

# EVIDENCE REVIEW OF THE GLOBAL CHILDCARE CRISIS AND THE ROAD FOR POST-COVID-19 RECOVERY AND RESILIENCE





## Contributors



1. Nabukenya Mary 25 (R), weaves with her children and friends Sumayia (L) and Doreeka (C) in Kampala, Uganda, on February 18, 2021.  
*Photo credit: Sumy Sadurni*

2. Sangam Devi (L), feeds her children, Ishika 3 (C), and Aarush 5 (R) in New Delhi, India on February 23, 2021.  
*Photo credit: Mansi Midha*

3. Elda Sidlabane 66 (L), helps young Yamihla Lambatha 6 (R) with her school work in Cape Town, South Africa on February 18, 2021.  
*Photo credit: Sam Reinders*

### Report by

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## Acronyms & Key Terms

### Acronyms

<b>ECD</b>	Early child development
<b>EPWP</b>	Expanded Public Works Programme
<b>IDRC</b>	International Development Research Centre
<b>IDWF</b>	International Domestic Workers Federation
<b>IFC</b>	International Finance Corporation
<b>IFI</b>	International Financial Institutions
<b>ILO</b>	International Labour Organization
<b>IWWAGE</b>	Initiative for What Works to Advance Women and Girls in the Economy
<b>LMICs</b>	Low- and middle-income countries
<b>NGO</b>	Non-governmental organisation
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>SEWA</b>	Self-Employed Women's Association
<b>UNDP</b>	United Nations Development Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UPSNP</b>	Urban Productive Safety Net Project
<b>WIEGO</b>	Women in Informal Employment: Globalizing and Organizing

### Key Terms

<b>Care</b>	Activities that provide what is necessary for health, well-being, and maintenance, through direct means such as feeding a baby or nursing the ill, or indirect means such as cooking or cleaning.
<b>Childcare</b>	The paid or unpaid activities dedicated to the care of children.
<b>Unpaid</b>	Work or activities provided without monetary compensation.
<b>Work</b>	Activities using mental or physical effort, often with the opportunity cost of time or resources.



**A year into the pandemic**, we are no longer just worrying about progress on women's equality coming to a standstill. We're now seeing the possibility of such progress being reversed.

**The devastating impact that COVID-19 has had on women's livelihoods cannot be overstated.**

Globally, women tend to work in low-paying jobs and in the informal sector—precarious employment that has been upended by lockdowns and COVID-19 restrictions. Adding another layer to this burden, women's unpaid care work is soaring.

The childcare crisis is at a tipping point.

**Childcare must be addressed within our COVID-19 recovery plans both to advance gender equality and because it makes fiscal sense.**

In addition to reducing the undue burden of care, affordable and quality childcare frees mothers up to participate in the labour force and creates decent jobs for women in the childcare sector. Fiscal space is shrinking due to COVID-19 but limiting spending on care work would be short-sighted. When more women work, economies grow. Currently, gender gaps in labour force participation in OECD countries cost the economy about 15 percent of GDP.

Yet, so far, **we have not seen the mobilisation of public, private, and foreign aid funding that is urgently needed** to tackle this crisis. This is particularly the case in low- and middle-income countries (LMICs), where COVID-19 fiscal stimulus and relief packages have largely failed to address unpaid care, including childcare. In Africa, for example, only 4 out of 113 gender-sensitive COVID-19 response measures have tackled unpaid care.

The inequalities women face are not new. But the pandemic has exacerbated and laid them bare. **We cannot wait on gender equality—the time is now.**

The global childcare crisis—and its disproportionate impact on women—pre-dates COVID-19. In 2018, 606 million women of working age were unavailable for employment owing to childcare responsibilities, compared to just 41 million men. But the pandemic has now taken this crisis to unprecedented levels. Since the

onset of COVID-19, **almost 90 percent of the world's countries have closed their schools**, affecting the education of 1.5 billion children and escalating the volume and intensity of childcare. And, unsurprisingly, women are taking on the brunt of this extra work: women in most countries are currently spending more than 30 hours per week on childcare, nearly the equivalent of a full-time job.

**The most marginalised of women are those hardest hit by this childcare crisis.** Low-income women who lack access to time-saving technology are having to dedicate much more time than their high-income counterparts to homeschooling. Worst affected by the crisis are women in the informal sector with no paid leave, social protection, or ability to work remotely; women living in rural areas with limited access to time- and labour-saving equipment, public services, and infrastructure; women living in poverty; single mothers; essential workers; adolescent girls; and women who belong to minority racial and ethnic groups.

Simultaneously, **the female-dominated childcare sector risks collapsing.** Rising poverty levels (resulting in parents' inability to pay for childcare services), lockdowns, and fears of exposure to the virus have led to a steep drop in demand for both formal and informal childcare services. Childcare facilities are closing in droves, creating a longer-term reduction in supply of and access to quality and affordable childcare services and decreasing the number of jobs available in the childcare sector.

Childcare forms the backbone of households, economies, and societies across the globe: it boosts employment, protects family incomes, and supports economic growth. However, it is woefully neglected in policymaking and is often not regarded as “real work.” Women shouldn't have to make the choice between putting food on the table and providing for their families or caring for children. And **policymakers must seize the opportunity to rectify this crisis**, both as part and parcel of an inclusive COVID-19 response and for the benefit of future generations. ➤

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➤ Currently, only 8 percent of global economic responses have addressed unpaid care, including childcare, and two-thirds of countries have enacted no measures whatsoever. This inaction cannot continue. **We must tackle the childcare crisis from multiple angles as laid out in the ILO’s “5Rs of care” framework.**

In our brief, we call for action in three key areas:

### 1.

To do so, governments must ramp up investment in gender-responsive public services: they need to provide financial assistance such as subsidies or waivers for rent and utilities, funding to offset increased operating costs and lower revenues, and direct income support to cover childcare workers’ wages, especially during lockdown. They also need to support women who are managing increased care loads. Especially in LMICs, governments need to prioritise extending social assistance schemes and other forms of social protection to single-parent households, essential workers, and informal workers.

### 2.

To do so, governments must increase public and private financing for the sector and enhance income support for both centre-based and domestic childcare workers.

### 3.

This can be achieved through promoting dialogue with childcare workers and strengthening their rights to collective action to ensure policy measures taken are contextually relevant.

Providing quality childcare isn’t just a woman’s responsibility—it’s a societal one. And mobilising resources toward tackling the childcare crisis as part of an inclusive, gender-responsive recovery won’t just benefit women: it will allow everyone to reap the benefits of stability, prosperity, and economic growth. ●



**Prior to the onset of COVID-19**, the International Labour Organization (ILO) estimated there were 1.9 billion children under the age of 15—including 800 million children under six—in need of care globally and warned of a severe and unsustainable “care crisis” if not properly addressed (ILO, 2018). The current pandemic has precipitated this crisis, amplifying both the demand for childcare and the challenges associated with providing it. The “closure of schools and childcare facilities, combined with restrictions around individual movement and social distancing requirements, has removed institutional and community support for parents, including during their own normal working hours” (Dowie et al., 2021, p. 247).

With family members confined to the home, the amount of daily domestic work associated with caring for children has also intensified, and the burden is falling disproportionately on the shoulders of women—who were already performing up to three times more unpaid care work than men pre-pandemic (ILO, 2018). Groups worst affected include: women in informal employment with no paid leave, social protection, or ability to work remotely; women living in rural areas with limited access to time- and labour-saving equipment, public services, and infrastructure; women living in poverty; single mothers; essential workers; adolescent girls; and women belonging to minority racial and ethnic groups.

The global childcare sector, which is predominately female, has also suffered due to COVID-19. Centre-based childcare providers have faced challenges due to lower demand, lower prices and revenue, higher operating costs, and a lack of guidance for reopening safely. Domestic workers, who provide childcare to private households, have been impacted in terms of job loss and reduced working hours. Those still employed have experienced increased workloads and heightened vulnerability to exploitation and abuse by employers. The impacts are most pronounced for childcare workers in informal employment without access to social and labour

protections. There may be long-term consequences for the childcare sector in many countries unless adequate support and regulations are introduced.

A broad range of policy options and measures to tackle the global childcare crisis is available and should be implemented as part of the immediate COVID-19 response as well as the longer-term recovery effort. This includes actions to: recognise, reduce, and redistribute unpaid care work; reward paid care work by promoting more and decent work for care workers; and guarantee care workers’ representation with employers and the state (the “5Rs of care”) (ILO, 2018).

Yet limited action has been taken to date and has been mostly concentrated in high-income countries and some upper-middle-income countries. According to the UN Women and United Nations Development Programme’s (UNDP) COVID-19 Gender Response Tracker, less than one-third of countries (60 in total) have introduced any measures to address unpaid care, including just seven lower-middle income countries and one low-income country (UN Women & UNDP, 2020a). For example, in Africa, out of 113 gender-sensitive measures introduced in response to COVID-19, only four measures in three countries are related to unpaid care (UN Women & UNDP, 2020b). Among countries that have introduced measures to address unpaid care, only a portion address childcare specifically.

This paper provides a review of the different pathways through which COVID-19 is impacting the global childcare crisis and recommends a series of policy options and measures that could be explored in different contexts by governments, the private sector, and other key development actors, with a focus on low- and middle-income countries (LMICs). In doing so, it highlights emerging trends and gaps in country responses and documents existing examples and promising practices that could be replicated or scaled-up. The analysis undertaken is grounded in evidence of known or promising solutions to address the childcare crisis, COVID-19 specific and >

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› implementation challenges that need to be taken into account, what new innovations are most promising and can be put to scale, and what lessons can be applied from responses to past emergencies and epidemics. We acknowledge that childcare is not a silver bullet in tackling women's disproportionate and growing burden of

unpaid care and may not be the most important challenge for some. Other dimensions of unpaid care, such as eldercare, domestic work, or caring for the sick and disabled are also an important part of the conversation around COVID-19 response and recovery efforts, though not the focus of this paper. ●

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**The study adopted** a collaborative and iterative methodology, engaging team members from the Bill & Melinda Gates Foundation, the International Development Research Centre (IDRC), and the Initiative for What Works to Advance Women and Girls in the Economy (IWWAGE), as well as childcare experts at civil society organisations, multilateral institutions, universities, and research institutes from around the world. A mixed-methods approach was used, including a desk review of available evidence, key informant interviews, and a virtual consultation with experts. Data collection and analysis took place between July 2020 and February 2021. For a list of individuals who contributed to the research by participating in a key informant interview or the virtual consultation, see Appendices A and B. For a list of guiding questions used in the key informant interviews, see Appendix C.

As the COVID-19 pandemic is still with us, much of the available evidence on its impacts and the associated policy responses is preliminary, or limited to anecdotal or process information, with far less data and examples from low-income countries. Most experts who participated in the key informant interviews opined that it is still too early to obtain data on the impacts of COVID-19 on childcare, let alone conduct evaluations to assess the effectiveness of different policy responses, as countries and organisations are still grappling with the unprecedented health crisis. The evidence and analysis presented here is based on the latest information available at the time of the research. ●

**This section presents** emerging evidence and analysis of the different pathways through which COVID-19 is exacerbating the global childcare crisis, including, but not limited to, its impacts on household care dynamics, women's work and livelihoods, child education and early learning, the childcare sector, and the conditions of childcare workers.

Childcare encompasses a wide range of activities that are essential for the wellbeing of households, societies, and economies globally, including: supervisory care for children; domestic tasks such as cleaning, cooking, and bathing children; time spent teaching, playing, and reading to children; and the mental and emotional labour of setting household schedules and maintaining family relationships. In every country in the world, women perform a greater amount of unpaid childcare in the household compared to men due to traditional gender roles and norms constructing childcare as “women's work.” The amount and drudgery of childcare tasks is amplified for women who live in low-income households or rural areas with limited access to labour- and time-saving equipment like cookstoves and washing machines and to public services and infrastructure like electricity, running water, and transportation (Karimli et al., 2016; Melesse et al., 2018). Despite its critical role in sustaining the “economically active” labour force on a daily and generational basis (Kabeer, 2016), childcare is often not recognised as “real work”—it remains invisible, undervalued, and neglected in economic and social policymaking.

Emerging global evidence suggests that the onset of the COVID-19 pandemic, and the subsequent shutdown of schools and childcare centres, has resulted in a dramatic increase in childcare at the household level, with women and adolescent girls being most affected (ActionAid, 2020; Diallo et al., 2020; Dugarova, 2020; Nesbitt-Ahmed & Subrahmanian, 2020; Power, 2020).

Results from UN Women's Rapid Gender Assessment surveys conducted in 38 countries between April and November 2020 show that both men and women have increased their time spent on childcare under COVID-19, but women continue to perform the lion's share: women's time spent on childcare tasks has increased by 34 percent on average, compared to a 29 percent increase for men, who were performing far less to begin with (UN Women, 2020a). A poll conducted by Ipsos for UN Women in 16 high- and middle-income countries in October 2020 further reveals that the average time spent by women on childcare tasks has increased from 26 to 31 hours per week since the start of the pandemic (Azcona et al., 2020a). By comparison, the average time spent by men on childcare tasks has increased from just 20 to 24 hours. This means that in most countries where data is available, women are currently spending more than 30 hours per week exclusively on childcare, which is nearly the equivalent of a full-time job.

In low-income countries, which are not represented in the Ipsos survey, women's disproportionate responsibility for childcare during COVID-19 is even greater. A survey conducted in India (N=4,729) found that while both women and men reported an increase in unpaid work at home (chores and care work) and a decrease in time spent on paid work, when respondents' time spent on paid work decreased, that extra time translated to more rest for men and more time spent on chores for women. Fewer women reported they had the time for leisure; 56 percent of men reported an increase in resting time, compared to only 33 percent of women. Meanwhile, only 18 percent of men reported a decrease in resting time, compared to 31 percent of women (unpublished findings from a survey conducted by Dalberg).

It is also important to acknowledge the situation faced by millions of households globally, where men are not only failing to help out during school and childcare closures, but also committing increased levels of domestic



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➤ violence (UN Women, 2020b). As COVID-19 lockdowns persist, women are increasingly vulnerable to domestic violence as a result of social isolation, restricted movement, and economic insecurity. In addition to safety concerns, this can make it more difficult and painful for women to carry out their childcare responsibilities. At the same time, exposure to domestic violence can lead to trauma among children, with lifelong effects.

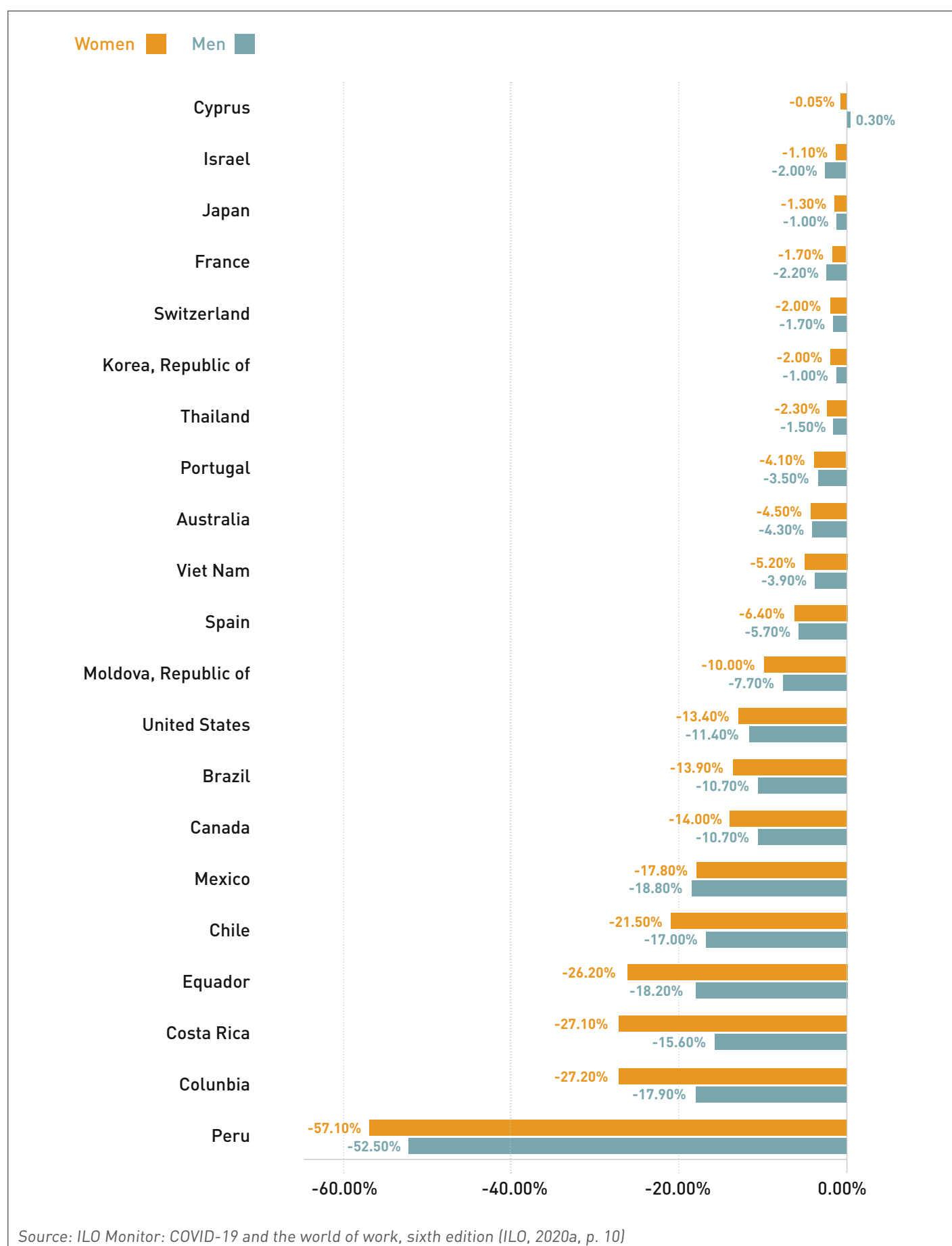
Adolescent girls are also being pulled into providing increased amounts of childcare in their households. In the above-mentioned Ipsos poll, 64 percent of parents noted greater involvement of daughters in unpaid care work due to COVID-19, compared to just 57 percent of parents who noted greater involvement of sons (Azcona et al., 2020a). As discussed below in Section 3.3, girls' increased responsibility for childcare under COVID-19 may come at the expense of their own education and future labour market outcomes.

The amount of daily domestic work required to care for children has also intensified under COVID-19. Tasks related to meal preparation are “especially time-consuming as families now need to take all of their meals at home, compared to before the pandemic, when some members may have been out or at school during the day” (Abdo et al., 2020, p. 12). Where homeschooling or remote learning has been introduced in lieu of in-person classes, this is an additional childcare task that must be performed by households. Oxfam research in five countries finds that homeschooling due to school closures required less time for families in higher-income countries than in lower-income countries, likely because “parents in high-income countries can rely on technology for schooling and entertainment of their children, which isn’t as widely available in other contexts” (Abdo et al., 2020, p. 13). The shock of school closures is also felt more acutely by single-parent households and households where the division of childcare cannot be shared evenly (e.g., if one parent is an essential worker).

- Well before the onset of the COVID-19 pandemic, global literature had established that women’s labour force participation and employment outcomes are negatively impacted by their unequal responsibility for childcare (Del Boca, 2015; Das & Kumbya, 2017; Gallup & ILO, 2017; Folbre, 2018; ILO, 2018; Mariara et al., 2018; Klasen et al., 2019; Azcona et al., 2020b). According to the ILO, 606 million women of working age were unavailable for employment in 2018 because of their childcare responsibilities, compared to just 41 million men (ILO, 2018). Studies have found that mothers of young children are further penalised in the labour market in terms of pay and access to managerial and leadership positions (ILO, 2019), and in terms of their ability to pursue different types of economic opportunities, including the choice of sectors in which they seek to work (Gammage et al., 2020). A series of studies undertaken through IDRC’s Growth and Economic Opportunities for Women Program in India, Kenya, Nepal, Tanzania, and Rwanda also shows that women’s role as primary caregivers restricts their working hours, limits the quality and quantity of jobs available, and undermines their earning potential (Melesse et al., 2018).

The challenges of balancing paid work and childcare are felt most acutely by low-income women working in the informal sector, which comprises over 80 percent of non-agricultural employment for women in South Asia, 74 percent in sub-Saharan Africa, and 54 percent in Latin America and the Caribbean (UN Women, 2015). Without access to social and labour protections, including childcare and paid leave, “women workers in the informal economy risk losing out on much needed income by reducing their hours of work, or they may shift into more vulnerable and low-paid forms of self-employment—such as home-based work or street vending—with more flexible arrangements that allow them to work and care for their children at the same time” (ILO & WIEGO, 2020, p. 1). ➤

**Figure 1:** Decline in employment between Q2/2019 and Q2/2020, by sex, selected countries



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➤ In other cases, women are left with no choice but to leave their children without adult supervision while they go to work. The United Nations Children’s Fund (UNICEF) estimates that 35 million children under five years old are sometimes left alone or under the supervision of another child younger than 10 years old—a decision that “can weigh heavily on parents, who are aware of the risks but are presented with an impossible choice of nurturing their child or earning money” (Gromada et al., 2020, p. 4).

COVID-19 is exacerbating pre-existing gender labour force participation and earning gaps, as women take on the bulk of increased childcare responsibilities on top of their paid work (UN Women, 2020a). In India, the LinkedIn Workforce Confidence Index, a survey of 2,254 professionals conducted in July and August 2020, finds that 31 percent of working mothers surveyed are currently providing full-time childcare, compared to just 17 percent of working fathers (Basu, 2020). Unable to rely on their usual childcare support networks due to lockdowns and social distancing requirements, 44 percent of working mothers surveyed report working outside their normal business hours and 47 percent report experiencing increased levels of stress and anxiety. Similarly, Facebook’s Survey on Gender Equality at Home, which reached roughly half a million people across 208 countries and territories in July 2020, indicates that working mothers are facing significant setbacks to work as a result of increased care burdens during COVID-19 (Cookson et al., 2020).

Some families have had to make tough decisions about which parent will keep their job and which will exit the labour force in order to stay home with children (Dugarova, 2020). Because they tend to be the lower income earners, it is predominantly women who are sacrificing their careers and being squeezed out of the labour force. Data from ILO labour force surveys reveals a significant decline in employment in the second quarter of 2020 compared with the previous year, though with

considerable variation across countries (Figure 1) (ILO, 2020a). This relative decline in employment is greater for women than for men in all countries, with only a few exceptions (such as France, Israel, and Mexico). This gap is partly because more women are exiting the labour force to care for children and partly because women make up a larger share of workers in the sectors of the economy hardest hit by COVID-19: accommodation and food services; real estate, business, and administrative activities; manufacturing; and retail (ILO, 2020b). Women also represent a greater share of informal workers in these sectors—42 percent for women compared to 32 percent for men (ILO, 2020b)—meaning their employment was less secure to begin with.

With women exiting the labour force in such large numbers, there is a risk that many will never return. Research out of the United States finds that the negative effects of COVID-19 childcare closures on the unemployment rate of mothers do not disappear once centres reopen, consistent with previous research suggesting that it takes significant time to reintegrate women in the labour force once out of work (Russell & Sun, 2020). Indeed, early on in the pandemic, UN Women warned that “the impacts of the COVID-19 global recession will result in a prolonged dip in women’s incomes and labour force participation” (UN Women, 2020a).

Women business leaders have also been more adversely affected by the COVID-19-induced care burden than their male counterparts. This is according to the Future of Business Survey of over 25,000 small and medium business owners, managers, and employees in more than 50 countries by Facebook, the Organisation for Economic Co-operation and Development (OECD), and the World Bank. In the final round of the survey, in October 2020, 18 percent of women business leaders reported spending six or more hours on care work compared to 10 percent of male business leaders (Facebook/OECD/World Bank, 2020). ➤



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➤ This disproportionate responsibility for care has reduced the time available for women to concentrate on their businesses: 25 percent of women business leaders reported that homeschooling affected their ability to focus on work compared to 19 percent of male business leaders, with a similar picture for household chores (41 percent versus 27 percent) and for looking after children (31 percent versus 24 percent). The survey also found that women-led businesses were more likely to have closed since the start of the pandemic. Similar findings are reported from a survey of women-owned businesses in rural India (N=2,083), where 43 percent of the respondents said their unpaid care work increased and almost 60 percent said their time spent on running and managing their businesses decreased (Narasimhan et al., 2020). The same study found that one in two permanently closed enterprises had no intention of starting a new business at the time of the survey. Lessons from the Ebola epidemic in West Africa also suggest that many women-led businesses will never fully recover post-crisis (West Africa Network for Peacebuilding, 2020).

Since March 2020, almost 90 percent of the world's countries have closed their schools in efforts to slow the transmission of COVID-19, affecting the education of 1.5 billion school-age children (UNESCO, 2020). An additional 40 million children worldwide have missed out on early childhood education in their critical pre-school year as COVID-19 shut down childcare and early education facilities (Gromada et al., 2020). There is also a large body of evidence documenting the impacts of school and early education closures on child protection, health, and nutrition, including, for example, the loss of access to school feeding and immunisation programmes (Headey et al., 2020; UNESCO, 2020; Upadhyay et al., 2020; World Food Programme, 2020).

School closures have widened pre-existing gender disparities in access to education. Adolescent girls who are out of school are providing a larger amount of childcare for younger siblings. For example, in East Africa, childcare provider Kidogo estimates that about 60 percent of families who were previously using Kidogo centres for childcare have now shifted this responsibility to adolescent girls, some as young as eight or nine years old (Miller et al., 2020). This increased burden of childcare affects girls' time available to study and to participate in homeschooling or remote learning opportunities. Where remote learning is being facilitated virtually, existing gender norms around access to technology have also disadvantaged girls (Amaro et al., 2020).

Concerns have been raised that girls may be at greater risk of not returning to school post-COVID-19 as a result of rising poverty levels, premature entry into the labour force, or increased rates of early marriage and pregnancy, as was the case following the Ebola epidemic (Fry & Lei, 2020). In highly disrupted villages in Sierra Leone, the Ebola crisis led younger girls to spend significantly more time with men, out-of-wedlock pregnancies rose, and, as a result, they experienced a persistent 16 percentage point drop in school enrolment post-crisis (Bandiera et al., 2018). Some poorer families needed out-of-school children to contribute economically, and the number of girls aged 12 to 17 engaged in income-generating activities increased by 19 percent, many of whom were either unable or not encouraged to return to schools once they reopened (Bandiera et al., 2018). Using longitudinal data from the Ebola outbreak, Malala Fund estimates that an additional 20 million secondary school-aged girls in LMICs will be out of school post-COVID-19 (Fry & Lei, 2020). Not only will this impact girls' educational attainment, but it will also have long-term consequences for their ability to obtain decent employment. ➤

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The global childcare sector—which includes nurseries, daycare centres, crèches, and early child development (ECD) centres—is suffering under COVID-19. Demand for childcare services has decreased since the start of the pandemic due to lockdowns, rising poverty levels (resulting in parents' inability to pay for childcare services), and fears of exposure to the virus. As a result, childcare centres have had their prices and revenues reduced significantly, while, at the same time, their operating costs have increased in order to abide by COVID-19 health and safety protocols. In the United States, operating costs have increased by as much as 47 percent (Workman & Jessen-Howard, 2020). Measures like purchasing sanitation and cleaning supplies, providing personal protective equipment for staff, and splitting classes to meet social distancing guidelines account for the rise in operating costs. A recent case study of South Africa's childcare sector demonstrates the detrimental impact of COVID-19 on ECD centres: 96 percent of operators surveyed reported that their income was not sufficient to cover operating costs; 83 percent reported that they would not be able to pay the full salaries of their staff going forward; and 68 percent reported that they ran the risk of permanent closure (BRIDGE, 2020).

There is less data available on the childcare sector in LMICs (the size of the sector, the range of providers, etc.) and on the impact of COVID-19, likely due to the higher proportion of centres operating informally. However, anecdotal evidence from countries including India and Kenya suggests that large numbers of childcare centres have closed due to lower demand, decreased ability of clients to pay for services, and centres' inability to cover costs (Miller et al., 2020). Operators are seeking guidance from governments on how to reopen safely after several months of closures. Clear guidelines, standards, and protocols on sanitation and distancing are imperative for the childcare sector to reopen safely and encourage the uptake

of childcare services by parents. At present, the childcare sector in many countries risks collapsing due to the economic impacts of COVID-19 unless government support and guidance is made available. The widespread shutdown of childcare facilities will result in the reduced supply of quality and affordable childcare services, leading to long-term gaps in access post-pandemic.

The global childcare workforce, which is predominantly female, is being highly impacted by the COVID-19 pandemic. This includes both centre-based childcare workers in formal and informal settings and domestic workers providing childcare to private households.

The government-mandated closure of childcare facilities has resulted in many months of lost incomes for centre-based childcare workers in countries around the world. In LMICs, these are often informal or self-employed workers with no social protection. Many centre-based childcare workers have lost their jobs and face barriers seeking employment elsewhere due to their limited educational background and qualifications and lack of opportunities in the job market during COVID-19. Those who continue to work face heavier workloads, difficulties commuting to workplaces in context of lockdowns, and limited protection from the virus. Workers in informal settings are more vulnerable to poverty in the case of reduced work hours or job loss because they are not eligible for unemployment insurance or other forms of income support. In India, for instance, this includes more than 2 million women who are providing child development services through the government's Integrated Child Development Services (ICDS) programme as volunteers working on a meagre honorarium with no actual salaries or social protection (Dasgupta, 2020).

In richer households in high-, middle-, and low-income countries alike, a substantial amount of childcare is performed by domestic workers, ➤

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➤ often migrants, many of whom have been negatively impacted by COVID-19. The ILO (2020c) estimates that 55 million domestic workers (nearly 75 percent globally) have lost their jobs or had their work hours significantly reduced due to fear, lockdowns, and social distancing requirements imposed because of COVID-19. Domestic workers in Northern, Southern, and Western Europe have been less impacted than those in Africa, the Americas, and in Asia and the Pacific in part because these regions have higher numbers of domestic workers in informal employment (ILO, 2020c). Some domestic workers have lost their homes because they worked as live-in caregivers and are now unemployed. Migrant domestic workers who have lost their jobs are unable to send financial support to their families back home and face the added risk of deportation. This circumstance has a ripple effect on the “global care chain,” including the displacement of women, usually from even lower economic and social status, who have been taking care of migrant domestic workers’ children in countries of origin.

Domestic workers who remain employed have also faced increased exploitation, discrimination, and abuse.

Research conducted by the International Domestic Workers Federation (IDWF) finds that domestic workers’ workloads have exponentially increased during the pandemic, often uncompensated, due largely to school and childcare closures (Seghaier, 2020). Live-in domestic workers have been forced into confinement with their employers due to quarantine measures, increasing their vulnerability to violence and sexual exploitation (Aoun, 2020). Some have been denied their earnings due to “a belief that domestic workers did not need their salaries anyway, since they could not go out” (ILO, 2020c, p. 3). Others have been denied personal protective equipment, healthcare services, and access to information about working safely during COVID-19 (Seghaier, 2020). Experiences of xenophobia and racism against migrant domestic workers have also intensified, especially towards Asian populations, and some have been unfairly dismissed by employers for fear of catching the “foreign virus” or the “Chinese virus” (Seghaier, 2020, p. 3). At the same time, airport closures and restrictions on international mobility have prevented some migrant domestic workers from returning home to their families. ●

## What can be done to address the childcare crisis?

**This section outlines** policy options and measures available for addressing the COVID-19 exacerbated childcare crisis. It is geared towards policymakers and other public and private actors who are committed to addressing this issue as part of both their immediate COVID-19 response and longer-term recovery efforts. Given the very different social, economic, and political circumstances of countries, compounded by the recognition that there is no singular approach that would apply in all contexts, a broad range of policy options and measures are recommended and should be explored based on context and feasibility. They are informed by the ILO's "5Rs of care" framework: recognise, reduce, and redistribute unpaid care work; reward paid care work by promoting more and decent work for care workers; and guarantee care workers' representation with employers and the state (ILO, 2018) (Figure 2).

Many of the recommendations identified here are not new but have become even more important in the context of the current pandemic. They are also mutually reinforcing and should ideally be adopted holistically. In laying out the

recommendations, particular attention is paid to providing evidence, examples, and promising practices that illustrate the feasibility of various policy options and measures for LMICs, where they are available.

### RECOGNISE, REDUCE, AND REDISTRIBUTE UNPAID CARE WORK

#### Invest in gender-responsive public services

Civil society organisations have long called for increased government investment in gender-responsive public services—such as piped water, sanitation, electricity, and transport—to reduce the burden of women's unpaid care work, including childcare (e.g., ActionAid, 2020). Under COVID-19, these calls have become even more urgent as households, and especially women and girls, struggle to cope with the impacts of increased childcare loads. Improving access to gender-responsive public services will require significant government investment over the long term. However, in the immediate term, to ensure populations maintain access to critical public services during COVID-19, some governments have introduced waivers or deferrals for ➤

**Figure 2:** Recommendations to address the COVID-19 exacerbated childcare crisis

Recognize, reduce and redistribute unpaid care work		Reward paid care work by promoting more decent work for care workers	Guarantee care workers' representation with employers and the state	
<ul style="list-style-type: none"> <li>Invest in gender-responsive public services</li> <li>Reopen schools and childcare facilities safely</li> <li>Increase childcare support for households</li> <li>Shift social norms around childcare</li> <li>Introduce or expand family and health-related leave policies</li> <li>Increase employer adoption of family friendly workplace arrangements and policies</li> <li>Collect more and better data on childcare</li> </ul>		<ul style="list-style-type: none"> <li>Improve public and private financing for the childcare sector</li> <li>Improve support to centre-based childcare workers</li> <li>Improve support to domestic workers</li> </ul>	<ul style="list-style-type: none"> <li>Promote social dialogue with children workers</li> <li>Strengthen the right to collective action and bargaining in the childcare sector</li> </ul>	
Care policies	Macroeconomic policies	Social protection policies	Labour policies	Migration policies
Based on the ILO's "5Rs of care" framework (ILO, 2018)				



(continued)

➤ household utilities bills, while others have provided free or subsidised water and electricity. In Africa, for example, the governments of Burkina Faso, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ghana, Mali, Mauritania, Namibia, Senegal, and Togo have either subsidised or fully covered the cost of electricity and water bills for vulnerable and low-income households through a combination of state funding and development assistance. In Latin America, the governments of Argentina, Bolivia, El Salvador, and Venezuela have prohibited basic services from being cut off owing to non-payment. Bolivia has also temporarily reduced electricity, gas, and water fees. These types of measures provide much-needed short-term financial relief to families and help to reduce the burden of daily domestic work required to care for children.

In many high-income countries, schools have shifted to online learning as a stop-gap measure

during COVID-19 school closures; however, this is not possible in many LMICs, where less than half of households have internet access (Bhula & Floretta, 2020). Reopening schools and childcare facilities safely for in-person learning is critical for child education, health, and development ➤ outcomes, and for relieving households' childcare burdens. In order for facilities to reopen safely, measures put in place should include: reasonable physical distancing; reducing the number of children in a classroom by splitting ➤

## Box 1:

### Select examples from high-income countries for reopening schools and childcare centres safely

In Canada, the provincial government of Ontario permitted childcare centres to reopen following strict health protocols to ensure the safety of staff and children. These include: putting children and staff in cohorts of ten, mandatory screening of all entrants to the childcare setting, keeping records to allow contact tracing, ensuring proper sanitation and cleanliness of premises, and restricting entry of parents and visitors in the facility.

Schools in Denmark operate in "protective bubbles" with students being sectioned off into small groups of 12 students. Groups are assigned staggered schedules, each one eating lunch separately and having a designated play area. Classrooms have been rearranged to maintain physical distancing and teaching materials are sanitised twice a day.

Students are made to wash their hands every two hours, although face masks are not mandatory.

In Japan, schools mandate parents to check their child's temperature every morning and enter the results in a health report which is verified by teachers in the classroom. Students also attend school on alternate days to ensure social distancing. All students and teachers are required to wear masks at all times, except while eating.

Belgium has implemented a color-coded scheme for how schools will operate under four different scenarios, based on the severity of the COVID-19 outbreak. Teachers and students above the age of 12 years are required to wear masks and observe basic hygiene measures, including hand washing and maintaining proper room ventilation and air circulation.

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› them into groups and staggering schedules; preventing parents from entering the school during child drop-offs and pick-ups; maintaining good hygiene by mandating that students and teachers wear masks and wash their hands frequently; sanitising the school premises daily; adequately ventilating classrooms; and implementing robust testing and contact tracing of any new COVID-19 cases (Mallapaty, 2020). Delivering on these measures will require substantial technical and financial assistance from governments and specially education ministries.

At the time of writing, governments in many LMICs—India, Bangladesh, Nepal, Sri Lanka, Kenya, and Uganda, for example—have opted to keep schools and childcare facilities closed. While some best practices for reopening emerge from the experiences of developed countries (see Box 1), there is a need to find innovative and cost-effective approaches that work in LMIC contexts. One strategy adopted by some LMICs, including Afghanistan, Brazil, Liberia, the Philippines, and Senegal, has been to simplify school curricula and adjust academic calendars by shortening vacation periods to enable continuity in learning. Others, such as Albania and Egypt, have cancelled less important examinations to reduce physical contact among students and teachers.

In countries where schools remain closed and remote learning is in effect, providing information and support to parents can help them manage this additional childcare task. Research conducted by the Abdul Latif Jameel Poverty Action Lab finds that LMICs in Asia, Africa, and the Americas have adopted SMS, phone calls, and other widely accessible, affordable, and low-technology methods of information delivery to help engage and support parents in supervising their children's remote learning activities (Bhula & Floretta, 2020).

To support families, and especially women, in managing increased childcare loads due to COVID-19, some governments are providing

additional, often temporary, forms of childcare support to households. In Poland, if a child's nursery, children's club, kindergarten, or school is closed due to COVID-19, parents are entitled to 14 additional days of childcare allowance. Other countries have introduced social assistance schemes for households with children in the form of childcare allowances, cash transfers, vouchers, and "cash-for-care" programmes, including the Cook Islands, Czechia, Germany, Italy, Malta, and Spain.

For LMICs, extending social assistance and other forms of social protection to single-parent households, essential workers, and informal workers should be top priority during COVID-19. In Argentina, a new cash transfer programme—the Ingreso Familiar de Emergencia—is expected to reach 3.6 million families of informal, self-employed, and domestic workers impacted by the COVID-19 pandemic. Benefit levels are set at ARS 10,000 pesos (about USD \$132), which is roughly equivalent to 75 percent of the national minimum wage. See Box 2 for additional examples of gender-responsive social protection programmes targeting childcare during COVID-19.

The current pandemic presents a window of opportunity to encourage a lasting shift in social norms towards a more equitable division of household childcare responsibilities. In their review of unpaid care work under COVID-19, Dugarova (2020) points to several studies which demonstrate a positive trend towards more egalitarian household care arrangements, at least in the short term, where fathers are ›

(continued)

## Box 2:

### Gender-responsive social protection programmes targeting childcare during COVID-19

In Ethiopia, beneficiaries of the Urban Productive Safety Net Project (UPSNP) will receive an advanced payment while on leave from their public works obligations. UPSNP partly targets female-headed households and foresees the provision of community-based childcare services and reduced working time for women with children. Before and after childbirth, it also enables women to receive direct support without work requirements. Beneficiaries of the UPSNP will be able to withdraw 50 percent of their savings to cover expenses arising out of the COVID-19 pandemic. Furthermore, low-income citizens who are not currently benefiting from UPSNP will be covered by the project and will receive three months advance payment.

In the Republic of Korea, the government is supporting parents with childcare

responsibilities with a cash benefit of KRW 50,000 (USD \$43) per day as they shift to home care in light of school and childcare centre closures. Furthermore, working parents are entitled to an additional five days of leave if they need to reduce work hours for COVID-19-related family care.

The Canada Emergency Response Benefit is available to workers who had to stop working because they are caring for children (or other dependents) in quarantine or sick due to COVID-19, or because their childcare facility has closed due to COVID-19. The benefit is available to both employees and the self-employed. Additionally, the government provided a one-time boost to its monthly Canada Child Benefit in May 2020, which saw eligible families receive an extra CAD \$300 (USD \$235) on top of their regular payment.

➤ working from home and taking on more childcare responsibilities due to circumstance. Data from UN Women's Rapid Gender Assessment surveys conducted in 38 countries also shows that men are taking on more unpaid care work than ever before (though women are still performing the lion's share) (UN Women, 2020a). There is reason to be cautiously optimistic about some men's recent uptake in household care work, as comparable "evidence from studies on fathers taking parental leave suggests that sharp exposure to domestic and care work can have a long-lasting effect on men's engagement in unpaid work" (OECD, 2020a, p. 5).

Action must be taken to ensure that the current redistribution of household childcare responsibilities is not just temporary but persists in the longer term. Gender transformative workshops, mass and social media campaigns, and school-based curricula have each been shown to increase the involvement of men and boys in unpaid care work (Achyut et al., 2016; Newth, 2016; Doyle et al., 2018; Harper et al., 2020), and could be explored as part of efforts to

redistribute women's and girls' childcare loads. Evidence also suggests that in LMICs, religious and community leaders can function as "care champions" who model positive examples of sharing household tasks to motivate more men and boys to participate in unpaid care work, including childcare (Karimli et al., 2016; Newth, 2016).

In addition to community-level mobilisation, there are other actors and levers to bring about the required change in social norms. As we highlight below in section 4.1.6, employers can play a role in shifting gender attitudes around childcare by incentivising male employees to take parental leave. A recent WORLD Policy Analysis Center study of nine countries found that policy changes to incentivise or encourage fathers to take paid parental leave led to improvements in attitudes towards women's equality in the workplace (Omidakhsh et al., 2020). Similarly, the government can help bring about lasting change by enacting laws and policies that support and normalise women's participation in the labour force, such as equal pay legislation ➤

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› (Heymann et al., 2020a) and tax breaks for the secondary income earner in a household (most often women), and by removing laws that prevent workplace discrimination against women with caregiving responsibilities (Bose et al., 2020).

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Governments should introduce or expand policies, such as paid childcare leave, sick leave, and family leave, which make it easier for parents to take time off from work in order to care for children during COVID-19. Countries such as Australia, Canada, Chile, Italy, Fiji, Spain, and the Republic of Korea are showing the way by introducing new or expanded family and health leave benefits, while Montenegro, Latvia, Cuba, and Germany have introduced wage subsidies to cover the salary of parents or those caring for ill family members during COVID-19. In Uzbekistan, one working parent can access paid leave at full pay for the duration of school and kindergarten shutdowns. A study by the WORLD Policy Analysis Center found that guaranteeing paid sick leave is feasible in all income settings: 73 percent of countries globally already make paid sick leave available from the first day of illness, including 93 percent of low-income countries and 78 percent of middle-income countries (Heymann et al., 2020b).

Guaranteeing paid parental leave is also feasible in low-, middle-, and high-income settings alike and is crucial for addressing the childcare crisis. Nearly half of low-income countries, 53 percent of middle-income countries, and more than three-quarters of high-income countries currently guarantee at least 14 weeks of paid leave to mothers of infants (Raub & Heymann, 2021). By reserving paid leave for fathers or providing incentives for men to take leave, governments can further encourage men to take on more responsibility for childcare at the household level. Just over half of all countries currently reserve paid time off for new fathers; however, the median duration of that leave

is just five days (World Bank, 2020).

It is worth noting that in many countries parental leave is reserved exclusively for households in formal employment. There is a need to rethink how policies are designed to ensure that part-time workers, informal workers, and the self-employed are equally protected under the same qualifying conditions as others and enjoy the same level of benefits and payment (Bastagli & Hunt, 2020).

To support employees in balancing work and childcare during the pandemic, employers in the formal sector should adopt more family-friendly workplace arrangements and policies. The International Finance Corporation's (IFC) guide for employer-supported childcare in the COVID-19 era identifies several key policy measures, including: paid maternity, paternity, and parental leave; family health insurance; on-site daycare; flexible work hours; home-based work; and breastfeeding rooms (IFC, 2020a). Gender-neutral policies for childcare leave can further encourage men to share in the responsibility for childcare and have the potential to help shift gender norms around caregiving (OECD, 2020).

Where schools and childcare centres are closed due to COVID-19, companies can provide employees with an allowance to pay for a child minder of their choice (e.g., a grandparent, aunt, or domestic worker). This is a relatively accessible model for companies, even if they did not previously provide childcare benefits, because it can be offered temporarily and separately from more comprehensive benefits or policies. In lieu of direct support for childcare, companies can also support parents by connecting them with online parenting resources, tools, and services.

While office buildings sit empty due to lockdown restrictions, employers can support the broader childcare effort by creating or repurposing on-site daycare facilities for the ›



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➤ children of essential workers. This was the case for Artistic Milliners, a denim and garment manufacturing company in Pakistan, which opened its childcare centre to the children of frontline health care workers, including doctors and nurses (IFC, 2020b). However, this type of measure is only feasible where childcare centres are allowed to open for essential workers.

Currently, private-sector employers are legally required to support or provide childcare in just 26 out of 189 countries studied by the Women, Business and the Law programme (World Bank, 2019). Even among these countries, there is often confusion about the type of support that employers must provide—for example, whether it needs to be an on-site childcare centre, or if an allowance for at-home childcare is enough (IFC, 2020a). Governments can lower the barriers for employers by making legislation as clear as possible, sharing evidence about the “business case” for employer-supported childcare, advertising the types of support available to employers, and creating quality standards and guidelines that make employers more comfortable to take responsibility for childcare. Governments can also offer subsidies to support companies in providing more generous parental leave policies. For example, in Japan, subsidies are being provided to compensate companies that have introduced family leave for workers affected by school closures.

It is important to note that the measures listed above only reach individuals employed in the formal sector. There remains a gap in support for the childcare needs of self-employed individuals and informal sector employees, which are most common in LMICs.

More and better data is needed to make visible the impact of COVID-19 on childcare, to develop evidence-informed programmes and policies, and to evaluate the impact of existing response and recovery efforts. As a first step, countries should collect time-use data to capture the differences in women’s and men’s time spent on

childcare tasks under COVID-19 and to monitor whether any short-term changes observed will have an impact in the medium and long term. Since 2010, just 65 countries have collected time-use data in line with SDG indicator 5.4.1 on unpaid care and domestic work (UN Statistics Division (UNSD), 2019), but recent work by the UNSD (2017) and other groups to develop methodological guidelines and approaches can help to support countries in their efforts. Where relevant ministries are involved in the collection and analysis of time-use data, it can be used to set appropriate care, social protection, and labour policies.

Governments should also take steps to collect data to understand the overall picture of childcare needs and arrangements in their country, such as: the size of the childcare sector; the range of providers (public, private, community-based); the different types and conditions of childcare workers (self-employed, employed, centre-based, domestic) in both formal and informal employment; and the accessibility, affordability, and quality of available childcare services. This will help governments to set policies and allocate resources appropriately and could be done using dedicated surveys, or by integration within existing data collection instruments and labour force surveys. For countries already collecting high-quality data on time-use and the childcare sector, it is important to share this information and any cost-effective data collection methods with other countries in similar social and economic contexts. For example, in some LMIC contexts, countries have identified less expensive approaches for conducting time-use surveys measuring unpaid care work, “such as using stylized questions for specific tasks or restricting the collection of data to one or two respondents per household” (Buvinic & King, 2018).

Beyond addressing COVID-19 and its effects, investing in the regular collection of quality data on childcare will help to recognise and value its essential role in sustaining households, societies, and economies. ➤

## What can be done to address the childcare crisis? (continued)

### REWARD PAID CARE WORK BY PROMOTING MORE AND DECENT WORK FOR CARE WORKERS

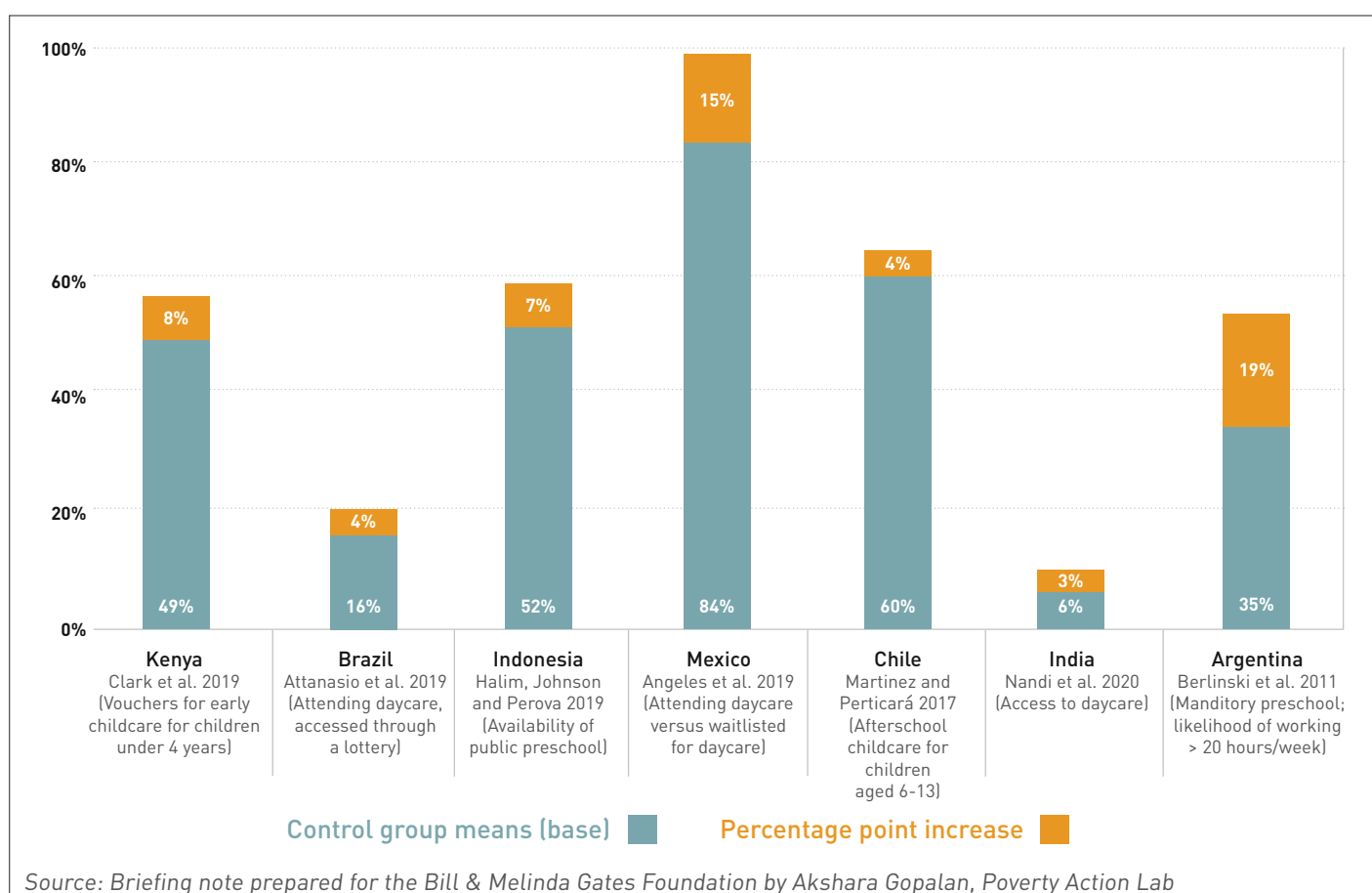
#### Improve public and private financing for the childcare sector

As COVID-19 persists, governments can support the rapidly deteriorating childcare sector by providing financial assistance in the form of subsidies or waivers for rent and utilities, funding to offset increased operating costs and lower revenues, and direct income support to cover childcare workers' wages, especially during lockdowns. Continuous support is critical to ensure childcare centres remain operational into the future. Apart from their own spending, governments can also coordinate aid from international organisations to address the childcare crisis and finance childcare initiatives.

In the longer term, governments must work towards providing universal, publicly-funded

childcare by investing in the provision of centre- and community-based services, daycare, preschool, and afterschool programmes, and by expanding access in countries where some form of publicly-funded childcare already exists (e.g., India and Chile). Recent research out of Canada demonstrates that the annual government revenue generated by providing universal childcare—in terms of job creation and the increased labour force participation of women—would far outweigh the costs (Stanford, 2020). Comparable research for South Africa, Turkey, and Uruguay finds that the net costs of providing universal childcare can be cut by half thanks to fiscal returns stemming from women's increased employment and earnings (De Henau et al., 2019). This finding is supported by research conducted in Argentina, Brazil, Chile, Colombia, India, Indonesia, Kenya, and Mexico, showing that ➤

**Figure 3:** The impact of access to childcare on women's labour force participation



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➤ access to quality and affordable childcare has positive effects on maternal employment and the number of hours that mothers spend at work (Attanasio & Vera-Hernandez, 2004; Berlinski et al., 2011; Angeles et al., 2014; Attanasio et al. 2017; Martínez & Perticarà, 2017; Clark et al., 2019; Halim et al., 2019; Nandi et al., 2020). Figure 3 compares the results of some of these studies assessing how access to different childcare types impacts on women’s labour force participation (relative to a control group mean).

Non-governmental and private-public-partnership models of childcare can also improve women’s labour force participation rates and other economic and non-economic outcomes. In India, non-governmental organisations (NGOs) like the Self-Employed Women’s Association (SEWA) and Mobile Crèches provide care for the children of working mothers. Mobile Crèches “has cared for over a million children in the last 50 years, funded by the NGO and by employers, and providing food, education, and care so

children are safe and women can work” (Samman et al., 2016, p. 2).

In South Africa, the government has invested in care through the Expanded Public Works Programme (EPWP), providing training and employment opportunities for more than 20,000 women to care for children at home or in schools, and providing care and support for more than 185,000 children (Samman et al., 2016, p. 2). This programme has been expanded in response to COVID-19 (Mahmud, 2020). See Box 3 for a more detailed look at case studies assessing the impact of different childcare models.

### Box 3:

#### Case studies of different childcare models

Mexico’s Estancias programme, run by the Mexican government and four UN agencies, provides quality and affordable childcare to mostly low-income households. Working with third-party providers that typically operate out of homes and churches, Estancias covers up to 90 percent of the cost for parents (Samman et al., 2016). The programme has had an impact on mothers’ employment and income—for example, in one study, the proportion of mothers who were employed increased by 18 percent and the average number of hours they worked each week increased by six (Ángeles et al., 2014). Estancias also employs up to 40,000 women as childcare providers.

In India, the NGO Seva Mandir runs full-day “Balwadis” (children’s gardens), providing daycare, preschool education, and nutrition to children aged one to five years in areas where government or other childcare services are not

available. Balwadi centres are operated by local women, called “sanchalikas,” who are hired and trained by Seva Mandir.

In Kenya, researchers from McGill University and the African Population and Health Research Center conducted a randomised study that provided vouchers for daycare to mothers living in Korogocho, a slum area of Nairobi, to assess whether access to subsidised childcare can influence a woman’s ability to work and earn (Clark et al., 2019). The study found that mothers who were given daycare vouchers were 17 percent more likely to be employed than mothers who were not. Mothers who received vouchers also experienced a 24 percent increase in earnings (about USD \$6 per month). Importantly, they were able to earn this extra income without increasing the number of hours they worked per week, which suggests that they were able to seek better-paying jobs.

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To support centre-based childcare workers in both formal and informal employment, it is recommended that governments provide assistance in the form of emergency cash transfers, food programmes, subsidies or waivers for rent and utilities, healthcare > coverage, and direct forms of income support to strengthen their economic security. In India, for example, there has been a push to protect the rights of Anganwadi childcare workers by offering them minimum social protection and increasing the amount of payments they receive from the government. Given their high level of potential exposure to the COVID-19 virus, there is also a need to provide childcare workers with access to personal protective equipment in order to perform their work safely. Childcare workers should also be exempt from lockdown restrictions in order to travel to and from work without fear of legal consequences.

A needs assessment of the childcare sector can help governments determine which forms of assistance are most appropriate and effective to ensure workers' economic security and safety for the duration of COVID-19. In the longer term, governments can support childcare workers by supporting the professionalisation and formalisation of the sector. This will ensure childcare workers enjoy continuous access to social and labour protections, as well as decent working conditions.

In March 2020, the IDWF released a statement urging governments to protect domestic workers' rights during COVID-19, including: the right to a safe and hazard-free workplace (including the provision of personal protective equipment); the right to paid sick leave and access to health care; the right to be paid wages and compensation according to their contracts and the law; and the right to information about how to stay safe while at work during the pandemic and how to protect their rights (IDWF, 2020). Countries such as Colombia, Costa Rica, Ecuador, and Mexico are showing the way by launching national awareness campaigns on guaranteeing the rights and safety of domestic workers.

Income support measures to compensate for domestic workers' lost earnings due to COVID-19 are also essential. In some countries, domestic workers have been identified as a target group for income support channelled through cash transfer programmes. In Thailand, domestic workers can register for a government transfer of USD \$150 per month if their ability to work and earn income has been affected by COVID-19. Domestic workers can access similar cash transfer programmes in Argentina, Brazil, Costa Rica, and Jamaica. Unfortunately, in many countries, migrant workers are not eligible for COVID-19 programmes and benefits because they are not citizens. However, in a best practice example, Portugal has granted all migrants and asylum seekers, including migrant domestic workers, temporary access to citizenship rights during COVID-19. This is a major step and could be a model for other countries.

Some countries have taken steps to strengthen social and legal protections for domestic workers in light of COVID-19. For example, the Chilean government recently acted to include domestic workers in national unemployment insurance. In Argentina, domestic workers can access paid leave for the duration of the country's mandatory lockdown. In Mexico, the Mexican Social Security Institute set up an online mechanism for the payment of monthly contributions by domestic >



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➤ workers, whereas before the pandemic payments needed to be made in person at banks. In terms of legal protections, Hong Kong made it unlawful under the Disability Discrimination Ordinance for employers to dismiss domestic workers if they contract COVID-19.

In order to strengthen national laws and policies to protect domestic workers, all countries should ratify ILO Convention C189 concerning decent work for domestic workers (ILO, 2011).

Governments must take action to promote social dialogue and ensure childcare workers' full and effective participation in decision-making around COVID-19 response and recovery measures. Working directly with childcare worker unions, associations, and groups, as well as childcare workers themselves (in both formal and informal employment), is the only way to ensure the introduction of context-appropriate measures that support and protect childcare workers, instead of undermining their ability to work and access their rights. In a best practice example, in Ecuador, an inter-institutional roundtable was set up to support the rights of domestic workers, with the participation of the Ministry of Labor, the National Council for Gender Equality, ILO, UN Women, and domestic worker unions. From this space, a statement of support for the rights of

domestic workers has been drafted and the creation of a mobile application has been promoted so that all domestic workers can access information about their rights.

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Due to the lack of formalisation in many countries, particularly LMICs, the childcare sector is limited in its ability to engage in collective action and collective bargaining with governments and employers. In regions where childcare workers have formed unions or associations, lost revenues and other challenges due to COVID-19 have made it increasingly difficult to access forms of assistance formerly provided by such organisations (Seghier, 2020). Formalisation is one path to support collective action and collective bargaining in the sector, which some countries are pursuing. For example, the Jamaican government is currently working in partnership with the ILO to increase formal employment in domestic work (ILO, 2020d). However, formalisation must be accompanied by effective means and procedures for childcare workers to report labour abuses, unfair dismissals, and violations of their rights through ministries of labour and workers' unions and groups.

It is also important to support programmes and adopt measures that promote and strengthen the capacity of childcare workers to organise and engage in policy advocacy. As such, these workers can provide a strong voice and representation for the needs and concerns of all workers in the sector. Childcare workers' unions and advocacy groups across geographies can learn from each other and can use the help of researchers to gather information and evidence in support of their policy advocacy. ●

**This section outlines** some considerations for financing childcare—and care more broadly—in COVID-19 response and recovery efforts. All countries, especially LMICs, are facing competing demands on their spending, as resources are devoted to fighting the pandemic and subsequent social and economic fallout. The limited fiscal space notwithstanding, an important issue is also what gets prioritised in budgets and public expenditures. Investment in care must be prioritised because it is both a catalyst for social and economic development and a prerequisite for a gender-equal recovery from the pandemic.

Investing in care, which has historically been chronically underfunded, can help boost employment, especially for women who have been disproportionately affected by loss of livelihoods. These investments have a direct impact by boosting employment and job retention in much-needed care services while also alleviating care constraints which keep women from work. Recent estimates for the United States suggest that investing USD \$77.5 billion per year in the care sector would support more than two million new jobs, at an average cost of USD \$34,496 per job (Paladino & Mabud, 2021). Over 10 years, this translates to 22.5 million new jobs. Annually, a USD \$77.5 billion investment in new jobs translates into USD \$220 billion in new economic activity. Previous research by the ILO corroborates that even in the short run (during the first year), a minimum of 17.5 percent of fiscal spending on the care sector can be recovered through increased employment (especially in female-dominated sectors) and tax revenues, with potentially larger effects in the long run (2018, p. 280). However, this research points out that this will require upfront fiscal prioritisation or fiscal expansion.

A crisis of this kind provides an opportunity for governments to explore previously unconsidered revenue-raising options to address the care crisis. For example, there are discussions happening right now at the OECD and in countries around the world regarding the introduction of

digital infrastructure for tax administration, cracking down on tax evasion and tax avoidance by individuals and corporations, increasing the use of property and carbon taxes, and raising personal income tax for the wealthiest (OECD, 2020b). It also provides an opportunity for governments to introduce innovative programmes that meet dual objectives, such as the aforementioned EPWP in South Africa, which uses a public works programme to generate employment while addressing care needs.

Financing the short-term care response and longer-term recovery effort will also require the mobilisation of private resources. Employers and the private sector have a role to play by enacting family-friendly workplace policies and arrangements to support employees' childcare needs. Not only are these measures the right thing for employers to implement to meet their obligations to employees, but the IFC has also shown that “employers who are urgently addressing the care needs of their employees during this emergency, especially of those in lower income settings, can achieve business sustainability, productivity, and profitability in the long run” (2020a, p. 1). The private sector can also be mobilised to work with governments and civil society organisations in private-public partnerships to deliver quality and affordable childcare services.

Dedicated support through foreign aid will be necessary for LMICs, which are facing the pandemic with weaker healthcare systems, larger informal sectors, growing unemployment, and smaller scope for fiscal policy and reforms. Donor organisations and international financial institutions (IFIs) must ensure that childcare is addressed holistically in all COVID-19 fiscal stimulus and relief packages to LMICs. Specific measures include the provision of standalone support for childcare through targeted programming and initiatives, as well as investments in the childcare sector and in gender-responsive public services and infrastructure. It also includes integrated ➤

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➤ “care analysis” of the impact of fiscal stimulus packages provided to countries to ensure this support is having its intended effect and not simply reinforcing women’s and girls’ unequal responsibility for care. This analysis is currently lacking. Amnesty International notes that childcare and unpaid care work remain absent from the stimulus packages and emergency measures being announced (Mercado et al., 2020).

New analysis by Oxfam (2020) finds that 84 percent of the International Monetary Fund’s COVID-19 loans encourage, and in some cases require, poor countries to adopt tougher austerity measures that “could result in deep cuts to public healthcare systems and pension schemes, wage freezes and cuts for public sector workers such as doctors, nurses and teachers, and unemployment benefits, like sick pay.”

These types of measures disproportionately disadvantage the poor and women, whose unpaid care work must compensate for the shortfall in access to social services. There are, however, some positive examples of how donors and IFIs are addressing childcare as part of COVID-19 response and recovery efforts (see Box 4).

Countries need to recognise the cost of inaction. The pandemic has amplified the childcare crisis—and that of care work more broadly—aggravating gender inequalities in society and the labour market. Ultimately, there is no economic recovery unless paid and unpaid care are addressed. Financing is an important consideration, but the real conversation to be had is around political will and recognising the critical role that care plays in the wellbeing of households, societies, and economies globally. ●

#### Box 4:

##### How donors and IFIs are addressing childcare as part of COVID-19 response and recovery efforts

In Lebanon, UN Women is advocating for the government to implement a cash-for-care programme, targeted at women who left the labour market due to increased care responsibilities as a result of COVID-19. In addition, UN Women is working with several other partners to provide technical support to the Lebanese Government to develop a revised and comprehensive social protection framework as part of the country’s economic stimulus package.

In St. Lucia, UN Women is reprioritising social protection and childcare interventions to respond to the current context by strengthening the coordination and provision of services (health, school meals, transportation, housing, and daycare) to beneficiaries of the country’s public assistance programme.

UNDP and UN Women are providing technical support to the government of Niger to develop a social protection framework for informal workers, with a focus on domestic workers, to inform the post-COVID-19 recovery period.

In view of the pandemic, the IFC has constituted a Global Tackling Childcare Advisory programme that works with companies across regions and sectors to aid the implementation of family-friendly workplace policies that go beyond childcare to include flexible work arrangements, paid leave, and breastfeeding support. Thus far, the programme has helped several companies in countries like Bangladesh, Fiji, Myanmar, Pakistan, and Sri Lanka “assess childcare needs, develop and carry out action plans, share knowledge, and measure and make the business case for investing in childcare” (IFC, 2020b, p. 1)

## Childcare and the road for post-COVID-19 recovery and resilience

**The COVID-19 pandemic** is compounding pre-existing inequalities and disproportionately impacting women and girls, especially those belonging to marginalised groups. Early on in the crisis, United Nations Secretary-General António Guterres warned that the pandemic “is having devastating social and economic consequences for women and girls... [which] could reverse the limited progress that has been made on gender equality and women’s rights” over the past 25 years (Guterres, 2020). Global gains in the areas of health, education, employment, and more are all at risk of being eroded. The ways that COVID-19 has increased the demand for childcare in households and communities, and the challenges associated with providing it, are front and centre around the world.

Yet there is also reason for optimism. At the household level in many countries, more men are participating in unpaid care work, including childcare, than ever before. The reorganisation of household care work in light of the stresses placed on it by COVID-19 provides an opportunity to influence social norms around childcare well into the future. In society more broadly, conversations around childcare have become mainstream in an unprecedented way, sparking renewed energy in the push for quality, affordable, and publicly funded childcare. Investing in childcare is also a massive, gendered employment opportunity, which can increase decent employment options for childcare workers and open up women’s opportunities to participate in the labour market.

A strong policy response can help to take advantage of this opportunity to rebuild our

economies and proactively sustain some of the positive shifts taking place. However, limited action has been taken so far, especially in LMICs. Only 8 percent of global economic responses to the pandemic have addressed unpaid care, including childcare, and two-thirds of countries have enacted no measures at all in this respect (UN Women & UNDP, 2020a). Those which have are mostly high- and upper-middle-income countries, which is partly a reflection of pre-pandemic investments and available financial and administrative capacity. It is also a reflection of where policy priorities lie.

This paper has recommended a range of policy solutions and measures available to tackle the COVID-19 exacerbated childcare crisis and pave the road for post-COVID-19 recovery and resilience. Together, these recommendations are aimed at promoting a comprehensive childcare agenda and at recognising the provision of quality childcare as a societal responsibility—as opposed to women’s responsibility alone. We acknowledge that there will ultimately be trade-offs that countries will need to make and our goal has been to present a broad range of available evidence, examples, and promising practices to help countries decide how best to allocate their finite resources and chart a path forward.

The childcare crisis is not new, but COVID-19 has made it more visible globally and intensified its effects. The pandemic presents an opportunity to rectify past failings to take seriously the issue of childcare in social and economic policymaking. The actions we take now will define the future for generations to come. ●



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## Appendix A:

### Experts who participated in key informant interviews

No.	Name	Organization
1.	Patricia Kitsao-Wekulo	African Population Health Research Center
2.	Anita Gurgel	International Finance Corporation
3.	Sherrilee Ann Le Mottee	International Finance Corporation
4.	Emanuela Pozzan	International Labour Organization
5.	Umberto Cattaneo	International Labour Organization
6.	Elizabeth Tang	International Domestic Workers Federation
7.	Roula Seghaier	International Domestic Workers Federation
8.	Sharan Burrow	International Trade Union Confederation
9.	Sabrina Habib	Kidogo
10.	Lucia Fry	Malala Fund
11.	Sumitra Mishra	Mobile Creches
12.	Gary Barker	Promundo
13.	Susan Thomas	Self Employed Women's Association
14.	Laxmi Thakur	Seva Mandir
15.	Papa Seck	UN Women
16.	Silke Staab	UN Women
17.	Beatrice Alukonya	UN Women Kenya
18.	Rachel Moussié	Women in Informal Employment: Globalizing and Organizing
19.	Tea Trumbic	Women, Business and the Law
20.	Kehinde Ajayi	World Bank Africa Gender Innovation Lab
21.	Markus Goldstein	World Bank Africa Gender Innovation Lab

## Appendix B:

### Experts who participated in the virtual consultation

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No.	Name	Organization
1.	Greta Schettler	Bill & Melinda Gates Foundation
2.	Jacques Charmes	French Scientific Research Institute for Development
3.	Sumitra Mishra	Mobile Creches
4.	Francesca Bastgali	Overseas Development Institute
5.	Rachel Marcus	Overseas Development Institute
6.	Diane Elson	University of Essex
7.	Nancy Folbre	University of Massachusetts Amherst
8.	Maitreyi Das	World Bank
9.	Erin Bresnahan	WORLD Policy Analysis Center
10.	Charity Moore	Yale University

## Appendix C:

### Guiding questions for key informant interviews

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1. How has COVID-19 impacted women's unpaid care work and childcare in the areas that you work?
2. How is your organisation responding to this impact?
3. Has your organisation conducted any surveys or other data collection to understand the impact of the pandemic on women's unpaid work and childcare? If yes, could you please share the key findings? Is the report available to the public yet?
4. What kind of trends are you observing in terms of [government, private sector, civil society] responses to the COVID-exacerbated childcare crisis, especially in LMICs?
5. Are you aware of any known or promising/innovative solutions to address the care crisis that can be explored/advocated for in different contexts?
6. Where do you see gaps in the current response to the childcare crisis?
7. Are you aware of COVID-19-specific fiscal and implementation challenges that need to be taken into account for a policy response, especially in LMICs?
8. As we are still in the information gathering phase of the research, could you please share any recent resources on this topic that you have found particularly informative or that may not be available online?