid work with caring responsibilities through options like flexible working and work from home.	Expand access to paid family leave and paid sick leave and insurance benefits to cover for self-care and family care during a health crisis. Extend subsidies and grants to care providers.
	Ensure maternity protections that uphold the provisions under the ILO Maternity Protection Convention, 2000 (No. 183).		Provide public institutional care arrangements for long-term care of older persons, chronically ill persons and people with disability.

**BOX 17 Positive practices on paid family leave**

Across the region, 29 countries surveyed reported introducing or strengthening family leave policies since 2014. Among them:

- China established a care leave system that increases support for many one-child families facing a need for older person care.
- India extended paid maternity leave from 12 weeks to 26 weeks, expanded prenatal leave and ensured medical leave in the case of abortions or pregnancy-related complications.
- Turkey extended 16 weeks of paid leave to biological mothers and fathers as well as adoptive parents.
- Malaysia and Thailand offer tax breaks and subsidies to incentivize employers to provide on-site childcare. This strategy can significantly ease work–life tensions for employees.

Source: ESCAP and UN Women, 2020.

### 6.3 Levers of change

As the pandemic wears on and countries around the world open their borders and economies with caution, governments must start to look ahead on the path of recovery and reconstruction. It is not only the damage caused by the pandemic that needs to be unravelled. Governments must build sustainable, resilient and shock-responsive systems that no longer neglect the rightful place of care in the economy. With a long-term view in mind, this section features levers of change that can be deployed to create more systemic and structural changes.

#### LEGAL CLIMATE AND REGULATORY MONITORING

The State is the primary duty-bearer to ensure that social protections and provisions protect the human rights of the population residing on its territory. Behaviour change in the absence of legal mandates can be difficult to bring about (Women’s Budget Group, 2020). Hence, the State must become the role of guarantor of rights by framing national legislation that puts teeth into the necessary culturally appropriate care policies. Schemes may serve the temporary purpose of addressing immediate needs and responding

quickly to vulnerable groups. However, in the absence of care-sensitive legislative frameworks and monitoring mechanisms, policies are unlikely to be as effective in reality as they may appear on paper. For example, India's Maternity Benefit Amendment Act of 2017 expanded the legislative requirement from three to six months of maternity leave, which all companies must now comply with. It also mandated provision of workplace creches, which, while erstwhile, was left to the individual discretion and goodwill of employers. A whole-of-government approach enables various ministries and government machineries across levels to support gender mainstreaming efforts in national policies and development plans.

## FINANCING

Implementing the recommendations cited in this report will require revenue and finances on the part of the State. Budgetary constraints are typically roadblocks to effective implementation of gender mainstreaming and gender equality agendas (ESCAP, 2019b). The inability to finance the necessary public provisions of care services and infrastructure puts increased burden on low-income families who cannot afford to buy these facilities from the market (ESCAP, 2018). It then has knock-on effects on women and girls, who end up picking up the slack in public provisioning by stretching their time and physical resources to meet the care needs within the family. Gender-responsive budgeting with a care focus involves planning, programming, data collection and financial resource allocation towards care infrastructure and care services to thus advance gender equality.

Pandemic-related emergency spending by developing countries in the region during the first eight months of the pandemic crisis amounted to approximately \$1.8 trillion, or 6.6 per cent of all countries' combined GDP for 2019. This suggests an increasing fiscal deficit in the future, with contracting space for public care spending (ESCAP, 2021a). Recognizing these challenges requires a reorientation of spending, away from non-developmental areas, such as defence or fossil fuel subsidies (ESCAP, 2021a), and a strengthening of national taxation systems to increase tax collections through progressive income and wealth tax and fair taxation policies (Fiedler, 2020; Joshi and Kangave, 2020). These efforts can help reduce extreme inequalities and eradicate tax havens and illicit

financial flows. And they increase transparency and revenues for public spending. It is imperative for States to recognize the multiplier effects of investing resources in the care economy through direct and indirect effects (World Bank Group, 2021).

## GENDER- AND CARE-DISAGGREGATED DATA

The absence of intersectional data on women's unpaid care work can lead to ineffective policies. Time-use data can be a significant input into gender-sensitive policymaking by allowing for disaggregation by variables, such as gender, income group, access to public services, location, etc. (Fontana, 2014). The Nineteenth International Conference of Labour Statisticians, 2013 and the International Classification of Activities for Time-use Statistics, 2016 have streamlined the definition of work to value and reflect the contribution of women's unpaid care work (ESCAP, 2021b). In the review of progress towards gender equality under the Beijing Platform for Action, ten countries reported having conducted time-use surveys during the review period to impute value to unpaid work carried out mostly by women (ESCAP and UN Women, 2020). In addition to sustained investment in national statistical systems, varied data collection strategies such as qualitative research on women's lived experiences of carrying out care work, developing data and profiles on care workers, mapping contributions of paid care workers and unpaid care work, identifying links with immigration and labour policies can be employed (Nesbitt-Ahmed, 2017). The Pacific Roadmap to Gender Statistics, a partnership between the Pacific community and UN Women is a good guideline and example to other interested countries and gender data users (UN Women and Pacific Community, n.d.). It demonstrates how gender and care disaggregated data can serve the aims of evidence-based policymaking by targeting provisions.

## NORM CHANGE

Discriminatory and restrictive social and cultural norms have been shown to be a primary factor in reinforcing the lopsided gendered division of labour. These norms perpetuate such gender discriminatory practices as occupation segregation, wage gaps, male-breadwinner models and the unfair division of household labour (ESCAP and UN



Women are leaders in local adaptation in India.  
Photo © UNDP India

## WOMEN AND CARERS IN DECISION-MAKING

Women, 2020). Challenging traditional mindsets that encourage stereotypical gender beliefs is necessary to bring about behaviour change. Talking more about men and care and the need to redistribute care work from women to men is a critical enabler of bringing about this norm shift (Nazneen and Araujo, 2020). Encouraging men to share household responsibilities or making men explicitly responsible for fulfilling conditionalities imposed by social protection programmes are some of ways in which entrenched gender relations can be transformed (Chopra, 2014). An important component of this behaviour change rests on redefining masculinity and normalizing public discourse that shows men as participating in domestic chores and care work. There is some evidence of shifting attitudes and increasing support for men's obligation to share in housework while women share in breadwinning equally (Investing in Women, 2020a; UNDP, 2020a). Although this study detected an increase in men's time spent on unpaid care and domestic work during the pandemic, wider behaviour change requires a range of sociocultural initiatives (Fiedler, 2020), such as gender-neutral curriculum in schools, TV campaigns, mass media messaging and photo-voice stories to mainstream gender equality into unpaid care and domestic work.

As in all other domains of leadership, women's representation in political leadership continues to be low. Fewer champions of women's issues sitting at the table has direct implications for male bias in policy analysis and decision-making. Greater voice and visibility for women, especially women's lived experiences of providing care, are required for policy programming to be care-sensitive and gender-differentiated. The representation of women at all levels of governance, from the local to the national and international levels, is a necessary first step. Additionally, representatives of women workers and their specific care-related issues must find a voice within industry organizations, trade unions, grass-roots movements and women's empowerment agencies. Strategies to enhance visibility and voice include "discourse saturation" by highlighting the care economy agenda actively in international development discourse, care advocacy at global events and creative media, such as animation films, photo exhibitions, etc. (Nesbitt-Ahmed and Chopra, 2015). Inclusive social dialogue on work-related issues (Gallup and ILO, 2017) between employers, workers' representatives and governments is another mechanism to ensure that women and workers with care responsibilities have appropriate forums to express their needs.

## Conclusions

Macro socioeconomic trends in Asia and the Pacific include the rise in inequalities within and between countries, an unprecedented rate of increase in ageing populations in some countries while others have a youth bulge, the rapid and at times unplanned urbanization, the multicomplex nature of large-scale migration, the high rates of informal and non-standard forms of employment coupled with high rates of youth unemployment in some countries, climate change-related challenges such as intense and frequent extreme weather events, disasters and environmental degradation and more regions facing acts of conflict, violence and extremism (ESCAP, 2019c). Now add the global COVID-19 pandemic and the socioeconomic impact of the containment responses to these trends.

The trends as well as the pandemic responses have a differentiated and disproportionate impact on women and girls living in the region, many of them under strict patriarchal norms, with limits on their mobility, education and engagement in society and the market economy. And, they continue to shoulder most of the unpaid care and domestic work burden.

The impact of COVID-19 has not just been in terms of the health crisis. The measures to contain the pandemic have hurt women as workers and, most significantly, as unpaid carers. These impacts are a result of the lockdowns, school closures and the halt to economic activity, all of which have increased the unpaid care and domestic work that women have had to do. They thereby further constrain women's time and energy that they would otherwise have been able to spend on paid work, leisure or other activities.

Given the predominance of women's needs arising from their high level of unpaid care and domestic work responsibilities, it is important that government policy responses for building back better are care-responsive. This implies that various aspects of women's caring lives and roles need to be considered in those policy responses. Narrow definitions or unidimensional emphasis on a few aspects of women's care work will not sufficiently correct the imbalance. For instance, catering to childcare or the needs of pregnant and lactating mothers does not meet their needs for water, fuel, food procurement and other labour- and time-intensive domestic chores that also need aid and attention in government policy.

The conceptual framework focuses on a spread of policies under four care-sensitive categories: (i) investing in and building care infrastructure such as provisions for safe water and sanitation, cooking fuel, food procurement and food services, transport, utilities infrastructure that can reduce the drudgery and ease the time spent by women in such daily subsistence tasks; (ii) transfers and social protections, such as cash transfers, cash-for-care, vouchers, tax benefits and non-contributory pension schemes, aimed at women that focus on supporting pregnant and lactating women, childcare, and care support for sick and older persons or persons with disability (whose care usually falls on a woman's shoulders); (iii) care services, which covers institutional arrangements through either the State and/or market and community in order to redistribute the care load from women within a household to other stakeholders in society; and (iv) employment-related care policies, such as sick leave, family-friendly working arrangements, flexitime, career breaks, sabbaticals, severance pay and employer-funded or contributory social protection schemes like maternity and parental leave benefits.

For countries to build back better, a gender-differentiated response that answers to the specific needs of women is required. The conceptual framework distinguishes between measures as care sensitive and gender differentiated. Gender-differentiated indicates measures that explicitly identify and respond to women's needs by directly targeting women as beneficiaries. Gender-differentiated measures may not solely target women but have, at the least, special provisions catering to women's differential needs, such as pregnancy or childcare. In the universe of socioeconomic policy measures taken by countries across the Asia-Pacific region in response to the pandemic, less than 30 per cent are care sensitive and only 12 per cent are gender differentiated. And only 90 of the 208 care-sensitive measures are gender-differentiated. This represents a fraction of the total 746 measures that were mapped in the study.

In order to build back better, countries of the ESCAP region so far have prioritized care infrastructure and care-related cash transfers and social protections as the more preferred policy instruments (32 per cent and 36 per cent, respectively). These include specific measures such as free food assistance, utility bill waivers, expansion of existing cash transfer programmes, one-time cash support and an increase in populations covered under existing programmes. Figure 21 starkly underlines the fact

that cash transfers and care-related social protections as a means to account for women's needs are the preferred policy tools, with 63 per cent of care-related transfers being gender differentiated. But they were largely short term (for two to four months) or a one-off provision. Other care policies that build the necessary infrastructure and institutional capacity and create systemic change are yet to be adopted with the same level of commitment. Although 50 per cent of employment-related care policies were found to be gender differentiated, they likely will address only a small proportion of women workers, given the high rates of informal employment among women in the region. Thus, although governments are putting economic recovery first, these measures lack a differentiation of gender needs or a recognition of women as workers in informal sector occupations.

Analysis of other socioeconomic factors, such as income level, the Human Development Index and the Gender Development Index for each country, reveals that governments of higher-income and higher-ranking index countries have undertaken either a greater number of care-oriented measures or given some consideration to gender-differentiated needs of women in their programmes. This could be due to a variety of factors, such as greater resources available for allocation, more experience and maturity in handling of crises, a policy climate that is already sensitized to the care agenda or perhaps more participation of women in decision-making in these countries. But the less-developed countries rely heavily on women's unpaid care work to subsidize the economy and hence do not have the fiscal space in which to address care policies (UNDP, 2020b). However, these are conjectures. To draw any firm conclusions, further research on this is needed.

This report takes a deep look at four countries: Australia, the Philippines, the Republic of Korea and the Russian Federation. Australia and the Republic of Korea have adopted the largest number of measures (14 each), followed by the Russian Federation (11 measures) and the Philippines with the fewest (6 measures) in the mapping of policy measures in response to the pandemic. As highly advanced economies, Australia and the Republic of Korea represent ahead-of-the-curve thinking. The Russian Federation has expanded several measures for women and children in a bid to stem the country's declining fertility rate and thus respond to the national imperatives. The Philippines, although having few gender-differentiated measures, has vastly expanded its coverage of vulnerable populations and invariably can have indirect knock-on effects for women.

The main findings from the country case study analysis indicate that although there are positive measures, *they are short-lived* and at risk of being rolled back or undone once the crisis eases. It is argued that these measures need to be thought about as long-term and systemic measures that take into account the disproportionate burden of unpaid care work and domestic work that women in these countries continue to bear because of entrenched social and cultural norms that dictate a gendered division of labour. Although there has been some shift in the gender division of labour in this pandemic period, it remains to be seen whether men will continue to take on unpaid care work after the pandemic ends. This underscores the deep rootedness of gender norms. The few gains made with more men shouldering household work or childcare can easily retract as greater "normalcy" returns in the coming months. This makes it imperative that government policy planning and responses not be restricted to COVID-19 recovery but also take a long-term view of the need to transform gender relations. It is critical to implement the Triple-R and 5R Frameworks to achieve the SDGs.

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**Less than 30 per cent of policy measures are care sensitive and only 12 per cent are gender differentiated. Within them, there seems to be many more social protection and cash transfers (but time-limited) aimed at women – 63 per cent of all social protection measures and 50 per cent of employment-related policies. There seems to be much less emphasis on the gender dimensions of care infrastructure and provision of care services.**

The recommendations centre around three components: (a) foundational care principles that form the normative lens with which to approach policymaking; (b) concrete policy actions within each of the four care policy categories; and (c) identifying and deploying levers of change that make the difference between intent and implementation. Informed by a feminist ethics of care, the foundational

principles are recognition of care as central and the valuing of care through public investments in care infrastructure and institutional care services that ease and reduce the burdens on women directly. Deploying a comprehensive care policy framework, as proposed in the report, is another important principle to ensure that no aspect of women's unpaid care and domestic work is ignored and thus resulting in inequities for women. Also, a climate of public trust in citizen–State relations is a crucial ingredient in public provisioning of care, given the sensitive, emotional and personalized nature of care work.

Specific policy actions under each of the four policy categories drawn from the Triple-R Framework, which entails the *recognition* of the disproportionate burden of women's unpaid care and domestic work through better-quality gender and care-disaggregated data and analysis of care deficits. It also includes the *reduction* of care via better care infrastructure and policy provisioning along with gender-sensitive programmatic design and delivery mechanisms. And it requires the *redistribution* of care by increasing public and market provisions for the care of children, older persons, sick persons and persons with disability as well as redistributing from women to men. Tables 1–4 in Chapter 6 make detailed and concrete suggestions that should be designed and delivered within national and local contexts.

Five levers of change have been singled out as particularly important for governments to work upon as they go about planning and implementing a care-sensitive policy agenda. A legal and regulatory framework, including commitments to agreed international standards of decent work and gender equality, forms the basic institutional mechanism needed to create the conducive policy environment. Laws needed to address care cut across ministries and government departments. This report calls for a whole-of-government approach while mainstreaming gender and care concerns into various policies and initiatives. Gender- and care-disaggregated data need to inform evidence-based policymaking. And it needs to go hand in hand with expanded representation of women's and carers' voices in decision-making.

A fourth element for the successful incorporation of a care perspective into policies will depend upon the fiscal space that the policy agenda is provided. Sustainability of self-financing care programmes are already being piloted in some countries (World Bank Group, 2021). Innovative financial mechanisms to pay for the increase in public spending will need to be devised by policymakers with a commitment to a care agenda. Finally, the gender division of labour that dictates women are responsible for care work is rooted in deep cultural traditions and social norms that can only be shifted with persistent efforts at developing a discourse that draws men into the conversation and challenges entrenched patriarchal attitudes.

Interestingly, despite the pandemic highlighting the stark needs of women, not much has been done in any country of the ESCAP region in terms of messaging about gender equality or equalizing the division of labour within the home. Although independent community-based organizations and large international organizations are taking steps in this direction, building partnership with governments and policymakers is the necessary next step to translate this pandemic crisis into an opportunity to develop a new discourse around care – caring economies, caring democracies and caring societies. Women in leadership positions and participating actively in decision-making processes are essential to effect such change.

As exposed by the pandemic, it can no longer be refuted or ignored that our economies and societies are built upon the unpaid and invisible work of women. To sustain the gains in gender equality, it is imperative that policy responses for countries to build back better take account of care work in a significant way across institutional, structural and behavioural dimensions. The need of the hour is a major rethinking and realignment of priorities in the way our businesses, economies, global trade systems, fiscal and monetary policies, infrastructure, environment and social security systems are designed. This rethinking is essential to build back more resilient economies and societies, especially in the context of the ongoing crises.

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## Appendix

**TABLE A1 ESCAP member States and associate members in the Asia-Pacific region**

S. No.	Country	S. No.	Country
1	Afghanistan	31	Mongolia
2	American Samoa (associate member)	32	Myanmar
3	Armenia	33	Nauru
4	Australia	34	Nepal
5	Azerbaijan	35	New Caledonia (associate member)
6	Bangladesh	36	New Zealand
7	Bhutan	37	Niue (associate member)
8	Brunei Darussalam	38	Northern Mariana (associate member)
9	Cambodia	39	Pakistan
10	China	40	Palau
11	Cook Islands (associate member)	41	Papua New Guinea
12	Democratic People's Republic of Korea	42	Philippines
13	Fiji	43	Republic of Korea
14	French Polynesia (associate member)	44	Russian Federation
15	Georgia	45	Samoa
16	Guam (associate member)	46	Singapore
17	Hong Kong, China (associate member)	47	Solomon Islands
18	India	48	Sri Lanka
19	Indonesia	49	Tajikistan
20	Islamic Republic of Iran	50	Thailand
21	Japan	51	Timor-Leste
22	Kazakhstan	52	Tonga
23	Kiribati	53	Turkey
24	Kyrgyz Republic	54	Turkmenistan
25	Lao People's Democratic Republic	55	Tuvalu
26	Macao, China (associate member)	56	Uzbekistan
27	Malaysia	57	Vanuatu
28	Maldives	58	Viet Nam
29	Marshall Islands		
30	Federated States of Micronesia		

**TABLE A2 Inclusion and exclusion criteria for care-sensitive policy measures**

Inclusion and exclusion criteria for care-sensitive policy measures	
Care-sensitive policy category	Inclusions
Care infrastructure (water, sanitation, energy, transport, food services, health care infrastructure for the sick (HIV patients, COVID-19 patients, people with disability) and/or pregnant women)	Food assistance
	Utility bill (waiver or deferral)
Care-related social protection transfers and benefits (cash transfers, cash-for-care, vouchers, tax benefits, non-contributory pension schemes)	Child assistance
	Older person assistance
	Multiple vulnerable group assistance
	Women assistance
	Health assistance — in cash, kind or insurance contribution form, includes covering quarantine and COVID-19 expenses
Care services (childcare, older person care, disability and sick care provisions through the State or the market)	Child assistance
	Older person assistance
	Disability assistance
	Health assistance in event of COVID-19
Employment-related care policies (leave policies, family-friendly working arrangements, flexi time, career breaks, sabbaticals, severance pay, employer-funded or contributory social protection schemes)	Sick pay
	Parental policies
	Sick leave
	Paid leave (furlough, leave without pay)
	Flexiwork policies
Exclusions (kind of policies not considered as directly addressing care)	
Contributory social insurance schemes	
Utility bills exemptions or waivers given to enterprises	
Unemployment benefits and other income support measures, such as cash-for-work programmes	
Social assistance to households below the poverty line and low-income families via cash transfers, dole or vouchers	
House rent waivers to low-income households	

**TABLE A3 Subregion grouping of ESCAP member States and associate members**

S. No.	Country	Region	S. No.	Country	Region
1	Armenia	North and Central Asia	30	Timor-Leste	South-East Asia
2	Azerbaijan	North and Central Asia	31	Republic of Korea	East and North-East Asia
3	Georgia	North and Central Asia	32	China	East and North-East Asia
4	Kazakhstan	North and Central Asia	33	Democratic People's Republic of Korea	East and North-East Asia
5	Kyrgyz Republic	North and Central Asia	34	Hong Kong, China	East and North-East Asia
6	Russian Federation	North and Central Asia	35	Japan	East and North-East Asia
7	Tajikistan	North and Central Asia	36	Macao, China	East and North-East Asia
8	Turkmenistan	North and Central Asia	37	Marshall Islands	East and North-East Asia
9	Uzbekistan	North and Central Asia	38	Federated States of Micronesia	East and North-East Asia
10	Afghanistan	South and South-West Asia	39	Mongolia	East and North-East Asia
11	Bangladesh	South and South-West Asia	40	American Samoa	Pacific
12	Bhutan	South and South-West Asia	41	Australia	Pacific
13	India	South and South-West Asia	42	Cook Islands	Pacific
14	Islamic Republic of Iran	South and South-West Asia	43	Fiji	Pacific
15	Maldives	South and South-West Asia	44	French Polynesia	Pacific
16	Nepal	South and South-West Asia	45	Guam	Pacific
17	Pakistan	South and South-West Asia	46	Kiribati	Pacific
18	Sri Lanka	South and South-West Asia	47	Nauru	Pacific
19	Turkey	South and South-West Asia	48	New Caledonia	Pacific
20	Brunei Darussalam	South-East Asia	49	New Zealand	Pacific
21	Cambodia	South-East Asia	50	Niue	Pacific
22	Indonesia	South-East Asia	51	Northern Mariana	Pacific
23	Lao People's Democratic Republic	South-East Asia	52	Palau	Pacific
24	Malaysia	South-East Asia	53	Papua New Guinea	Pacific
25	Myanmar	South-East Asia	54	Samoa	Pacific
26	Philippines	South-East Asia	55	Solomon Islands	Pacific
27	Singapore	South-East Asia	56	Tonga	Pacific
28	Thailand	South-East Asia	57	Tuvalu	Pacific
29	Viet Nam	South-East Asia	58	Vanuatu	Pacific

**TABLE A4** Income groupings of ESCAP member States and associate members

S. No.	Country	Income level	S. No.	Country	Income level
1	Australia	High	30	Samoa	Upper-middle
2	Brunei Darussalam	High	31	Thailand	Upper-middle
3	French Polynesia	High	32	Tonga	Upper-middle
4	Guam	High	33	Turkey	Upper-middle
5	Hong Kong, China	High	34	Turkmenistan	Upper-middle
6	Japan	High	35	Tuvalu	Upper-middle
7	Macao, China	High	36	Bangladesh	Lower-middle
8	Nauru	High	37	Bhutan	Lower-middle
9	New Caledonia	High	38	Cambodia	Lower-middle
10	New Zealand	High	39	India	Lower-middle
11	Northern Mariana	High	40	Kiribati	Lower-middle
12	Palau	High	41	Kyrgyz Republic	Lower-middle
13	Republic of Korea	High	42	Lao People's Democratic Republic	Lower-middle
14	Singapore	High	43	Federated States of Micronesia	Lower-middle
15	American Samoa	Upper-middle	44	Mongolia	Lower-middle
16	Armenia	Upper-middle	45	Myanmar	Lower-middle
17	Azerbaijan	Upper-middle	46	Nepal	Lower-middle
18	China	Upper-middle	47	Pakistan	Lower-middle
19	Cook Islands	Upper-middle	48	Papua New Guinea	Lower-middle
20	Fiji	Upper-middle	49	Philippines	Lower-middle
21	Georgia	Upper-middle	50	Solomon Islands	Lower-middle
22	Indonesia	Upper-middle	51	Sri Lanka	Lower-middle
23	Islamic Republic of Iran	Upper-middle	52	Timor-Leste	Lower-middle
24	Kazakhstan	Upper-middle	53	Uzbekistan	Lower-middle
25	Malaysia	Upper-middle	54	Vanuatu	Lower-middle
26	Maldives	Upper-middle	55	Viet Nam	Lower-middle
27	Marshall Islands	Upper-middle	56	Afghanistan	Low
28	Niue	Upper-middle	57	Democratic People's Republic of Korea	Low
29	Russian Federation	Upper-middle	58	Tajikistan	Low

Source: World Bank income classification, June 2020, World Bank Country and Lending Groups – World Bank Data Help Desk.



**TABLE A5 Human Development Index of ESCAP member States and associate members**

S. No.	Country	Index ranking	S. No.	Country	Index ranking
1	Australia	Very high	29	Bangladesh	Medium
2	Brunei Darussalam	Very high	30	Bhutan	Medium
3	Hong Kong, China	Very high	31	Cambodia	Medium
4	Japan	Very high	32	India	Medium
5	Kazakhstan	Very high	33	Kiribati	Medium
6	Malaysia	Very high	34	Kyrgyz Republic	Medium
7	New Zealand	Very high	35	Lao People's Democratic Republic	Medium
8	Palau	Very high	36	Marshall Islands	Medium
9	Republic of Korea	Very high	37	Federated States of Micronesia	Medium
10	Russian Federation	Very high	38	Myanmar	Medium
11	Singapore	Very high	39	Nepal	Medium
12	Turkey	Very high	40	Pakistan	Medium
13	Armenia	High	41	Solomon Islands	Medium
14	Azerbaijan	High	42	Tajikistan	Medium
15	China	High	43	Timor-Leste	Medium
16	Fiji	High	44	Vanuatu	Medium
17	Georgia	High	45	Viet Nam	Medium
18	Indonesia	High	46	Afghanistan	Low
19	Islamic Republic of Iran	High	47	Papua New Guinea	Low
20	Maldives	High	48	American Samoa	...
21	Mongolia	High	49	Cook Islands	...
22	Philippines	High	50	Democratic People's Republic of Korea	...
23	Samoa	High	51	French Polynesia	...
24	Sri Lanka	High	52	Guam	...
25	Thailand	High	53	Macao, China	...
26	Tonga	High	54	Nauru	...
27	Turkmenistan	High	55	New Caledonia	...
28	Uzbekistan	High	56	Niue	...
			57	Northern Mariana	...
			58	Tuvalu	...

Source: Human Development Index, Technical Notes, [http://hdr.undp.org/sites/default/files/hdr2020\\_technical\\_notes.pdf](http://hdr.undp.org/sites/default/files/hdr2020_technical_notes.pdf).

**TABLE A6 Gender Development Index Group of ESCAP member States and associate members**

S. No.	Country	Group	S. No.	Country	Group
1	Australia	1	27	Cambodia	4
2	Brunei Darussalam	1	28	Turkey	4
3	Georgia	1	29	Afghanistan	5
4	Japan	1	30	Bangladesh	5
5	Kazakhstan	1	31	Bhutan	5
6	Philippines	1	32	India	5
7	Russian Federation	1	33	Islamic Republic of Iran	5
8	Singapore	1	34	Nepal	5
9	Thailand	1	35	Pakistan	5
10	Viet Nam	1	36	Tajikistan	5
11	Armenia	2	37	Timor-Leste	5
12	China	2	38	American Samoa	...
13	Hong Kong, China	2	39	Cook Islands	...
14	Kyrgyz Republic	2	40	Democratic People's Republic of Korea	...
15	Malaysia	2	41	Fiji	...
16	Mongolia	2	42	French Polynesia	...
17	Myanmar	2	43	Guam	...
18	New Zealand	2	44	Kiribati	...
19	Azerbaijan	3	45	Macao, China	...
20	Indonesia	3	46	Marshall Islands	...
21	Lao People's Democratic Republic	3	47	Federated States of Micronesia	...
22	Maldives	3	48	Nauru	...
23	Republic of Korea	3	49	New Caledonia	...
24	Sri Lanka	3	50	Niue	...
25	Tonga	3	51	Northern Mariana	...
26	Uzbekistan	3	52	Palau	...
			53	Papua New Guinea	...
			54	Samoa	...
			55	Solomon Islands	...
			56	Turkmenistan	...
			57	Tuvalu	...
			58	Vanuatu	...

Source: Human Development Index, Technical Notes, <http://hdr.undp.org/en/content/gender-development-index-gd>.

Note: Group rank meaning

Group 1 stands for high gender equality.

Group 2 stands for high to medium gender equality.

Group 3 stands for medium gender equality.

Group 4 medium to medium to low gender equality.

Group 5 stands for low gender equality.

To leave no one behind and to reach those furthest behind first are the essential ambitions of the 2030 Agenda for Sustainable Development. Within that mandate, Sustainable Development Goal 5 (achieving gender equality and the empowerment of all women and girls) must be a cornerstone of actions taken to achieve a prosperous, inclusive and sustainable future for the Asia-Pacific region.

The COVID-19 pandemic has exacerbated the risks and vulnerabilities for women and girls across the region. Yet, all the while, women have taken up essential roles in the pandemic response as front-line health care workers as well as in their homes. The introduction of lockdowns, mobility restrictions and school closures have greatly increased the time spent on household chores. Women have had to clean, wash, cook, and care for home-schooling children and household members who are sick or elderly. Many of the hard-fought gains over the past decades have been reversed, and existing inequalities have further deepened. Even before the pandemic, women and girls in Asia and the Pacific spent on average up to 11 hours a day on unpaid care and domestic work — four times more than men.

This report argues that a unique opportunity is upon us to better address the risks and vulnerabilities of women and girls and help them out of poverty, exclusion and marginalization. Governments must seize this opportunity to invest in the care economy by recognizing, redistributing and reducing unpaid care and domestic work. Such investments will help relieve the care burden and generate decent employment, which in turn will increase the resilience and long-term growth of economies.

