

# CARE IS ESSENTIAL INFRASTRUCTURE

The Case of the Philippines



FIELDWORK PH



OXFAM  
Pilipinas

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### ABOUT THIS REPORT

This research is part of a broader reflection of Oxfam on care that aims to layout the definitions, debates, demands, and conceptualizations of what care infrastructure entails across multiple country contexts where the organization is present. This objective includes examining the intra-country differences of conceptualizing care infrastructure across various sectors comprising national and local governments, private sector, communities, and civil society organizations. The multi-country research also intends to contextualize what care infrastructure investment entail in relation to the broader economic, social, and political policies and initiatives in both the pre- and post-COVID-19 contexts.

The collaboration between Oxfam Pilipinas and Fieldwork PH is aimed towards the fulfillment of these broader goals. This research will serve as one of the components of the Oxfam US' comparative study on care infrastructure across several countries.

The research does not necessarily reflect the views of Oxfam Pilipinas or their partners, and neither can be held liable for its contents. The report benefited from the reviews of Namalie Jayasinghe, Rowena Laguilles-Timog, and Jenifer Tiu.

### ABOUT THE COVER

Ruth is a mother of 7 in the Philippines. Motherhood is a full-time job and one she is very proud of doing. She is the first to wake up, feeding the kids and getting them ready for school, and the last to sleep after she cleans the house and washes everyone's clothes.

Her husband, a tricycle driver, helps when he can. Especially after the birth of their young baby, he now does the laundry and fetching water. If Ruth had more free time, she would want to run her own small business.

Care work often takes up a lot of time for women and girls – leaving little to no time for work, study or leisure. (Photo: Jed Regala/Oxfam Pilipinas)

## OXFAM PILIPINAS

Oxfam is an international confederation working in 80 countries to build a future free from the injustice of poverty. Oxfam Pilipinas is one of the 21 affiliates that make up the confederation. Oxfam works together with more than 2,500 partner organizations, as well as allies and communities. Oxfam is a global community of people who believes in a kinder, and radically better world, where everyone has the power to thrive not just survive.

The team comprising Oxfam Pilipinas for this project include Erika Ione Gay Geronimo (Executive Director), Leah Payud (Resilience Portfolio Manager), Randee Cabaces (MELSA Manager), Aprille Graze Nazaret (Resilience Portfolio Officer – MELSA), Pent Elyria Dawn V. Liongson (Resilience Portfolio Officer), Rosianette Cadayong-Caalim (MELSA Officer – Knowledge Management and Accountability), and Erielle Esturas (Senior Officer for Communications and Information Management).

## FIELDWORK PH

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The team that designed and conducted this study include Cleve V. Arguelles (Executive Director), Joshua Angelo E. Bata (Chief Operations Officer), and Mariel S. Quiogue (Senior Fellow and Feminist Researcher). This study is also made possible by the contributions of Davijay Leighton D. Engay (Research Assistant), and our field staff: Carmela Francesca S. Adelantar (Iloilo City), Fiona Mae Lopez (Municipality of Mangaldan), and Zenon V. Pestano (Quezon City).

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# ACRONYMS

<b>4Ps</b>	Pantawid Pamilyang Pilipino Program (Conditional Cash Transfer Program)
<b>ABSNET</b>	Area Based Standards Network
<b>BARMM</b>	Bangsamoro Autonomous Region of Muslim Mindanao
<b>BHERT</b>	Barangay Health Emergency Response Team
<b>BHW</b>	Barangay Health Worker
<b>BNS</b>	Barangay Nutrition Scholar
<b>BSP0</b>	Barangay Service Point Officer
<b>COA</b>	Commission on Audit
<b>CSO</b>	Civil Society Organization
<b>DILG</b>	Department of Labor and Employment
<b>DOLE</b>	Department of Labor and Employment
<b>DSWD</b>	Department of Social Work and Community Development
<b>FGD</b>	Focus Group Discussion
<b>GAD</b>	Gender and Development
<b>GEWE</b>	Gender Equality and Women’s Empowerment
<b>ICWF</b>	Iloilo Children’s Welfare Foundation
<b>IRA</b>	Internal Revenue Allocation
<b>KII</b>	Key Informant Interview
<b>LGBT</b>	Lesbian, Gay, Bisexual, Transgender
<b>LGU</b>	Local Government Unit
<b>MDC</b>	Municipal Development Council
<b>MLG00</b>	Municipal Local Government Operation Officer
<b>MSWDO</b>	Municipal Social Work and Development Office
<b>NAPC</b>	National Poverty Commission
<b>NGO</b>	Non-Government Organizations
<b>PESO</b>	Public Employment Service Office
<b>POC</b>	Points of Contact
<b>PWD</b>	Person With Disability
<b>RHU</b>	Rural Health Unit
<b>SDG</b>	Sustainable Development Goals
<b>SIGA</b>	Small Income Generating Assistance
<b>SIM-CARRD</b>	Sustainable Integrated Area Development Initiatives in Mindanao - Convergence for Asset Reform and Regional Development
<b>SSDD</b>	Social Services Development Division
<b>SWADA</b>	Social Welfare and Development Agencies
<b>SWDO</b>	Social Welfare and Development Office
<b>TESDA</b>	Technical Education and Skills Development Authority
<b>VAWC</b>	Violence Against Women and Children
<b>WE-Care</b>	Women’s Economic Empowerment and Care

# EXECUTIVE SUMMARY

The ongoing COVID-19 pandemic has revealed the dependence of our societies on systems of care and caregiving to survive and thrive. This support system, however, has been mostly unpaid if not totally unrecognized for far too long. Its resulting negative effects have disproportionately affected women and girls around the world, especially in the Global South.

Oxfam has actively worked on context-specific evidence on care work by engaging with communities, governments, the private sector, and civil society through their Women's Economic Empowerment and Care (WE-Care) Program since 2013. This research is part of Oxfam's ongoing reflection and work on care that examines conversations and debates on care infrastructure and care infrastructure investments in the Philippines. The study also discusses the connection between care infrastructure investments and macro-level socioeconomic policies and civil society initiatives. Through four case stories, the research outlines examples of care infrastructure (non)investments and its influence to women's economic empowerment.

The study defines care infrastructure as a network of structures, frameworks, and systems that enables and supports the delivery, access, and provision of care to a wide segment of the population that is necessary for survival and well-being, particularly to those who have less in life. This report puts forward a typology of care infrastructure investments in the Philippines – physical care infrastructure, care services, care policies and regulations, employment-related care provision, and norm-reorienting investments. The typology encompasses a broad range of investments that is a result of the desk review on investments and articulated demands on care infrastructures by placing emphasis on care actors: governments, civil societies, businesses, and communities.

To examine (non)investments in care infrastructure is to understand how key actors of the society and community members understand and pay attention to it. Conscientization is vital in this regard since it opens-up pathways to transform our consciousness concerning care. Continuously educating the population about care and why we need to value care can define clear demands surrounding care infrastructure investments. Otherwise, the public-private divide on care provision, and the deeply-ingrained binary perspectives on sex and gender roles on care will continue because we are socio-culturally conditioned to accept it.

The study finds that the various care infrastructure investments, as proposed by this research (i.e., physical care infrastructure, care services, care policies and regulations, employment-related care provision, and norm-reorienting investments) largely remain to be a by-product of other programs and initiatives. One of the reasons for this is the absence of a care agenda or a rights-based approach to care that can articulate how care-related needs are ensured and care providers' well-being is taken into account.

In understanding the links between care infrastructure investments and socioeconomic policy responses to COVID-19, Local Government Units (LGUs) point out that even though they would want to provide specific needs of their constituents, they are often limited by the national government-prescribed programs. The findings indicate that LGUs situate their care-related initiatives in gender and development programs and sometimes even in socio-economic programs. In the perspective of LGUs, they could maximize the mandate of the GAD budget by prioritizing care-related initiatives.

The GAD policy is the government's gender mainstreaming strategy for two areas: 1) making women's and men's experiences a vital dimension of the design, implementation, monitoring, and evaluation of policies,

programs, and projects in all spheres for women and men to benefit equally, and 2) assessing the implications for women and men of any planned action, including legislation, policies or programs in all areas and at all levels. This finding suggests that GAD programs may provide an opening to integrate explicit articulation of care-centric approaches in policies.

There are civil society organizations (CSO), non-government organizations (NGO), and women's rights movements that push for a care agenda advocating and emphasizing a care-centric approach in policies and programs – requiring care infrastructure investments. An example of such agenda is the 5R framework that lays the foundation for the recognition, reduction, redistribution, representation, and reward for unpaid care and domestic work.

In combination with the desk review, the study conducted key informant interviews to build case stories demonstrating how (non)investments in care infrastructure have affected women's lives and livelihood across four types of pre-selected communities: (1) WE-Care program area, (2) non-WE-Care program area, (3) urban community, and (4) rural community. The study finds that respondent's experiences from WE-Care area and non-WE-Care area are different in terms of availability and access to care infrastructure investments. In WE-Care areas, care infrastructure investments in place due to Oxfam's initiative show how such investments address women's needs and potentially contribute to women's economic empowerment. In contrast, in non-WE-Care area, the case story highlights the limited care infrastructure investments and only a few of such focus on women's needs and their economic empowerment. In urban and rural communities (both non-WE-Care areas), the understanding of respondents of what care infrastructure investments entail to women's economic empowerment is also limited. They were unable to perceive if care infrastructure investments have specific impacts on women's needs and their economic empowerment because they view such investments supporting the needs of the general population and not just of women.

In conclusion, the study finds that care infrastructure investments in the Philippines exist, although they are often inadequate or they are not geared towards care provision and support per se. We find these investments limited in scope to promote women's economic empowerment because these investments are direct products of vital norms and practices underpinned by the public-private divide of care provision. Unfortunately, even if women are encouraged to participate in the productive sphere to promote economic empowerment, this becomes an added burden as their reproductive work do not automatically disappear or diminish. Now, women have to juggle both productive and reproductive work without always having the privilege to share reproductive work within the family or outsourcing it to other institutions or people. Therefore, women cannot be fully economically empowered as there are still invisible shackles that bound them to the home. Still, gender justice cannot be achieved due to the inadequacy of care infrastructure investments that may result to further economic and social inequality.

# KEY INSIGHTS

- a. In the Philippines, national and local policy conversations about care infrastructure is limited. Care infrastructure is always understood in the context physical infrastructures, either buildings or facilities.
- b. Civil society organizations and women’s rights movements have a clearer articulation on the links between the issue of care and women’s economic empowerment. CSOs and WROs recognize the value of women’s unpaid care work and its vital role to economic development, as women remain to be absorbers of care related tasks needed to fuel the economic system.
- c. The appreciation, understanding, and explicit articulation on the role of care for the country’s well-being has been lacking in public policy, although care and care-supporting policies exist. This situation is also reinforced by the assumed public-private divide, wherein care is situated in the private so it is rarely given attention in the public, political sphere. There is, thus, a lack of a “care agenda” that may explicitly provide a framework on care. The post-pandemic transition to the “new normal” provides a unique opportunity for the conversations on care to start.
- d. The current understanding of care work in general, and of unpaid care work in particular, is closely linked to the expectation that care work is a woman’s job. This is further reinforced by existing socio-cultural conditioning that providing care is the natural role of women and girls. Such an understanding results to a limited expectation among the general public for policy makers and the society to invest in care infrastructures as care is expected to be provided by the family for free. This expectation renders the location of care as limited to a household issue.
- e. The current care infrastructure investments in the country are a by-product of other ongoing policies or programs by the civil society, the government, and the private sector. As an example, local governments emphasized that they cannot implement a separate project specifically dealing with care because it will be considered as redundant with existing policies such as the gender and development (GAD) policy and health policies. In their understanding, care infrastructure is within the ambit of the GAD budget of their cities or municipalities, so there is no need to pay a separate attention to it.
- f. Existing care infrastructure investments, despite being a tangential outcome of government policies and programs, have the potential improve the lives of women in the community. It granted them time freedom and allowed them to participate in productive work, improving their economic well-being, but not necessarily a reduction of their time spent on care work.
- g. Lastly, based on current investments and articulated demands on care, the study identifies five broad types of care infrastructure investments in the Philippines: physical care infrastructure, care services, care policies and regulations, employment-related care provisions, and norm-reorienting investments.



# INTRODUCTION

The COVID-19 pandemic revealed the fragility of our care-dependent societies, disproportionately affecting women and girls around the world, especially in the Global South in terms of their capabilities and economic opportunities<sup>1</sup>. The unequal and gendered impacts of the pandemic-induced crises mirror research findings demonstrating that during economic, political, social, and environmental shocks, such as austerity measures<sup>2</sup>, natural hazards<sup>3</sup>, economic downturn<sup>4</sup>, displacement or armed conflict<sup>5</sup>, women and children bear the negative effects of these more than men.

The COVID-19 pandemic did not only reveal the weakness of existing institutions and structures in responding to the reverberating effects of the health crisis, it also uncovered the vital role care plays to personal and familial well-being, the functioning of societies, and even of economies. Policy responses during the pandemic, and recovery plans or initiatives after provide a window of opportunity to put forward a care-centric approach.

A care-sensitive recovery has been pushed recently, yet the policy space in the Philippines has been slow in responding to such initiatives. This sluggish response can be associated with how care is valued or recognized in the country. The various understanding of care influences care agendas, including what should be considered as care infrastructure, its necessity, and therefore, the level of care infrastructure investment required could contextualize the reasons for the lack of articulation of care utility in policies and initiatives<sup>6</sup>. It is along this thinking that the report will begin the discussion on care perspectives and its related care agenda in the Philippines. By proceeding this way, the study can trace the rationale behind current investments on care infrastructures.

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<sup>1</sup> Baird, M. (2020). Covid-19 and Women's Economic Participation. (Investing in Women & The University of Sydney Business School), <https://investinginwomen.asia/wp-content/uploads/2020/05/Report-COVID-19-and-Women's-Economic-Participation.pdf>; Dugarova, Esuna, Unpaid Care Work in times of the COVID-19 crisis, UNDP, 18 June 2020, <https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2020/06/Unpaid-care-work-in-times-of-the-COVID-19-crisis.Dugarova.pdf>; Khullar, A. (2021). COVID-19: Impact on Women in the Philippines. (Institute of Peace and Conflict Studies), [http://www.ipcs.org/comm\\_select.php?articleNo=5787](http://www.ipcs.org/comm_select.php?articleNo=5787); Oxfam International. (n.d.). *Not all gaps are created equal: the true value of care work*. Oxfam International, <https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work>

<sup>2</sup> Bohoslavsky, J.P. (2019). *The Impact of Economic Reforms and Austerity Measures on Women's Human Rights*. (New Jersey, USA: Center for Women's Global Leadership), [https://www.ohchr.org/sites/default/files/Documents/Issues/Development/IEDebt/WomenAusterity/UserFriendlyVersionReport\\_EN.pdf](https://www.ohchr.org/sites/default/files/Documents/Issues/Development/IEDebt/WomenAusterity/UserFriendlyVersionReport_EN.pdf)

<sup>3</sup> Ramachandran, S. & Sacra-Dejucos, R.J. (2022). *Her Stories Beyond Numbers: Women at the Forefront of Typhoon Response and Recovery in the Philippines*, <https://www.undp.org/philippines/blog/her-stories-beyond-numbers-women-forefront-typhoon-response-and-recovery-philippines>; Tanyag, M. (2018). Resilience, Female Altruism, and Bodily Autonomy: Disaster-induced displacement in post-Haiyan Philippines. *Journal of Women in Culture and Society*, Vol 43. No. 3, DOI: 0097-9740/2018/4303-0004\$10.00

<sup>4</sup> Cabrera M., et al. (2010). Feminised recession: impact of the global financial crisis on women garment workers in the Philippines. *Gender and Development*, Vol.18 No.2. (Oxfam GB and Routledge), DOI: 10.1080/13552074.2010.491327, <https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WG/ReproductiveHealthRights/othercontributors/drmariatanyag/6.pdf>

<sup>5</sup> Koos, C. (2017). Sexual Violence in armed conflicts: research progress and remaining gaps. (*Third World Quarterly*, Vol 28, issue 9), <https://doi.org/10.1080/01436597.2017.1322461>

<sup>6</sup> Esquivel, Valeria. *Care in Households and Communities*, Oxfam International, October 2013,

<https://www.shareweb.ch/site/Gender/Documents/Topics/Economic%20Empowerment/equivel-care-background-071013-en.pdf>

## Defining Care

The concept of care and care work is considered to be a part of the private sphere, the realm/sphere of the family. The public-private divide has long been a part of feminist writing, as this reinforces the gender binary and gender division of labor<sup>7</sup>. Men are considered to be main actors in the public (productive) realm, while women are to remain in the private (reproductive) realm, tending to their reproductive work<sup>8</sup>. Their reproductive work ties women to tasks and activities linked to care of the family and upkeep of the home. In this sense, women are limited to the household and are not always encouraged to perform productive and paid work, as their reproductive work disadvantages them in the productive, public sphere.<sup>9</sup>

We can also draw distinctions between the narrow and broad definitions of care. The narrow definition of care pertains to the provision of direct or supervisory care and domestic work for dependent adults and children and those who are sick, while the broad definition involves the daily work of sustaining life and well-being.

Broadly speaking, care work involves the provision of services, time or effort, and money to meet the physical and emotional requirements of an individual, and the normative, economic, and social frameworks within which these are assigned and carried out<sup>10</sup>.

Care work also stems from the concept of the invisible and unrecognized reproductive work done by women in the household in order to support and sustain their family members (or in the case of paid care workers, their employers) who are participating in productive and paid work<sup>11</sup>.

There is also a clearcut distinction between unpaid and paid care work. In practice, the former involves direct care of people by household members, such as looking after a child or caring for adults who are sick or frail, and indirect care of people such as doing household work and cooking. The latter includes professional care that individuals can obtain from home care services (e.g., house help or “kasambahay”), hospitals or health care centers, orphanage, home for the aged or nursing homes. In all of these, it is women, specifically poor women and girls who undertake more than three-quarters of all unpaid work and make up two-thirds of the paid care workforce globally<sup>12</sup>.

In the Philippine context, perspectives on care and who provides care (i.e., the care diamond<sup>13</sup>) shape the delineation of responsibilities and priorities set in the policy landscape (i.e., the welfare regime<sup>14</sup>). Initiatives from civil societies, feminist and women’s movements and the academe to some extent, influence the conversations on care and care-related policies.

There are also practices and initiatives by the private sector and communities that exemplify care-centered efforts. This paper will focus on how care infrastructure investments are framed, conceptualized, implemented and perceived in the Philippines.

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<sup>7</sup> Tanya Ann Kennedy. *Feminism and the Public/Private Divide*. Keeping up Her Geography, 2007, Ebook ISBN: 9780203944493

<sup>8</sup> Ibid.

<sup>9</sup> Mignon. Duffy. *Doing the Dirty Work: Gender, Race, and Reproductive Labor in Historical Perspective*, June 2007, DOI: <http://www.jstor.org/stable/27640972>

<sup>10</sup> Clare Coffey, et al. *Time to Care: Unpaid and underpaid care work and the global inequality crisis*, Oxfam International, January 2020, DOI: 10.21201/2020.5419

<sup>11</sup> Mignon. Duffy. *Doing the Dirty Work: Gender, Race, and Reproductive Labor in Historical Perspective*, June 2007, DOI: <http://www.jstor.org/stable/27640972>

<sup>12</sup> Ibid.

<sup>13</sup> Razavi (2007, in [Budlender, 2011](#)) proposed the care diamond as a framework for analyzing institutions capable of providing care, namely the family / household, market, public sector, and not-for-profit sector. The framework aims to determine the manner and the extent national governments have in recognizing and valuing care work in relation to paid domestic work. The care diamond recognizes that even though the ordinary housework functions are typically restricted to the domain of the family, governments may still introduce subsidy programs for care and housework for the vulnerable groups of society.

<sup>14</sup> The welfare regime is understood as a specific combination of welfare programs and institutions, including its intended outcomes. In the Philippines, several components of care is mostly subsumed within or converges with social welfare.

Beyond capturing care perspectives and the care agenda, this research intends to describe current debates and conversations about care infrastructure (non)investments in the Philippines. The study focuses on the national and local government policies, but also extends to civil society, community, and private sector initiatives. This research developed a proposed definition and typology of care infrastructure investments in the Philippines based on existing investments and articulated demands surrounding care. Likewise, this research outlines how care infrastructure investments are being integrated into ongoing socioeconomic policy responses and civil society or community initiatives in the time of crisis, specifically the COVID-19 pandemic.

## Objectives of the Study

The key questions of this research are the following:

1. How is care infrastructure framed and conceptualized in the Philippines?
2. How are care infrastructure investments connected to macro-level socioeconomic policies and civil society initiatives in the Philippines?
3. Through four case stories, what are the examples of care infrastructure (non)investments that influences women's economic empowerment and gender justice?

The first part of the research process involved a desk review to map out conversations on care infrastructure in the Philippines. The study captured conversations on care infrastructure by situating these within articulated rationales of care policies and initiatives. An initial typology of care infrastructure investments materialized from the review, which guided the selection of specific areas for field work. The case stories highlight contexts and differences on the notions of care and narratives identifying potential impact of the presence or absence of care infrastructure investments on women's economic empowerment between rural and urban areas, and between WE-Care<sup>15</sup> and non-WE-Care communities.

Following this introduction, the next section discusses the methodology. The third section outlines current perspectives on care and its resulting care agenda to set as the backdrop for discussing care infrastructure investment typologies. The fourth section provides contexts reasons why care is not considered an infrastructure in the Philippines. The fifth section highlights sector-specific perspectives on care infrastructure investments. The sixth section discusses links between care infrastructure investments and macro socioeconomic policies, while the section after explores the links between care infrastructure investments and civil society initiatives. The eighth section presents the typology of care infrastructure investments. The last section discusses each case story and their comparison.

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<sup>15</sup> We-Care (short for Women's Economic Empowerment and Care) is an initiative of Oxfam to gather evidence on unpaid care and domestic work and propose possible innovative interventions and influence policies in responding to care as part of women empowerment. The We-Care Program was able to reach at least ten countries around the world and become integrated with the existing Oxfam programs and projects in the respective localities.

# METHODOLOGY

Desk review and field research was conducted sequentially to fulfill the objectives of this study. Main work on the desk review ran from 20 July 2022 to 1 August 2022, while field research was conducted between 19 -31 August 2022.

In total, the study reviewed 72 articles, reports, academic literature, laws, and regulations. This research used open-source documents and subject-matter expert recommended literature in English or Filipino. Except for legal instruments and key documents, the report only focused on literature published between 2007 and 2022 to better manage the review. This research conducted a targeted search of literature for each sector, the government, private sector, civil society, and communities since sole reliance on open-search engines does not give tailor-fit results<sup>16</sup>.

We conducted 31 key informant interviews (KII)<sup>17</sup> and designed two sets of questionnaire guide for local leaders and community members, respectively. Eight respondents are from Iloilo City (non-We Care area), nine from the municipalities of Alamada, Pigcawayan, and Libungan in North Cotabato (We Care area), six from the Municipality of Mangaldan (rural), and seven from Quezon City (urban), and one subject-matter expert from the academe. Below are the reasons why these specific field sites were chosen:

NORTH COTABATO (WE-Care Area)	ILOILO CITY (Non-WE Care Area)
<p>North Cotabato was chosen as the specific WE-Care study area with an expectation of capturing care components within the Islam social norms and how care infrastructures are placed in relation to these norms.</p>	<p>Iloilo City has various programs focused on providing care. Some of these programs are as follows:</p> <ul style="list-style-type: none"> <li>- Iloilo City Government Children's Learning Center for Iloilo City Hall employees</li> <li>- Iloilo City Council of Women</li> <li>- Bantay Abuso Project</li> <li>- Maternal, Neonatal and Child Health and Nutrition Program</li> <li>- Pag-ulikid sang Syudad Program – community outreach program through providing healthcare services for the elderly</li> <li>- Iloilo City Home Care Support Services Ordinance</li> </ul>
<p>Quezon City (Urban Area)</p> <p>Quezon City has several programs to address care needs such as: 1st Breastfeeding Station in 2012, Maternal &amp; Child Care Program and, Community-Based Mental Health</p>	<p>Mangaldan, Pangasinan (Rural Area)</p> <p>Mangaldan was chosen as desk review indicates that there is a lack of care infrastructure or even care services in their area.</p>

We interviewed diverse respondents for case stories -- women and men, one gay, and one transwoman from the community and several government offices. Throughout this report, we anonymized names of respondents.

<sup>16</sup> See Annex A for a detailed discussion on how the study conducted the desk review.

<sup>17</sup> See Annex B for KII guide questions.

In Iloilo City, we interviewed respondents from Lapaz district. The community respondents are as follows: (1) a single mother with two children, who owns an eatery and active in attending barangay assemblies, (2) a 27-year-old homemaker with three children and a pedicab driver husband, and (3) a member of the LGBT community working as a customer service representative. Local officials we interviewed are composed of the following: (4) a barangay official who has been in public service for more than a decade, (5) an officer of the city Social Welfare and Development Office (SWDO), and (6) lastly, a Councilor responsible for the Committee on Social Welfare and Health.

In the province of Cotabato, we interviewed respondents from Barangay Rangayen, Municipality of Alamada; Barangay Grebona, Municipality of Libungan; and Barangay Libungan Toretta, Municipality of Pigcawayan. The community member respondents are composed of the following: (1) a male barangay health worker (BHW) and a leader of a local organization who partnered with SIM-CARRD<sup>18</sup> for the We-Care Program, (2) a female BHW and a leader of the women's organization in Libungan Torreta, (3) a male president of a local organization managing the water system and a former barangay kagawad who remains to be active in the barangay, (4) a female secretary of a local organization who also maintains a small business she obtained from a livelihood program. Respondents who are local officials are composed of the following: (5) a municipal SWDO, (6) a councilor and a former mayor of Alamada, and (7) a female barangay captain. We also interviewed (8) Christian Almendral from SIM-CARRD, the local partner of Oxfam for the WE-Care Program.

In Mangaldan, our respondents are composed of three community members: a single mother working as a make-up artist to support her child, a daughter who was not able to go to college so she can help support her family, and a gay hairdresser who is the family's breadwinner, and three government workers: a female Barangay Nutrition Scholar, a male municipality councilor handling the Committee on Education, and a female municipal SWDO officer.

In Quezon City, two out of three of the community respondents interviewed come from a low-income community, while the other lives in a relatively more prosperous barangay, not too far from where the other two live. Our community respondents are composed of (1) a mother, (2) a male president of a Christian church in their community, who both live in the depressed community, and (3) a transgender who lives alone and an active member of an LGBT group in their community. Among the local government respondents, we interviewed (4) a Barangay Councilor who is also part of the LGBT community, and (5) one of the heads of the City Social Services Development Division (SSDD).

We also conducted a key informant interview with a subject-matter expert on unpaid care work and early childhood care and development. Excelsa C. Tongson, PhD. is currently the Deputy Director for Training, Outreach, and Extension Program of the UP Center for Women's and Gender Studies, and an Assistant Professor at the UP Diliman College of Home Economics. She has written several scholarly articles on unpaid care work and continues to shed light on this seemingly invisible issue.

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<sup>18</sup> Sustainable Integrated Area Development Initiatives in Mindanao – Convergence for Asset Reform and Regional Development or SIM-CARRD.

# CARE IN THE PHILIPPINES


In the Philippines, care and care work primarily remain to be a private activity done by members of the family. There is a dominant view that care starts from the family because everything starts from the family<sup>19</sup>. The family is the primary source of care because it is connected to the care of a mother as they are expected to care for individuals from birth until they can do it on their own. This normative expectation conditions everyone to think that care begins in the family, as a product of a whole socio-cultural conditioning<sup>20</sup>. How an individual is taken care of in this context directly connects to how well a family functions, how adequately mothers manage her household, or how affluent a household or an individual is to access paid care. This brings to light the problem of having access to high-quality and affordable care especially if a woman wishes to participate in productive work.

Care is closely tied to the affective aspect of life and can be seen in varying levels or degrees in the Philippine context: there is *"pag-aalaga,"* you take care of the person because you need to or you provide for their basic needs; there is *"pag-aaruga,"* a deeper variation of care, where you are not only providing for their basic needs, but you are also showing them concern; and there is *"pag-kandili,"* where you are nourishing, caring, and supporting them<sup>21</sup>.

Despite relative advancement in various gender equality indicators<sup>22</sup>, (i.e. legal frameworks that promote, enforce and monitor gender equality in employment and economic benefits) gendered expectations surrounding care provision remain an area where the Philippines could improve to further advance gender equality and women empowerment. One indication of this gendered expectation is the unequal treatment on parental leaves. An expectant mother has access to 105 days of paid leave, while expectant fathers only have 7 days of paid leave and female solo parents have access to 22 days of paid leave<sup>23</sup>. Another example of pervasive gendered expectation on care can be seen in figure 1, which is lifted from a learning module for grade school students<sup>24</sup>.

**Figure 1: Gendered expectations on care in learning materials in the Philippines**

**Activity 7**



Let us further enrich your vocabulary by undertaking this Activity.

**Society Says**  
 In your activity notebook, copy the table as shown below and write words or phrases that you associate with the words masculine and feminine.

GENDER ROLES	
<b>MASCULINE</b> Example: breadwinner	<b>FEMININE</b> Example: babysitter

20

Source: Department of Education, Health module

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Interview with Excelsa C. Tongson, PhD., Deputy Director for Training, Outreach, and Extension Program of the UP Center for Women’s and Gender Studies, and an Assistant Professor at the UP Diliman College of Home Economics. Dr. Tongson is a subject-matter expert on unpaid care work and early childhood care and development.

<sup>22</sup> UN Women. (2020). Philippine Country Profile. (UN Women – Women Count Hub), <https://data.unwomen.org/country/philippines>; David, C.C., Albert, J.R.G., Vizmanos, J.F.V. (2018) Sustainable Development Goal 5: How Does the Philippines Fare on Gender Equality?. Research Paper Series No. 2018-04. (Quezon City: Philippine Institute for Development Studies).

<sup>23</sup> CSC, DOLE, and SSS. (2019). Implementing Rules and Regulations of Republic Act No. 11210, <https://www.dole.gov.ph/wp-content/uploads/2019/05/IRR-RA-11210-dated.pdf>

<sup>24</sup> Department of Education. (n.d.). Health. [https://www.depednegor.net/uploads/8/3/5/2/8352879/learning\\_module\\_health.pdf](https://www.depednegor.net/uploads/8/3/5/2/8352879/learning_module_health.pdf)

## The Philippines in the Global Care Value Chain

Migration trends and demands in the global care value chain affect care perspectives and delivery within the Philippines. The state-sponsored overseas employment has supplied the global labor demands for domestic workers and health care professionals such as nurses, midwives, and doctors.

The feminization of transnational labor migration in countries like the Philippines has caused concerns over potential “*care crises*” at home, and “*care deficit*” for children left in origin countries<sup>25</sup> as their mothers (their assumed primary care giver) have to leave in order to contribute financially to the family. The women’s labor migration pattern as domestic and care workers have changed care arrangements, gender roles and practices, and family relationships within the household; this change implies “*substitute carers*” such as left-behind husbands<sup>26</sup> or other female members of the family. Still, the burden of care work remains within the family, as there are no government initiatives primarily focused on this need of women migrant workers. General care-related issues resulting from women’s migration are framed in terms of labor protection in the Philippines and receiving countries, and care for the left-behind children and family dependents is considered a household issue.

Disaggregated migrant workers’ data based on occupation suggests that work where Filipino women are mostly concentrated on are domestic work and other related household work services followed by nurses<sup>27</sup>. There are even receiving countries where Filipinos comprise a sizeable share of care workers.

A vital consequence of this continued labor migration of care workers relates to the proliferation of private care education centers focused on enhancing care giving skills and private recruiting agencies focused on hiring care workers from the Philippines<sup>28</sup>. Overall, the remittances going to the Philippines from overseas care workers have been economically beneficial to the country and migrant sending families. Yet, care only becomes a prominent issue in the policy space when the Philippines’ participation in the global care chain is on the table.

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<sup>25</sup> Lam, T & Yeoh, B.S.A. (2019). Parental migration and disruptions in everyday life: reactions of left-behind children in Southeast Asia. *Journal of Ethnic and Migration Studies* (Volume 45, issue 16), <https://doi.org/10.1080/1369183X.2018.1547022>

<sup>26</sup> Lam, T & Yeoh, B.S.A. (2016). Migrant mothers, left-behind fathers: the negotiation of gender subjectivities in Indonesia and the Philippines. *Gender, Place & Culture: A Journal of Feminist Geography* (Volume 25, Issue 1), <https://doi.org/10.1080/0966369X.2016.1249349>; Hoang, L.A., et al (2014). Transnational migration, changing care arrangements and left-behind children’s responses in South-east Asia. *Children’s Geographies* (Volume 13, Issue 3), <https://doi.org/10.1080/14733285.2015.972653>

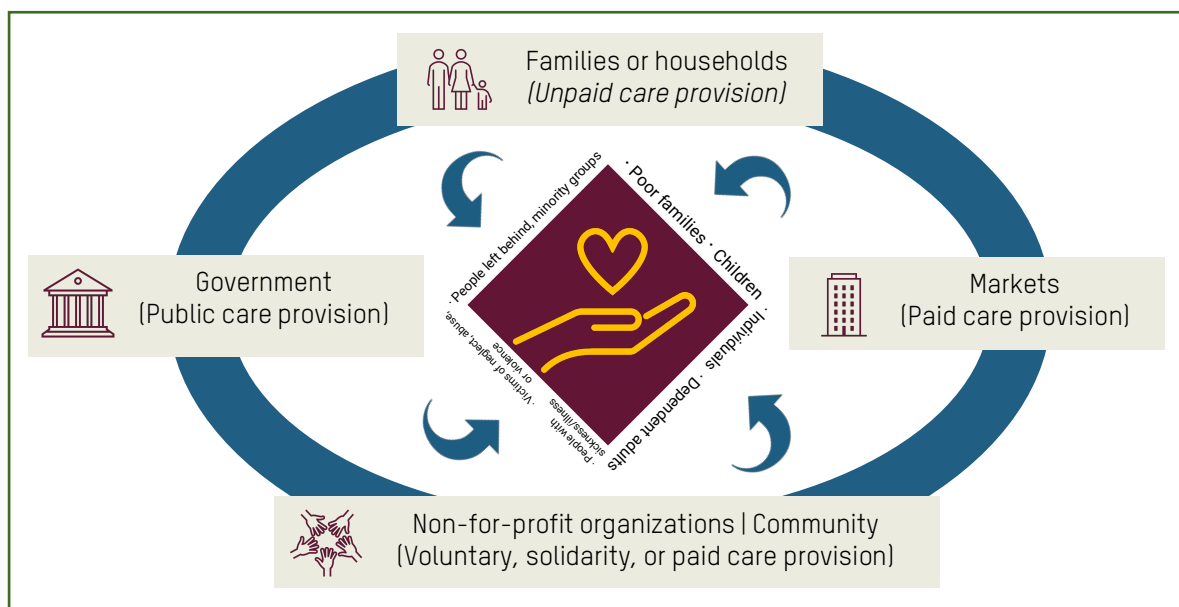
<sup>27</sup> Gordo, A. (2020). Facts and Perspectives: Women’s Labour Migration from the Philippines. Global Alliance Against Traffic in Women (Bangkok-Yai), [http://gaatw.org/publications/Womens\\_Labour\\_Migration\\_PH.pdf](http://gaatw.org/publications/Womens_Labour_Migration_PH.pdf)

<sup>28</sup> Fiedler, A.J. (2020). Women and the Future of Care Work in Asia. (Singapore, Friedrich Ebert Stiftung Office for Regional Cooperation in Asia), <https://library.fes.de/pdf-files/bueros/singapur/16156.pdf>

## Who should care?

By applying the stylized care diamond in the Philippines in figure 2, the study can identify distinct roles actors play in care provision at the macro level. This framework can aid the study in exploring the public-private divide of care responsibilities among care actors.

Figure 2: Razavi's<sup>29</sup> macro level care diamond framework for describing care actors



Source: Authors' visualization of Razavi's care diamond

### 1. The Family or Households

Unpaid care work in the Philippines is considered a 'labor of love,' and a characteristic present in Filipino households. As discussed in the introduction, this stems from the reproductive work that is expected of women. When looking at the public-private divide, care is situated in the private sphere, which is considered a responsibility of the family alone<sup>30</sup>.

Norms surrounding care expectations have contributed to women's non-participation to the labor force or voluntary exit from employment, furthering gender inequalities<sup>31</sup>. According to Tongson, by choosing to be the main care provider at home, a woman would need to suspend all her personal plans to focus on providing the care needs of her family<sup>32</sup>.

*"Care begins with the idea of the willingness to suspend one's own goals, ambitions, and plans in life in order for you to pay attention to the needs of others."*

*-Excelsa Tongson, subject-matter expert*

<sup>29</sup> Razavi, S. (2007). The Political and Social Economy of Care in a Development Context: Conceptual Issues, Research Questions and Policy Options (UN Research Institute for Social Development), <https://cdn.unrisd.org/assets/library/papers/pdf-files/razavi-paper.pdf>

<sup>30</sup> Interview with Excelsa Tongson.

<sup>31</sup> Bayudan-Dacuycuy, C. (2020). Why and how should we value unpaid work? (Quezon City: Philippine Institute for Development Studies); Belghith, N.B.H., et al (2021). Overcoming Barriers to Women's Economic Empowerment in the Philippines. The World Bank, <https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099830103012227161/p173002056f08e0a909afd0d7c9f381c4d3>

<sup>32</sup> Interview with Excelsa Tongson.



Scholars argue that “with the assumption that unpaid care and domestic work will always be ‘freely’ available in Filipino homes and communities, it has remained unaccounted for in policymaking and program formulations<sup>33</sup>.”

## 2. The Market

Inequalities, the low regard for domestic work, the “care crisis” and the “care deficit,” and a sizeable informal labor market enables the market for paid domestic work to thrive. In many instances, it has also prompted intra-country migration from poor communities to richer communities. Paid domestic care in the Philippines is synonymous to the work of nannies, maids, “yaya,” and house helper or “kasambahay” (including its task-specific permutations such as someone who does laundry or “labandera,” someone who does the ironing or “plantsadora,” among others). Most of the time, the availability of paid domestic care workers are taken advantaged by the middle-class and upper-class families, as women/mothers from these social classes prefer to participate in the public sphere or would want the option to do so.

While being paid and regulations are in place, the working conditions of domestic workers are not necessarily better. In 2020, the government released its survey on domestic workers that revealed there are 1.4 million Filipinos working as house help and over a million of which are on a live-out arrangement<sup>34</sup>. The findings also revealed that 4% or 49,000 are child domestic workers (some 4,900 are below 15 years old), only 2.5% have written employment contracts, 83% are not covered by any social security benefit, 2% pay for their entire premium contribution without the employer sharing in the cost, and 36% have live-in arrangements with their employer working seven days a week<sup>35</sup>.

The other segment of paid care is those in the professional or specialized care services belonging to health, education, and social welfare sectors. Health care services, day care services, hospices, orphanage, and schools belong to this sub-category of paid care.

In the Philippines, professional and specialized care services are regulated and can be accessed through the government, the market, and not-for-profit organizations or community initiatives. While macro-care actors provide this type of care, it is unequally distributed across the country and financial capacity dictates the quality of care that individuals can access.

## 3. The Government

Beyond looking at care providers both paid and unpaid, it is possible to trace public provisions and approaches to care by examining the government’s social protection schemes including social and health insurance, social welfare, labor market interventions, and social safety nets. The government’s view that social welfare refers to the “well-being of all members of society, including their physical, mental, emotional, social, economic and spiritual state”<sup>36</sup> converges with the public provision of broad definition of care<sup>37</sup>.

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<sup>33</sup> Tongson, E. C. (2019). Examining unpaid care work for women in the sandwich generation: Pathways towards social protection and well-being. *Philippine Journal of Social Development* 2019 Vol. 12, [https://cswcd.upd.edu.ph/wp-content/uploads/2021/10/PJSD-12-2019\\_ECT\\_Sandwich-Generation.pdf](https://cswcd.upd.edu.ph/wp-content/uploads/2021/10/PJSD-12-2019_ECT_Sandwich-Generation.pdf)

<sup>34</sup> DOLE & PSA. (2020, December). DOLE, PSA: 1.4 M HSWs, 72% on live-out. (Department of Labor and Employment & Philippine Statistics Authority), [https://www.dole.gov.ph/news/dole-psa-1-4m-hsww-72-on-live-out/#:~:text=Of%20about%201.4%20million%20Filipinos,Statistics%20Authority%20\(PSA\)%20showed](https://www.dole.gov.ph/news/dole-psa-1-4m-hsww-72-on-live-out/#:~:text=Of%20about%201.4%20million%20Filipinos,Statistics%20Authority%20(PSA)%20showed)

<sup>35</sup> Ibid.

<sup>36</sup> Bautista, V.A., et al (2002). Chapter 4 - Governing the Social Welfare Sector, in *Philippine Governance Report* (Ateneo Center for Social Policy and Public Affairs – Ateneo School of Government & UNDP), <https://www.ombudsman.gov.ph/UNDP4/wp-content/uploads/2013/01/Chap4.pdf>

<sup>37</sup> An instance of explicit reference to care for the disadvantaged as one of its mandates is made by the Department of Social Welfare and Development (DSWD) in its Memorandum Circular No. 22, series of 2018. See [https://www.dswd.gov.ph/issuances/MCs/MC\\_2018-022.pdf](https://www.dswd.gov.ph/issuances/MCs/MC_2018-022.pdf)

In addressing the public provision of social welfare, family has been the basic unit of intervention, even if a specific member is given attention, which is also known as total family approach<sup>38</sup>. The paradigm behind this focus underscores that *“unless care is taken to ensure the total well-being of families, the well-being of the society will suffer”*<sup>39</sup>.

In terms of care governance, local governments have been empowered more recently in providing care-related services through the Mandanas-Garcia ruling (which granted the LGUs a bigger share of the national budget through their Internal Revenue Allotment) that further strengthened the devolution of social welfare and development delivery<sup>40</sup>. The expanded understanding of local government units to be allotted “a just share” in the national tax collections, coupled with the provisions for the development of capacity development interventions for effective resource utilization and the establishment of investment program monitoring and evaluation systems, provides local governments with greater administrative autonomy and fiscal capacity for the prioritization and delivery of certain social services<sup>41</sup>. However, not all LGUs are able to maximize this or utilize this to provide for better care-related services or invest in care infrastructure since implementation is devolved but not necessarily the ability to define policy priorities such as care provision, as these priorities will still be identified by the national government.

The public provision and approach to care reinforces the view that the family is the main lever of care, and that the government’s role is to support care provision, with high priority given to the poor and marginalized. A concrete example of this is the government’s conditional cash transfer program (Pantawid Pamilyang Pilipino Program or 4Ps) that is conditioned on parents’ care investments on health and education for their children. The 4Ps<sup>42</sup> is the flagship poverty alleviation program of the government that contributes to the enhancement of social protection, and therefore, care provision through direct cash transfer.

Those who can afford and have access can rely on the market to provide for care through paid services. Those who cannot afford (but are not necessarily poor to be given priority in the public provision of care) must depend on family members, most especially women for the provision of care.

The system of day care center in the country exemplifies this dominant perspective on care work, specifically on childcare<sup>43</sup>. Unlike in other countries where caring for the young to support working parents is its *raison d’être*, day care centers in the Philippines are education focused. In one of the municipalities included in the study, children can only be left at the day care center for only 2 hours from Mondays to Fridays<sup>44</sup>. The schedule allotted for each class in the day care center allows them to maximize the limited teachers and staff of day care centers and the space that they are using so they could accommodate more children in the facility. The minimum age requirement of acceptance in a day care center is three and a half years old, which means full-time care worker for those between zero and three and a half years old is needed.

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<sup>38</sup> Bautista, V.A. (2004). *Governing the Social Welfare Sector*.

<sup>39</sup> *Ibid.*; The same paradigm is argued by Tongson during the interview.

<sup>40</sup> DSWD. (2021). Administrative Order 1 series of 2021: Adopting the DSWD Policy Agenda 2020-2025 “Investing in people for reshaping Philippine society to a more inclusive, empowered and humane community.” (Quezon City: Philippines, Department of Social Welfare and Development), [https://www.dswd.gov.ph/issuances/AOs/AO\\_2021-001.pdf](https://www.dswd.gov.ph/issuances/AOs/AO_2021-001.pdf)

<sup>41</sup> Official Gazette of the Republic of the Philippines. (2021). Executive Order No. 138, s. 2021. <https://www.officialgazette.gov.ph/2021/06/01/executive-order-no-138-s-2021/>

<sup>42</sup> The Pantawid Pamilyang Pilipino Program (4Ps) is a human development measure of the national government that provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children aged 0-18. Official Gazette of the Philippines. <https://www.officialgazette.gov.ph/programs/conditional-cash-transfer/#:~:text=The%20Pantawid%20Pamilyang%20Pilipino%20Program,of%20children%20aged%20%2D18.>

<sup>43</sup> Belghith, N.B.H., et al (2021). *Overcoming Barriers to Women’s Economic Empowerment in the Philippines*.

<sup>44</sup> Interview with the MSWDO Officer of Alamada.

## Care perspectives

Dominant perspectives on care in the Philippines that influence the care agenda and the subsequent care infrastructure investments include the following:

- The main care provider of an individual is the family, particularly women in the family, which is extended as an ingrained characteristic of a Filipino household. This view is most acute in policy frameworks and actions.
- There is a widespread expectation that women and young girls should assume the responsibility of doing care work. The binary outlook on gender and sex roles, as a product of the public-private divide, reinforces this expectation. Because they are already doing care work at home for free, they are also expected to extend the same work outside their homes<sup>45</sup>.
- Care is associated in the mundane daily activities of women, and it is related to altruistic attitude, so it is easy to overlook and dismiss it since it is not extraordinary<sup>46</sup>.
- There is the culturally ingrained belief that men should not be involved in care work, especially if it is unpaid care work. The culture of patriarchy framed men's views in such a way that they see care as a feminine characteristic. Caring would make them look soft and weak, and would hurt their macho image. Care for the family is something men cannot fully express because of the socio-cultural conditioning that men should not show care as much as women. Men are deprived of showing 'true caring' as it is almost always related to women's domestic work<sup>47</sup>.
- Low level of wages and inadequate protection for care workers, and the absence of nationally representative statistics on time-use surveys signal the low-regard or the lack of recognition for paid and unpaid care work in the Philippines<sup>48</sup>. In cases where unpaid care work is recognized as a productive activity that creates value, it is treated as work in the informal economy<sup>49</sup>.
- Public provision of and support to care work remains an afterthought to other agendas, instead of care provision and support being its own raison d'être for the well-being of Filipinos.
- Overseas employment in care work by many Filipinos is seen as a way out of poverty or assurance to financial security that has led to the feminization of labor migration and shifting of gender roles within migrant-sending households. Unfortunately, the government is encouraging labor migration, without concrete policies to solve the care deficit this entails.

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<sup>45</sup> Interview with Tongson.

<sup>46</sup> Ibid.

<sup>47</sup> Ibid.

<sup>48</sup> Hernando, R.C. (2022). Policy Brief No. 43 Unpaid Care and Domestic Work: Counting the Costs. *Asia-Pacific Economic Cooperation*. [https://www.apec.org/docs/default-source/publications/2022/3/unpaid-care-and-domestic-work-counting-the-costs/222\\_psu\\_unpaid-care-and-domestic-work.pdf?sfvrsn=cac93c7c\\_2](https://www.apec.org/docs/default-source/publications/2022/3/unpaid-care-and-domestic-work-counting-the-costs/222_psu_unpaid-care-and-domestic-work.pdf?sfvrsn=cac93c7c_2); *United Nations Economic and Social Commission for Asia and the Pacific, & Association of Southeast Asian Nations*. (2021). Addressing Unpaid Care Work In ASEAN. <https://www.unescap.org/kp/2021/addressing-unpaid-care-work-asean>.

<sup>49</sup> PIDS. (2020). Flattening the curve is not enough. *Development Research News*. Vol 38, No. 2. (Quezon City: Philippine Institute for Development Studies), <https://pidswebs.pids.gov.ph/CDN/PUBLICATIONS/pidsdrn20-2.pdf>

## Uncovering the Care Agenda

The low regard for care work and the widely accepted view that it is primarily within the domain of the family has rendered the care agenda in the policy landscape and other actors' initiatives at the backseat of national and local priorities. Conversations, discussions, and debates about care and care work in the Philippines are inadequately framed and tied to broader agendas on gender equality and women empowerment, welfare provision, social protection, poverty alleviation, human development, and human rights issues such as migrant's rights, child's rights, the rights of the elderly, and the right to decent work.

The Sustainable Development Goals (SDG) of which the Philippines has laid out several of its national policies and plans for achieving these goals include SDG 5 that articulates the goal of achieving gender equality and empowering all women and girls. SDG 5.4 specifically addresses the care agenda and highlights the importance of recognizing and valuing unpaid care and domestic work. The SDG 5.4 specifically calls for *"appropriate investments in care infrastructure, social protection systems and public services as a way of promoting shared responsibility for this essential work among the four pillars of society – State, markets, households and communities"*<sup>50</sup>.

While broader aspirations such as the SDGs are vital to accessible, adequate, and equitable care delivery with the aim of sustaining life and well-being of those who receive care, the absence of explicit reference to care work in the programs and policies in the Philippines and articulation of government responsibility reproduce existing norms on care work.

The country does not have an agenda that puts care as a strategic part of government programming in achieving gender equality, women empowerment, development, or progress as exemplified by the Philippine Plan for Gender Responsive Development<sup>51</sup>. Legislations and government plans such as the Philippine Development Plan<sup>52</sup> and the Magna Carta for Women<sup>53</sup> reveal the weak regard for care work as a prominent issue of women's empowerment and development as the state do not assume greater responsibility for care provision.

In the Philippine Plan for Gender Responsive Development, the specific provision in Chapter 20, Women and Family, only mentioned involving men in the care of their children and their family, and not recognizing the state's role in it. Various care-related national commitments (e.g., Sustainable Development Goals, Beijing Platform for Action, Convention in the Elimination of All Forms of Discrimination Against Women, and International Conferences of Labour Statisticians) may have added pressure on creating policy actions and initiatives on care, but this still is limited.

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<sup>50</sup> UN ESCAP. (2022). How to invest in the Care Economy: A primer.

<https://repository.unescap.org/bitstream/handle/20.500.12870/4613/ESCAP-2022-RP-How-to-invest-in-care-economy.pdf?sequence=1>

<sup>51</sup> National Commission on the Role of Filipino Women (currently the Philippine Commission on Women). (1998). Philippine Plan for Gender Responsive Development 1995-2025. (Manila: Philippines, National Commission on the Role of Filipino Women), <https://library.pcw.gov.ph/wp-content/uploads/2020/12/PCW-Philippine-Plan-for-Gender-Responsive-Development-1995-2025-1998.pdf>. This Plan has been transformed and currently called the Gender Equality and Women's Empowerment Plan:

<https://pcw.gov.ph/assets/files/2020/05/GEWE-Plan-2019-2025-Results-Matrices.pdf?x12374>. This provides an example on how the national agenda does not recognize the redistribution of care responsibility from the family to the state, but only within the family.

<sup>52</sup> NEDA. (n.d.). Updated Philippine Development Plan 2017-2022. (National Economic and Development Authority), <https://pdp.neda.gov.ph/updated-pdp-2017-2022/>

<sup>53</sup> Republic Act 9710: Magna Carta for Women, <https://pcw.gov.ph/republic-act-9710-magna-carta-of-women/>

As an example of this differing perspectives, interventions designed to enable women's participation in the formal sector, like the GREAT Women Project 2 by the Philippine Commission on Women<sup>54</sup>, and encourage men to share in unpaid domestic work implicitly enclose care responsibility within the female members of the family<sup>55</sup>. There also women empowerment policy initiatives that address the issue of unpaid care work at home<sup>56</sup>. However, there is no coherent, clear, and broad agenda that provides a roadmap to redistribute the uneven responsibility expected from women to do unpaid care and domestic work at home to men, and from the family to the state or other care actors. The interventions are mostly focused on how to aid women in participating in productive work, but not in aiding them in their unpaid care work. In both cases, the remainder of care-related needs could be transferred to retired family members or young adults who do not have productive work if the family's income could still not afford to hire paid domestic worker. It is important to highlight that often these family members are women – the grandmother, aunt, or sister who is expected to take over the mother's role if she will engage in productive work. Sometimes, there are community efforts to aide families of women engaging in productive work, especially if there are no women in the family that could take over the task. Such interventions are usually without the transfer of care responsibility to other institutional actors such as the state or market.

The presence of a care agenda means identifying the most efficient, fair, and equitable provision, delivery, and combination of shared responsibility among care actors (i.e., the care diamond in figure 1) that takes into consideration the well-being of those who directly provide care and those who receive care. In other words, this pertains to the rights-based approach to care.

The tangential importance placed on the overall care system, processes, provisions, and structures in the country makes care-related issues an indirect beneficiary of strategic outcomes that are of more interest to policy makers. There is no evidence that the state is looking at or documenting unpaid care of women, showing that unpaid care is not a government priority<sup>57</sup>. They are complacent to not pay attention to care investments because they continue to leave this task to women. Following the maxim: *"what is not counted is not seen;"* without representative data on paid and unpaid care work, care will remain invisible in national agendas.

The provision of care is disproportionately shouldered by women and girls, in which the state and the market is expected to provide for supporting infrastructures, policies, and services in terms of health care, nutrition, social welfare and protection, education, to name a few. While there are already robust measures and systems in place especially on health, nutrition, and education outcomes that are of interest to policy makers, almost none of these measures has the issue of care work, specifically unpaid care work, as one of its rationales.

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<sup>54</sup> GREAT Women Project 2 by the Philippine Commission on Women is one of such initiatives where interventions are designed as capacity-building programs, facilitating access to markets, financial literacy, and management. See, <https://pcw.gov.ph/great-women-project/>

<sup>55</sup> The strategic framework of the Gender Equality and Women's Empowerment Plan 2019-2025 provides a clear example on how the national agenda does not recognize the redistribution of care responsibility from the family to the state, but only within the family. See, <https://pcw.gov.ph/assets/files/2020/05/GEWE-Plan-2019-2025-Results-Matrices.pdf?x12374>

<sup>56</sup> House Bill No. 668 is an initiative from the House of Representatives that aims to provide compensation to stay-at-home housewives. This pending bill is one of the few instruments that explicitly recognizes the value of care work and proposes social assistance support to stay-at-home women from poor families caring for at least one child aged 12 or below. See, [https://hrep-website.s3.ap-southeast-1.amazonaws.com/legisdocs/basic\\_19/HB00668.pdf](https://hrep-website.s3.ap-southeast-1.amazonaws.com/legisdocs/basic_19/HB00668.pdf); H.B. 486 or Unpaid Care Workers Bill during the 18<sup>th</sup> Congress in 2015 was a similar initiative.

<sup>57</sup> Interview with Tongson.

Critical gaps in government policies that supports care also remain. These gaps are vital to the promotion and maintenance of care-related initiatives as these constitute factors directly affecting care delivery. To illustrate, the government has enhanced the policy on having breastfeeding rooms or lactation rooms in businesses or offices, as part of the Expanded Breastfeeding Promotion Act of 2009<sup>58</sup>, so that breastfeeding mothers would have a space where they can pump and store their milk while they are at work. This will allow them to still fulfill their infant care activities while participating in productive work. Despite this, Tongson argued that it is not enough to have direct policies related to care, close attention should also be paid to factors around such policy:

*“While lactation stations were required in the office, how can you bring your child to the office if the transportation system is not child-friendly? There is a law and guidelines that says there should be a refrigerator in lactation stations and let us assume these are followed. How about the infrastructure outside the office? Do you have a conducive transportation system? When you reach your household, your milk might end-up spoiled. Even if we say we have daycare centers, lactation centers, but when you go out, the question remains if there are facilities that support mothers to carry their babies in their workplace? Do we have a responsive transportation system that eases the hidden mental subsidy of care work?”*

*-Excelsa Tongson, subject-matter expert*

Among women’s advocates, feminists, civil society, and international initiatives, the most known initiative on care work centers on the 5R framework which is geared towards policy actions or interventions on transforming unpaid care work dynamics. The 5R framework is one example of a care agenda that outlines the intended outcomes of care infrastructure investments. While the 5R is not widely adopted at the national policy-level, NGOs like Oxfam, CMB Australia (in the Philippines), and multilateral institutions like the International Labor Organization and UN Women have clear articulation of this framework in their programs. These initiatives have pulled the policy space towards having a clearer perspective on care that could potentially induce policy actions, if not the formulation of a national care agenda.

### **Box 1: The 5R Framework on unpaid care and domestic work.**

- **Recognize** that unpaid care work is mainly done by women, acknowledge it as work – a type of production that creates real values – and recognize it as such in relevant policies.
- **Reduce** the total number of hours that need to be spent on unpaid care tasks by improving access to affordable time-saving devices and care-supporting infrastructure such as water, electricity, and public transport.
- **Redistribute** unpaid care work within the household so that the total amount of unpaid care work is more fairly shared among family members, and shift some of the cost, responsibility, and opportunity associated with unpaid care work to the state and the private sector (for example, through state and/or employer-sponsored childcare services and paid parental leave).
- **Represent** caregivers effectively in design and decision-making so they can voice their concerns and shape policies, budgets, and plans that reflect their needs and interests.
- **Reward** involves making sure that paid care workers are adequately rewarded and remunerated for their work by employers and the government, for example, through stable, living wage-incomes for reasonable hours, employment benefits, pensions, and carers’ benefits.

<sup>58</sup> Republic Act 10028. “Expanded Breastfeeding Promotion Act of 2009” <https://www.officialgazette.gov.ph/2010/03/16/republic-act-no-10028/>

## Opportunities for a Care Agenda in the Context of COVID-19

The ensuing social and economic impacts of COVID-19 have revealed a host of problems related to the weakness of care systems and the lack of care infrastructure investments in place. This situation prompted several initiatives that attempts to place care at the center of post-pandemic recovery.

In 2021, the ASEAN released the Comprehensive Framework on Care Economy to guide the development of the care economy in response to complex crises and challenges<sup>59</sup>. This instrument aims to promote and develop measures for recovery, protection of care workers and provision of care work, and requires a whole of ASEAN approach for a better outcome.

The Updated Philippine Development Plan that provides strategic priorities of the government in the coming years in view of the ongoing socio-economic shifts and 'new normal' in the context of COVID-19 pandemic misses the opportunity of creating a care-sensitive path to recovery. Care-related strategic priorities are focused on the restructuring of health care governance systems<sup>60</sup> to aid in the promotion of human development, and the continuation of public infrastructure projects, two agenda that are not directly related to improving the approach to unpaid care work. While these are certainly important, the lesson learned from the pandemic falls short on care-centered recovery for a more inclusive development.

The updated Philippine Gender Equality and Women's Empowerment (GEWE) Plan 2019-2025 has explicitly espoused in its rationale the effect of women's unpaid work to inequality and advocated for a transformative government policy for recovery towards the recognition, reduction, and redistribution of unpaid care work more systematically<sup>61</sup>. However, even this key document about women empowerment do not specify the shifting of care responsibility from the female member of the family or the community to the state.

Currently, there is an opportunity to take advantage of a renewed perspective on the importance of care. This can be an avenue where a more comprehensive care agenda can be pushed forward to political actors.

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<sup>59</sup> ASEAN. ASEAN Comprehensive Framework on Care Economy (ASEAN, 2021), <https://asean.org/asean-comprehensive-framework-on-care-economy/>

<sup>60</sup> Philippine Development Plan 2023-2028. Chapter 2. Promote Human and Social Development. [https://pdp.neda.gov.ph/wp-content/uploads/2023/01/PDP-2023-2028\\_Chapter-2.pdf](https://pdp.neda.gov.ph/wp-content/uploads/2023/01/PDP-2023-2028_Chapter-2.pdf)

<sup>61</sup> Philippine Commission on Women. (2021). Updated Philippine Gender Equality and Women's Empowerment Plan 2019-2025. (Manila: Philippines, Philippine Commission on Women), <https://library.pcw.gov.ph/wp-content/uploads/2022/07/PCW-Updated-Gender-Equality-and-Womens-Empowerment-Plan-2019-2025-2022.pdf>

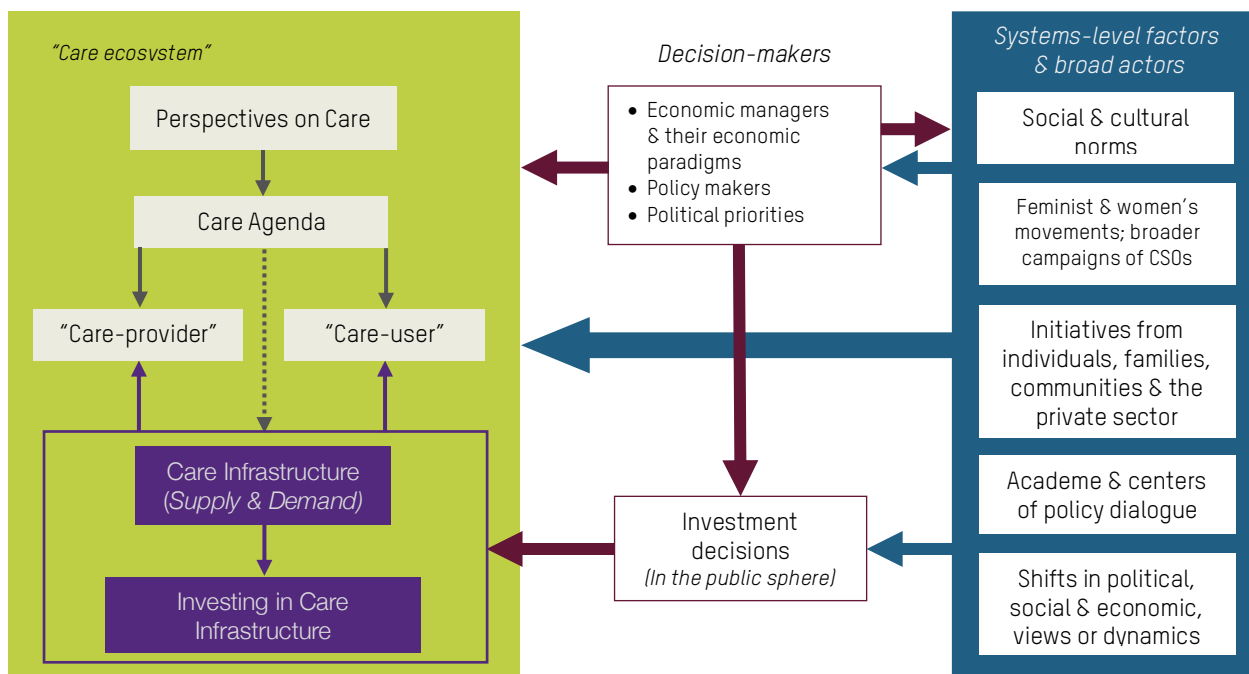
# IS CARE AN INFRASTRUCTURE IN THE PHILIPPINES?

Care infrastructure investments is a product of dominant care perspectives and its resulting care agenda as conceptualized by the national and local government, civil society, the private sector, and the community. In figure 3, we put forward a framework for understanding the dynamics and conversations on care, care agenda, and care infrastructure investments in the Philippines at the macro level since there are no legislations or policies that directly or comprehensively tackle the issue of a national care agenda and care infrastructure investments.

Figure 3 simplifies the dynamics surrounding care and care infrastructure investments. It aims to situate how conflicting and dominant articulations of care perspectives could possibly affect the level and manner of investing in care infrastructures. The absence of care agenda, as a strategic component or rationale of several care-relevant programs, policies, and projects necessitates the articulation of this framework.

Despite the lack of an overarching national care agenda in the country, the 5R framework<sup>62</sup> initiative from the civil societies, feminists, and women’s movement has prompted pathways on how such agenda could be formulated that will be a strong basis for framing the demands and investments surrounding care infrastructure. In relation to the proposed framework, the 5Rs of care work can be considered a care agenda in itself.

**Figure 3: The study’s framework for understanding the dynamics of care infrastructure (non)investments in the Philippines at the macro level**



Source: Authors’ visualization

<sup>62</sup> The Gender Equality and Women’s Empowerment Plan 2019-2025 only espouses the 3R framework: recognition, reduction, and redistribution.



As laid out in figure 3, systems-level factors and broad actors such as social and cultural norms; feminist and women’s movements and civil societies; individuals, families, communities, and the private sector; the academe or policy centers; and overall shifts in political, social, environmental, and economic views or dynamics exert influence on what is termed as the “care ecosystem.”

The care ecosystem is a catch-all phrase to identify the different inter-relations forming articulated care perspectives that shapes the contours of the care agenda, which in turn identifies what and how care infrastructure investments are made. The care agenda, reflecting perspectives on care, encapsulates the demand and supply of care infrastructure for the “care-provider” and “care-user.” The treatment of care or its associated value in the well-being of families and societies (and the welfare regime to some extent) by key actors determine the presence or absence of care infrastructure investments in place at the macro-level.

This study highlights the weight of influence exerted by economic managers and their economic paradigms, policy makers, and political priorities since it is within this purview that public investments, and to some extent private investment incentives and preferences on infrastructure are set. System-level factors and broad actors influence these decision-makers in setting the care agenda where care infrastructure investments are outlined.

In general, care infrastructure investments can be considered as social investments, which is foremost about investing in people. This type of investment encompasses resources, policies, programs, and projects that provide and support the substantive provision of care to fully enable the participation of individuals in economic and social life, and the overall maintenance of well-being.

These care infrastructures include high-quality, affordable, and accessible childcare services; health care services; long-term care for people with disability, the sick, and the old; insurance and other forms of social protection; paid medical, parental, and vacation leaves; among others. In other words, care infrastructure does not only include physical care-related infrastructure, but also services and regulations which are all geared towards the provision of high-quality, affordable, and accessible care.

In the Philippines, high-quality, affordable, and accessible care infrastructure is not uniformly present in regions. Adequate and high-quality provision of care is strongly associated with family or individual income. For example, affordable paid care is enabled by the low level of wages domestic workers receive in the country and the uneven development of regions that encourage the movement of workers from poverty-stricken areas to richer areas for economic opportunities such as domestic work employment.

Health-related care is also unaffordable and inaccessible to many, although some progress is made through the universal health insurance<sup>63</sup>. The Pantawid Pamilyang Pilipino Program<sup>64</sup> (4Ps) is the flagship poverty alleviation program of the government that contributes to the enhancement of social protection, and therefore, care provision through direct cash transfer. How care services are accessed by individuals, and the way care-supporting government programs are allocated reflect the state of care infrastructure investments in the Philippines.

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<sup>63</sup> Chanco, B. (2019, July 5). Philippines healthcare unaffordable. *Philstar.com*. <https://www.philstar.com/business/2019/07/05/1932014/philippines-healthcare-unaffordable>; Government of the Philippines. (2019). Republic Act No. 11223, An act instituting universal health care for all Filipinos, prescribing reform in the health care system, and appropriating funds therefor. <https://www.officialgazette.gov.ph/2019/02/20/republic-act-no-11223/>

<sup>64</sup> The Pantawid Pamilyang Pilipino Program (4Ps) is a human development measure of the national government that provides conditional cash grants to the poorest of the poor, to improve the health, nutrition, and the education of children aged 0-18. Official Gazette of the Philippines. <https://www.officialgazette.gov.ph/programs/conditional-cash-transfer/#:~:text=The%20Pantawid%20Pamilyang%20Pilipino%20Program,of%20children%20aged%200%2D18.>

*Box 2: Current notions on infrastructure (in general) and care infrastructure in the Philippines*

In the popular imagination, infrastructure is often associated with physical facilities. However, infrastructure also includes policies, regulations, and services that support the functioning of such structure or the purpose for which such facility is built. For example, health infrastructure comprises all structures, facilities, policies, regulations, and services that serve the health needs of an individual or a society. The design of the healthcare system influences how healthcare is accessed and who provides for investments.

In the Philippine policy sphere, infrastructure has been at the forefront of the government agenda as it is considered a vital driver of economic growth since it creates jobs and connects households to the market. There is a recognition by the government that infrastructure provides direct service to households and various industries through making transport, electricity, water, and sanitation available and accessible to the public. There is a view that infrastructure promotes access to basic services and expands economic opportunities which improve the quality of life of the households. This view is why the link between infrastructure and development is used as the backbone and rationale for many of the existing government plans and policies on infrastructure investments. The importance of infrastructure in the national development agenda is further emphasized by significant public budget allocations and private sector participation in the past few years as in the case of the Build Build Build Program.

Given this broad and dominant view of infrastructure at the policy level, clear links and associations between care and infrastructure (in general) could be made. In terms of usage, both care infrastructure and infrastructure in general have a direct impact on the quality of life. Both are instrumental for an individual to undertake other social, political, and economic pursuits that renders both as essential for sustaining life and well-being. Thus, if we examine the elements involved in framing and defining an infrastructure, such idea brings care infrastructure on equal footing with infrastructure in general.

While there is a growing initiative for unpaid care work to be recognized, the lack of expressed and articulated acknowledgment, or even perception, that the whole system of care is an essential component of the overall well-being of a society within policy-level discussion makes the care agenda inferior within government policies. This is why considerations whether care is an infrastructure, in its dominant and traditional sense, has not yet reach policy-level debates.

Unlike well-established concepts such as health infrastructure, care infrastructure prompts hazy definitions in relation to what it entails, includes, and its differences and overlaps with social welfare or health care infrastructure, for instance. One potential reason is that unpaid care work has not been fully appreciated and recognized as work that creates real value. To echo Dr. Tongson's response, it is still confined within the private sphere or the family. Besides this, the institutionalization of care work through child services for young dependents (day care as opposed to all-around house help) or assistive living for the old or people with disabilities is not a wide practice in the Philippines. This practice is why gaps in care-giving needs is framed as a family problem and not an issue that requires institutional or policy intervention. In the absence of having a coherent and clear idea on care infrastructure in the Philippines, it can be challenging to map out what can be considered as care infrastructure investments.

# SECTOR-SPECIFIC PERSPECTIVE OF CARE INFRASTRUCTURE

Based on our desk review and case stories findings, different sectors have a nebulous perspective on care infrastructure. Below are some key insights of each sector on care infrastructure. This will be discussed in detail in the case stories.

## **National Government**

At the national-level, current conversations on care infrastructure are synonymous with facilities that enable care to be delivered and practiced or where care services are made available. These care-related infrastructures are more commonly considered within the ambit of social welfare, health, and education rather than care infrastructure, which reflects the well-established silos by sectors. Examples of these care-related infrastructures are rural health centers or rural hospitals, schools, daycare centers, care policies such as the Republic Act 7600 or the Rooming In and Breastfeeding Act of 1992<sup>65</sup>, the Expanded Maternity Leave Act<sup>66</sup>, among others.

## **Local Governments**

Social welfare and health services have been increasingly devolved to local governments. However, according to local councilors that we were able to interview, local governments are still tied to “menus” or list of programs from national agencies that they could adapt or implement. They cannot just easily come up with plans, policies, or programs outside the list provided by national agencies as they will be flagged by certain agencies. This limits their views on care infrastructures, and they simply echo how the national government understands it.

## **Civil Society Organizations**

Apart from a few organizations such as CBM Australia, ActionAid and Oxfam who place focus on the effects of the undue burden of unpaid care provided by women and girls, many projects and programs of non-government organizations in the Philippines focus on women’s rights and empowerment, livelihood, and capacity-building. Others implicitly assume that by implementing these programs, women could relinquish the gendered expectation from them – through the reduction and redistribution of unpaid care work that hinders them participating in the paid economy, not to mention civic activities and meaningful participation.

## **Community**

At the community level, respondents of the study associate care infrastructure with physical infrastructures like facilities and buildings. They consider roads, schools, streetlights, water systems, and even their barangay halls as care infrastructures. When asked what care infrastructure they would wish to have in their area, they still named physical infrastructure like playgrounds, health equipment and facilities, roads, TESDA centers, among others. They identify the barangay or the LGU to be the source of care infrastructure as they see that it is the responsibility of the government to provide them with ‘infrastructures’ in general.

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<sup>65</sup> Philippine Commission on Women. Republic Act 7600. An act providing incentives to all government and private health institutions with rooming-in and breastfeeding practices and for other purposes. [https://pcw.gov.ph/assets/files/2020/03/republic\\_act\\_7600.pdf?x83052#:~:text=Declaration%20of%20Policy..of%20rooming%20in%20and%20breastfeeding](https://pcw.gov.ph/assets/files/2020/03/republic_act_7600.pdf?x83052#:~:text=Declaration%20of%20Policy..of%20rooming%20in%20and%20breastfeeding).

<sup>66</sup> Philippine Commission on Women. Republic Act 1210. he 105-Day Expanded Maternity Leave Law. [https://pcw.gov.ph/faq-republic-act-11210/#:~:text=\(2019\).-Republic%20Act%20No..Mothers%2C%20and%20for%20Other%20Purposes](https://pcw.gov.ph/faq-republic-act-11210/#:~:text=(2019).-Republic%20Act%20No..Mothers%2C%20and%20for%20Other%20Purposes).

# LINKING MACRO-SOCIOECONOMIC POLICIES TO CARE INFRASTRUCTURE INVESTMENTS

Macro-socioeconomic policies are intricately connected with care infrastructure investments. More specifically, policies that prompt public investments and public provision of social welfare, health, and education link with the level of care infrastructure present in the Philippines. However, the connection is not made explicitly as care is not an overarching objective of most policies on social welfare, health, and education. As noted in previous sections, one reason behind this is the norm that care is within the private domain of the family, which is combined with the low regard for care work. The limited public provision and investments to care have been designed to serve the needs of the poor and marginalized, but only as a supporting role to fill the care gaps within the family.

There are several factors that contribute to the level of care infrastructure investments that include the following:

1. At the local level, public investment on care infrastructure depends on the internal revenue of the local government and the political will or commitment of local executives in allocating these funds for care. Local government revenue is strongly associated with the locality's level of wealth and capacity to generate these revenues. Besides these internally generated revenues, the national government can also supplement the needs of the local government for the public provision of care, but this is also dependent on the national government's priorities.

Members of the House of Representatives have the capacity to advocate for funding the public provision of care in their localities as they decide on budget allocations. In theory, the legislative body is a powerful force that can enact laws that are responsive to care needs of individuals and families; laws that embrace the fair share of state's responsibility and laws that restructure incentives for the private sector to provide care for the society.

Prominent examples of well-praised local chief executives that made policies supporting the care needs of their constituents include Mayor Joy Belmonte of Quezon City<sup>67</sup>, among others. The local officials of the Municipality of Quinapondan, Eastern Samar also demonstrated how to recognize their constituents' unpaid care work by enacting Municipal Ordinance No. 06 or The Women's Economic Empowerment and Care Ordinance Act of the Local Government Unit of Quinapondan<sup>68</sup> with support from Oxfam's WE-Care Program. The ordinance aims to support women's unpaid care work in the household and increase their access to care infrastructure (care-supporting infrastructure). For many, the COVID-19 response of these local executives became the litmus test of how committed they are in addressing the welfare, and therefore, care needs of their constituents.

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<sup>67</sup> Please see Annex D.

<sup>68</sup> Office of the Sangguniang Bayan of the Municipality of Quinapondan. (2018). *The women's economic empowerment and care ordinance of the local government unit of Quinapondan*. <https://drive.google.com/file/d/1WRv6h4t8Sa6VUjcK1n2AL4ce9w3g0eV4/view?usp=sharing>

2. At the national level, investments on care infrastructure have been influenced by a wide array of factors, but the two most powerful are the political priorities of elected officials and paradigms (specifically on welfare) of economic managers. The Philippines' political commitments to global and regional goals, conventions, and frameworks have pulled the policy landscape towards providing public investments to vital components (and indicators) of care such as child nutrition and protection, labor rights, and social welfare and protection, to name a few.

Care-related investments in the national government are framed and tied to broad areas of gender equality, women empowerment, migration, health, education, livelihood, social protection, and inequality. While these initiatives are vital and strongly linked with the overall care ecosystem, such investments are made with other stated objectives in mind, and thereby, making investments to care infrastructure tangential.

In terms of care governance, there are specialized care structures or facilities and systems in place for the vulnerable, specifically children, people with disabilities, people who are sick, abandoned children, abandoned elderly, among others, to an extent. The division of work by sector (i.e., social welfare, health, education, employment) related to care is evident when care supporting services and infrastructures are examined. For example, there are dedicated departments and agencies at the national and local level that provide social care services along with relevant regulations to a specific subset of the population.

Moreover, aid and loans from multilateral institutions and development programs of donor states have enhanced care infrastructure investments in areas where it is needed. However, like many other development programs, these usually do not have care as a rationale in their programs. They are more targeted towards specific indicators of interest such as prevalence of child nutrition, zero hunger, eradication of child labor, among others.

Care infrastructure investments are thinly present in the macro socioeconomic policies. However, without shifting the framework onto the importance of care to the well-being of societies, and without clear articulation that the state and the market have a huge role to play, these investments would remain shortsighted, targeted, and piecemeal.

# LINKING CIVIL SOCIETY INITIATIVES TO CARE INFRASTRUCTURE INVESTMENTS

Civil societies play a potential transformative role in bringing care infrastructure investments within the communities, and in influencing the national agenda that places care as a driver for policy actions. One of the most concrete contributions of the civil society is the 5R framework of unpaid and domestic care work towards policy action and community interventions.

While care investment initiatives civil societies also reflect their tendency to specialize in thematic areas of development concerns or by sectors, non-government organizations and advocacy groups have contributed to the provision of care investments in the Philippines. This is especially evident in areas that are vulnerable to natural hazards or places affected by armed conflicts. An example of this is the WE-Care Program of Oxfam that was implemented in various areas in the Philippines.

Care investments by the civil society are not solely limited to physical facilities, but involve community-level norm-reorienting investments, direct care service delivery, and influencing of public policy conversations.



A mother displaced from her home due to armed conflict crosses a flooded area in Maguindanao while carrying her child. (Photo: Vina Salazar/Oxfam Pilipinas)

# A TYPOLOGY OF CARE INFRASTRUCTURE INVESTMENTS IN THE PHILIPPINES

Despite the lack of a clear care agenda in the Philippines that can strictly define what constitutes care infrastructure, the types of care infrastructure investments are identified through emerging patterns found in care-relevant national and local policies and programs, as well as private and civil society initiatives. These care investments include both those related to unpaid and paid care work. This typology aims to capture the crossroad where existing investments on care infrastructure, demands on care infrastructure, and normative framing on what should care infrastructure investment include all meet.

In identifying the typologies of care infrastructure investments, we used our proposed framework for understanding the conversations on care infrastructure (non)investments in the Philippines in figure 3 and the care diamond in figure 2 to identify the pathways in which the demand and supply of care infrastructure investments are made. Since this typology also includes the demand side of care infrastructure investments, we do not only include the presence of these investments but the lack or absence of these investments based on articulated demands around care infrastructure.

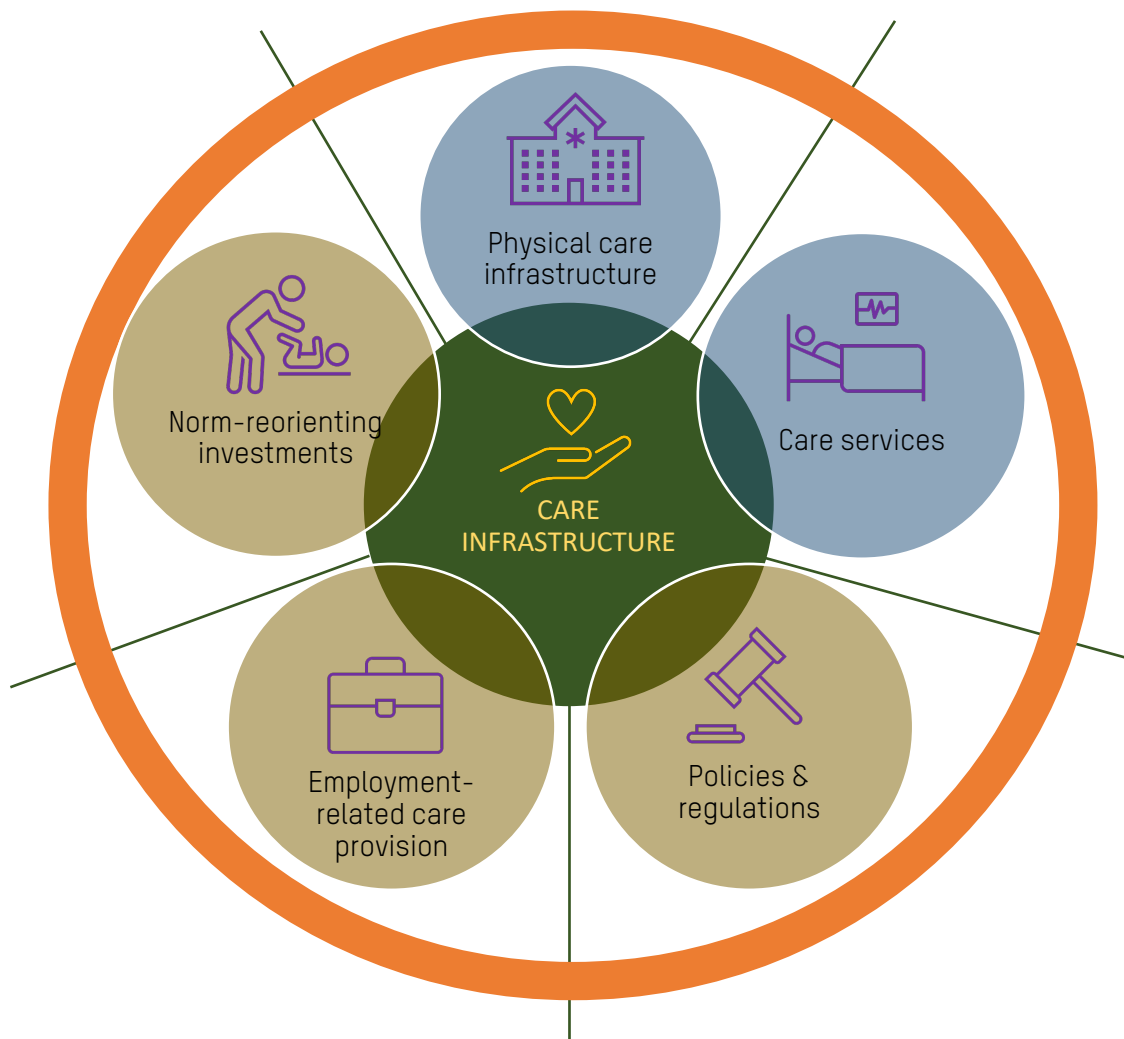
Figure 4 presents the five broad classifications of care infrastructure (non) investments in the Philippines: physical care infrastructure, care services, care policies and regulations, employment-related care provision, and norm-reorienting care investments.

The proposed typologies take inspiration from Oxfam's Care Policy Scorecard, but it only adopted the broader types of policy outcomes since this typology do not only consider the supply and demand of public investments, but also private investments and initiatives on care infrastructure.

We also distinguish between two dimensions of care infrastructure investments: the *"hard component"* and the *"soft component."* The *hard component* of care infrastructure investments is typically capital and labor intensive, which include physical care infrastructures and care services. The *soft component* is intensive in terms of political will and supports the shift in perspective and incentives that include care policies and regulations, employment-related care provisions, and norm-reorienting investments.

The soft and hard components of care infrastructure investments reinforce each other. The soft component mediates how care responsibility is shared among stakeholders according to the care diamond in figure 2, and not within just the family. This means that the soft component provides an impetus on what and how hard components should exist. However, without the hard component of care infrastructure investments, the soft component would not achieve its desired objectives for care-users and care-providers.

Figure 4: Typology of care infrastructure investments in the Philippines



Source: Author's visualization

1. **Physical care infrastructure** – this type of investment is often the immovable, physical, and visible facilities that supports and aids the delivery of care such as water, sanitation systems, roads, transport systems, community centers, daycare centers, specialized care centers, among others. This investment also includes devices and equipment that reduces time and labor needed in performing care activities.
2. **Care services** – investments for professional and non-specialized care providers and users. These include provision of care for dependents and the sick that assists their physical and emotional well-being. More broadly, these services are those that ensure the shared responsibility of care from the family to the governments, markets, civil societies, and communities.
3. **Care policies and regulations** – a type of investment that directly descends from the care agenda. It configures the overall objective of care infrastructure investments. This type of investment has the possibility of directing what, where, when, and how other care investment types are made. This investment type includes the following sub-types:
  - Social or welfare protection.
  - Labor protection and decent work for paid care workers and migrant care workers and their families.



- Gender-responsive financing and participatory public budgeting; and
  - Generation of care-related data and gender disaggregated data that feeds into policymaking, planning, and monitoring systems.
4. **Employment-related care provision** – these investments are those that ensure private businesses are care-supporting and sensitive. This investment may include, (1) flexible time arrangements for both male and female workers to promote the redistribution of care work responsibilities, (2) equal provision of leaves for childcare and leave benefits, and (3) promotion of work-life balance and gender-sensitive workplaces.
5. **Norm-reorienting investments** – investments and interventions on socio-behavioral change on ideas about care work. This type of investment may include gender-forward changes in the curriculum of basic education, campaigns and educational discussions within communities and workplaces. Investments that promote recognition that care work produces value is included in this typology.

Table 1 outlines the supply (or existence) of care infrastructure investments in the Philippines by each stakeholder described in the care diamond (see figure 1).

*Table 1: care investment types, stakeholders, and supply of care infrastructure investments in the Philippines*

Physical facilities	Care services	Care policies & regulations	Employment-related care provisions	Norm-reorienting investments
<b>STAKEHOLDER: National Government</b>				
<ul style="list-style-type: none"> <li>• Health facilities</li> <li>• Education facilities</li> <li>• Transportation</li> <li>• Social welfare facilities for the vulnerable, neglected and victims of violence and abuse</li> <li>• Water &amp; sanitation infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Social protection for the poor and those in need</li> <li>• Time-use surveys</li> <li>• National Household Care Survey<sup>69</sup></li> <li>• Long term care services provision for the old through taxation (mixed with social insurance)<sup>70</sup></li> </ul>	<ul style="list-style-type: none"> <li>• National agenda on care</li> <li>• Laws on protection of the rights to decent work of care workers in the Philippines and overseas Filipinos</li> <li>• Mandatory provision of workplace nursing facilities irrespective of the number of workers<sup>71</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Incentivizing the private sector to share in the care-related needs of its employees</li> <li>• Ensuring rights of workers to annual leave or parental leaves are provided</li> <li>• Kasambahay law<sup>72</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of gender – sensitive curriculum for basic education</li> <li>• Sharing of child-care responsibilities from the family to the community and/or the state</li> <li>• Men Opposed to Violence Everywhere (73 chapters established)<sup>73</sup></li> </ul>

<sup>69</sup> Partnership between Oxfam Pilipinas, UN Women, and Philippine Commission on Women.

<sup>70</sup> ILO. (2022). Care at work: Investing in care leave and services for a more gender equal world of work. (Geneva: Switzerland, International Labour Organization), [https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/documents/publication/wcms\\_838653.pdf](https://www.ilo.org/wcmsp5/groups/public/-/dgreports/-/dcomm/documents/publication/wcms_838653.pdf)

<sup>71</sup> ILO. (2022). Care at work.

<sup>72</sup> Official Gazette. Republic Act 10361, Domestic Workers Act or Kasambahay Law. AN act protecting the rights and privileges of paid domestic workers. <https://www.officialgazette.gov.ph/2013/01/18/republic-act-no-10361/>

<sup>73</sup> Campaign to encourage participation of men in unpaid care work in sharing household responsibilities in select government agencies. See, <https://library.pcw.gov.ph/wp-content/uploads/2022/07/PCW-Updated-Gender-Equality-and-Womens-Empowerment-Plan-2019-2025-2022.pdf>

Physical facilities	Care services	Care policies & regulations	Employment-related care provisions	Norm-reorienting investments
<b>STAKEHOLDER: Local Government</b>				
<ul style="list-style-type: none"> <li>• Water &amp; sanitation infrastructure</li> <li>• Time &amp; labor-saving equipment or facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual education</li> <li>• Family planning services</li> </ul>	<ul style="list-style-type: none"> <li>• Local ordinances responsive to care-related needs</li> </ul>	<ul style="list-style-type: none"> <li>• Ensuring that businesses in the locality adhere to labor standards</li> <li>• Incentivizes private establishments to support care-sensitive practices and regulations</li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of child-care responsibilities from the family to the community and the state</li> </ul>
<b>STAKEHOLDER: Private or business sector</b>				
<ul style="list-style-type: none"> <li>• Breastfeeding areas in workplaces</li> <li>• Nurseries in workplaces</li> <li>• Private health, education, and social centers</li> </ul>	<ul style="list-style-type: none"> <li>• Paid domestic work services</li> <li>• Health-related care services</li> <li>• Child-care services</li> <li>• Paid long-term care services</li> </ul>	<ul style="list-style-type: none"> <li>• Adherence to national laws and regulations on the right to decent work</li> </ul>	<ul style="list-style-type: none"> <li>• Annual leaves</li> <li>• Flexible time arrangements</li> <li>• Work from home arrangements</li> <li>• Childcare provision within workplaces</li> <li>• Entitlements to paid nursing breaks<sup>74</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Sharing of child-care responsibilities from the family to the market and workplaces</li> </ul>
<b>STAKEHOLDER: Civil Societies</b>				
<ul style="list-style-type: none"> <li>• Care facilities dedicated for the neglected such as orphanage or hospices</li> </ul>	<ul style="list-style-type: none"> <li>• Provision of social, health, and welfare-related care services for the neglected and not reached by the government</li> </ul>	<ul style="list-style-type: none"> <li>• 5Rs of unpaid care work as a guiding framework for policy action and civil society interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Influencing the private sector to promote the right to decent work and child protection.</li> </ul>	<ul style="list-style-type: none"> <li>• Campaigns against gender discrimination in popular media</li> <li>• Supporting communities and the private sector to share care work responsibilities</li> </ul>

<sup>74</sup> ILO. (2022). Care at work.

Physical facilities	Care services	Care policies & regulations	Employment-related care provisions	Norm-reorienting investments
<b>STAKEHOLDER: Communities</b>				
<ul style="list-style-type: none"> <li>Shared areas for doing laundry in places with problems on piped water</li> <li>Access to water and electricity in the social housing by PATAMBA<sup>75</sup></li> </ul>	<ul style="list-style-type: none"> <li>"Hilot" or community elder who takes care of the sick</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li>The "neighbor" or "friend" who takes care of the young while parents are working</li> </ul>	<ul style="list-style-type: none"> <li>Sharing of child-care responsibilities from the family to the community and/or the state</li> </ul>

A public policy that recognizes care infrastructure as a driver for economic growth, a vital component to inequality and poverty reduction, and a robust initiative towards the promotion of women's empowerment would mean the necessity of investments. There is a greater need for these investments to be publicly funded with the support of the private sector. While critical gaps remain, investments that are care-sensitive and supporting are present in the Philippines.

Table 2 outlines the demands surrounding care investments in the Philippines. While it does not present an exhaustive list of articulated demands of care infrastructure investments, it identifies each possible investment in each type by scope. The scope is for illustrative purposes and includes only those the most common or time-consuming components of care work.

**TABLE 2: TYPES OF CARE INVESTMENTS, SCOPE OF CARE, AND DEMANDS OF CARE INVESTMENTS IN THE PHILIPPINES: A Matrix Of Possibilities**

Physical facilities	Care services	Care policies & regulations	Employment-related care provisions	Norm-reorienting investments
<b>SCOPE*: Childcare investments</b>				
<ul style="list-style-type: none"> <li>Day care centers (that are not only education-focused)</li> <li>Playgrounds &amp; parks</li> <li>Child protection centers for victims of abuse, neglect &amp; violence</li> <li>Orphanage &amp; hospices</li> </ul>	<ul style="list-style-type: none"> <li>Immunizations programs</li> <li>Care-provider education for children with special needs</li> <li>Day care supervisors</li> <li>Counselling for expectant parents</li> <li>Counselling for victims of abuse &amp; violence</li> </ul>	<ul style="list-style-type: none"> <li>Policy on public investments for day care centers</li> <li>Tax breaks for every childbirth</li> <li>Laws on protection of children from abuse, neglect &amp; violence</li> </ul>	<ul style="list-style-type: none"> <li>Breastfeeding friendly workplace</li> <li>Nursery within workplace</li> <li>Equal provision of parental leaves</li> </ul>	<ul style="list-style-type: none"> <li>Integrating gender-forward sharing of responsibility on childcare</li> <li>Sharing of child-care responsibilities from the family to the community and/or the state</li> </ul>

<sup>75</sup> PATAMBA or the National Network of Informal Workers in the Philippines, see <https://homenetsoutheastasia.org/country-news/philippines/>; This project is mentioned in the paper by Pineda-Ofreneo, R. (2019) Engendering Social and Solidarity Economy (SSE) in the Context of the 2030 Sustainable Development Agenda. (White paper), [https://base.socioeco.org/docs/ofreneo-sse\\_and\\_gender\\_equality\\_april\\_-\\_2019.pdf](https://base.socioeco.org/docs/ofreneo-sse_and_gender_equality_april_-_2019.pdf)

Physical facilities	Care services	Care policies & regulations	Employment-related care provisions	Norm-reorienting investments
<b>SCOPE*: Domestic work investments</b>				
<ul style="list-style-type: none"> <li>• Water &amp; sanitation infrastructure</li> <li>• Transportation</li> <li>• Time &amp; labor-saving equipment or facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Decent remuneration of paid workers</li> <li>• Domestic care education</li> <li>• Social or welfare protection</li> </ul>	<ul style="list-style-type: none"> <li>• Laws or regulations ensuring decent pay and conditions of work for paid care workers</li> </ul>	<ul style="list-style-type: none"> <li>• Annual leaves</li> <li>• Flexible time arrangements</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of gender-sensitive curriculum for basic education</li> <li>• Campaigns against discrimination in popular media</li> </ul>
<b>SCOPE*: Old-age care</b>				
<ul style="list-style-type: none"> <li>• Community centers</li> <li>• Long-term assistive living facilities</li> <li>• Responsive primary health care facilities to the needs of the old</li> <li>• Old-friendly infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>• Public provision of care services for old people who needs daily assistance</li> <li>• Health-related care services</li> </ul>	<ul style="list-style-type: none"> <li>• Policies that promote participation of the old in decision-making bodies.</li> </ul>	<ul style="list-style-type: none"> <li>• Long-term care leave, emergency leave<sup>76</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Changing the notion that children are "retirement plan investments"</li> <li>•</li> </ul>
<b>SCOPE*: Cross-cutting dimensions</b>				
<ul style="list-style-type: none"> <li>• Establishments that are accessible to people with disabilities</li> <li>• Public housing for the displaced due to conflicts, natural hazards, fires, and financial difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusion of time-use survey in national statistics</li> <li>• Psychosocial and health services for victims of violence and abuse</li> </ul>	<ul style="list-style-type: none"> <li>• National action plan for unpaid care workers</li> <li>• Inclusion of women in policy formulation, project planning, monitoring, and evaluation related to care</li> </ul>	<ul style="list-style-type: none"> <li>• Non-discrimination to employment of people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Establishments that are accessible to people with disabilities</li> <li>• Public housing for the displaced due to conflicts, natural hazards, fires, and financial difficulties</li> </ul>

\* The select scope of demand of care infrastructure investments in the Philippines. This table do not intend to provide an exhaustive list of the scope of care, but to map out an example on how each typology of care infrastructure investment can be disaggregated based on common scope of care.

<sup>76</sup> ILO. (2022). Care at work.

## Box 2: Difference between the Care Policy Scorecard<sup>77</sup> and the typology of care infrastructure investments

In 2021, Oxfam released the Care Policy Scorecard, which is a practical toolkit for assessing country progress towards an enabling and transformative policy environment on care. The tool tracks the extent to which government policies on care are adopted, budgeted for, and implemented. The Scorecard includes ten policy areas that are distributed among unpaid or paid care work policies, and cross-sectional policies addressing unpaid and paid care work.

Oxfam conducted a pilot study of the Scorecard in Kenya and the Philippines to assess the policy space on care and test the methodology. While only limited to two sections of the Scorecard, the findings revealed that the Philippines' unpaid care work and cross-cutting policies exist but are transformative to a limited extent. According to the Scorecard, transformative care policies are the following:

- *Gender transformative and human rights based*
- *Those that guarantee human rights, agency, and well-being of caregivers and those receiving care*
- *Universal and provide adequate and equitable benefits to all, especially those likely to be left behind*
- *Those that ensure the government has overall and primary responsibility for care provision and regulation*
- *Founded on social dialogue and representation of caregivers and care receivers.*

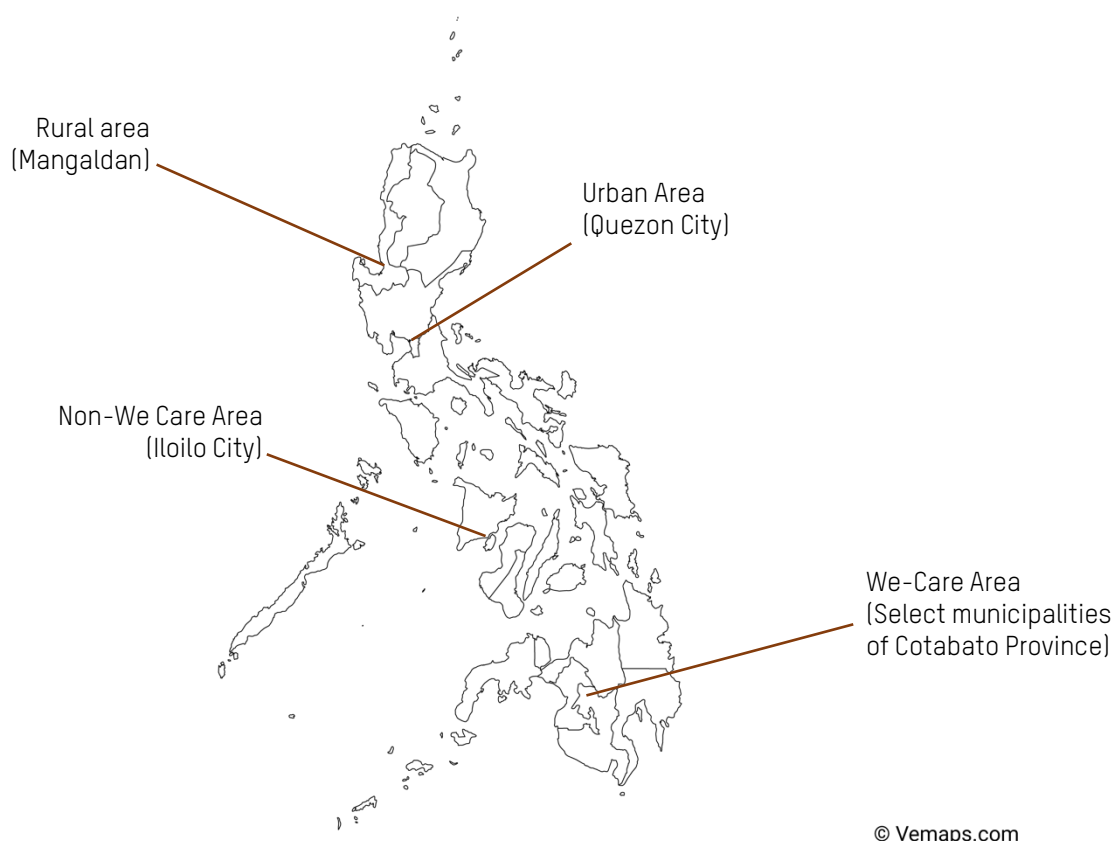
The Care Policy Scorecard is one of the bases in the study's formulation of the typology of care infrastructure investments in the Philippines since public policies define public investments. Likewise, restructuring of incentives for the private sector to invest in care is an upshot of public policies. Certain commonalities exist between the typologies of care investments presented in this paper and the indicators that are identified in the Scorecard for each policy area.

The formulation of care infrastructure investment typologies in the Philippines do not only include public investments but also investments by businesses, civil societies, and the community themselves, to an extent possible. Unlike the indicators for each policy area developed in the Scorecard, which was informed by a global evidence review of policy measures and program interventions, the conceptualization of care infrastructure in the Philippine context informed the typology of care infrastructure investments. This typology aimed to capture not only the supply (existence) of care infrastructure investments, but also the broad demands for these investments.

<sup>77</sup> Butt, A.P. et al. (2021). Care Policy Scorecard: A tool for assessing country progress towards an enabling policy environment on care. (Oxford: Oxfam GB for Oxfam International), 10.21201/2021.8069; Lande, A. and Kmetz, M. (2021). Care Policy Scorecard: Addressing Unpaid Care Work Policies in Kenya and the Philippines. (Oxfam and Keough School of Global Affairs Integration Lab).

# CASE STORIES

## Care Infrastructure (Non)Investments and Women's Economic Empowerment



## WE-Care Program Area

### Box 3: Community context<sup>78</sup> and respondents' profile<sup>79</sup>

**Barangay Libungan Torreta** in Pigcawayan is a small barangay that is now under the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) after its residents voted for its inclusion during the 2019 plebiscite. In the 2015 census, there are 2,189 residents with 437 households in the barangay. Majority of the residents are Muslims and most are *bakwits* or internally-displaced peoples because of armed conflict.

There is not much livelihood in the area, and their (farm-to-market) roads are still under construction. Most people rely on fishponds and agricultural work. Around the center of the barangay, there are several stores selling food and groceries, which seem to be one of the main livelihoods in the community. Two community respondents, a male and a female, from this barangay are active members of local organizations, and both are barangay health workers (BHWs). They closely worked with SIMMCARD and Oxfam Pilipinas for the WE-Care Program.

**Barangay Rangayen** is an upland barangay in Alamada. In the 2020 census, there are 3,970 residents with 769 households in the barangay. The community is a mix of Christians and Muslims. The main source of livelihood in the community is farming and livestock, but other livelihood options are present since there are tourist spots in the area. Farmers sell their produce within the barangay and nearby communities. Like Barangay Libungan Torreta, there are stores selling food and grocery items. A male and a female community respondent come from this area who are active members of their organization managing the water system.

Arthur is the leader of a local organization who worked with SIMMCARD for the WE-Care Program. He owns a *sari-sari* store (mini grocery store) and a *carinderia* (food stall) in their barangay. He also works as a barangay health worker and he helps manage the community health center. Arthur and his family are *bakwits* (displaced individuals due to war and conflict), but they found Libungan Torreta a good community that made them decide to stay. Arthur can be considered as one of the financially able residents of the community.

Ana is a female BHW, who was asked to serve in the community. She is the leader of a women's organization in Libungan Torreta. Like Arthur, she helps manage the barangay health center. Her work as a BHW is a source of family income, but her husband also works. Her husband was present during the interview. He suddenly came appeared where we were doing the interview, but he did not interfere in any way. Ana is also a Muslim, so this may be her husband's means of looking out for her.

Jose is the president of the local organization managing the water system. He is a former barangay kagawad and remains to be active in the community. Based on initial observations, he is one of the more financially able residents as he owns a big *sari-sari* store (mini grocery store). He has only one more child going to school. His older children are also supporting the family financially. He is quite influential in the community due to his previous position.

Jane is the secretary of an organization. She is an active community member through her organization. Jane is not as financially able as Jose. She mentioned that her household's main provider is her husband whose source of livelihood is farming. Currently, she is managing a small stall, which was a grant from the livelihood program of their LGU.

Local government respondents include an MSWDO officer, a municipal councilor of Alamada, and the captain of Barangay Grebona. Both the MSWDO officer and the Municipal Councilor, a former mayor of Alamada, worked with SIMMCARD and Oxfam for the We-Care Program. The barangay captain was the ex-president of a women's organization that partnered with SIMMCARD and Oxfam for the We-Care Program.

<sup>78</sup> Phil Atlas. (nd) <https://www.philatlas.com/mindanao/r12/cotabato/pigcawayan/libungan-torreta.html>

<sup>79</sup> Except for Christian Almendral from SIMMCARD, none of the stated names of the respondents are their real names.

## Community Perspectives on Care

**Most respondents view care at a personal level. Almost all of them referred to care as a form of love, respect, and a duty and obligation to the family.** Respondents situate care within their immediate social environment that they value. Alamada's MSWDO Officer<sup>80</sup> said that care encompasses not only the family, but also the environment and the community. For Ana, care also means caring for the organization that they are involved in, while Jose sees care as taking care of oneself. Jane considers care as a form of service to the family and to other people. **The respondents also consider their family as their primary care providers,** as female respondents<sup>81</sup> who are mothers emphasized that care is caring for their children and husbands. In the respondents' view, it is the responsibility of the wife and the husband to provide care for their families. Ana also mentioned that in this sense, the husbands' role is to provide for the family financially.

## Care Beyond the Family

**Community respondents expressed that outside their homes, the barangay should be responsible in providing care for community members, more specifically, majority of them expect their barangay captain to provide care.** This seems to imply that respondents view their immediate community as an extension of their family life, and they trust their barangay captain to look out for them.

**On the other end, the local authorities stated that it is the duty of the government to care for the people.** According to Alamada's municipal councilor, there should be a 'responsive governance' in place. Their MSWDO officer also stated the same and said that the government should care for the people because it should be a "*government for the people, by the people, and of the people.*" She reiterated that "*the government should be the partners of the people,*" including in the aspect of care.

These views of local authorities are in contrast with the perspective of a community member. Jose said that usually "*We look out for ourselves, we do it on our own.*," implying that one is responsible to care for himself or herself and their families. Jose's view illustrates the entrenched perspective that care responsibility should not be expected from other actors such as the government.

## Community Understanding of Care Infrastructure

**Respondents associate care infrastructures with physical infrastructures.** Unless prompted, they were not able to give examples of care infrastructures falling under the other five typologies in this study. When asked what they consider care infrastructure in the community, a respondent said "bomba" or a deep-well, which is the communal water facility. Almost all community respondents immediately thought of their water system as an example of care infrastructure, as this is the focus of the WE-Care Program. The respondents thought of their water system as a care infrastructure because some of their care needs are attached to it, including caring for themselves by maintaining proper hygiene and caring for their family by having access to water for preparing food, washing clothes, and cleaning; access to water allows them to maintain their whole well-being. It helped ease their day-to-day burden of care work, they do not need to worry anymore about where they would get their water supply and devote additional time into going to communal water areas.

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<sup>80</sup> Interview with Alamada MSWDO Officer

<sup>81</sup> Interview with female respondents



Jose also immediately mentioned farm-to-market roads, as there are newly built roads in their barangay. He considers farm-to-market roads as a form of care infrastructure because it helps the people in their community get to various places easier, which allows them to attend to their care needs easier as well, like fetching their children from school, getting to health care centers, and buying or selling their food and produce in the market.

To prompt respondents on citing other examples of care infrastructure, an example for each type of care infrastructure investments based on our typologies were given to them. Respondents were able to identify other forms of care infrastructure which they initially did not think of. Examples of these are health centers, daycare centers, schools, nutrition programs, immunization programs, the Anti-VAWC Law, trainings and seminars, TESDA trainings, and livelihood programs. Aside from the WE-Care Program, they also cited several livelihood projects from other NGOs. They consider livelihood programs as care infrastructure as it gives their family additional income that they can use towards their care needs like food, shelter, education, self-care, and others.

The councilor of Alamada presented their Gender and Development (GAD) plan, which lists the programs<sup>82</sup> implemented under the GAD budget. He considers all of those as types of care infrastructure, while emphasizing that the WE-Care Program helped him understand the importance of providing these kinds of services to the community. He labeled this approach as “responsive governance.” Initially, he wanted to legislate the WE-Care Program but realized that it resembles the programs they are proposing under the GAD budget so it would be redundant. He mentioned that the government is strict when it comes to new legislations or when introducing new projects since they must follow a list from national agencies or the guidelines from the Commission of Audit (COA) to avoid being flagged with irregular activities.

*“I reviewed the GAD program, (the WE-Care Program) is already included there, so it is already unnecessary to make create another program or ordinance which is already a duplication of the programs implemented by the LGU83.”*

*- Councilor of Alamada*

## Care Infrastructure Investments by NGOs

Aside from the water system that was developed by SIM-CARRD, Ana also mentioned the trainings and seminars that involved norm-reorienting discussions as an example of care infrastructure. This was given to them during the implementation of the WE-Care Program. She highlighted how beneficial it is to their community, especially to women. It provided them with an unfamiliar perspective on how they should be cared for, how their husbands should assist them in providing care for their family, and how their role is important in the community. Arthur mentioned that their community changed after the conduct of the training and seminars, especially the perspective of men. Jane also shared several livelihood programs by NGOs which she considers as a form of care infrastructure. Some of the livelihood programs that she mentioned includes giving them pigs and goats that they can raise and sell.

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<sup>82</sup> See Annex C for a copy of the approved Gender and Development (GAD) plan of Alamada.

<sup>83</sup> Interview with the councilor of Alamada.

## Care Infrastructure Investments by Community-Based Groups

Respondents mentioned the term “*dagyaw*” or “*dayum*,” a Bisayan term for bayanihan as a form of community-led care infrastructure. In practice, this involves helping each other when labor is needed by a community member. It also involves extending help to their neighbors by giving them crops or food items, or by pooling monetary contributions for hospital or burial expenses.

In general, respondents from different municipalities in North Cotabato view care infrastructure investments as anything related to addressing their care needs – from their own needs to their families’ needs.

## Care Governance

**In the Municipality of Alamada, respondents from the government claim they practice the bottom-up approach of planning for care-related services or any government projects.** According to the councilor of Alamada, the community has a federation of women’s organizations and the local government coordinates with them for planning projects. Their usual process in their municipality is that MSWDO will then consolidate all their project proposals and forward it to the Municipal Development Council headed by the mayor for proper budgeting and approval. All project proposals in the Municipality of Alamada should pass through the MDC before being forwarded to the Sangguniang Bayan for final approval and adaption before their implementation.

As an example of bottom-up planning by the local government, the councilor of Alamada cited an activity during women’s day, where a space is given for women to talk about the projects they would want to have. The local government claims that they consult communities or mobilize community organizations, particularly women’s organizations to help identify what they need. According to the MSWDO officer, they usually conduct focus group discussion (FGDs) or ask local organizations to conduct the FGD themselves so they could formulate project proposals of their pressing needs. The councilor of Alamada stated that since project proposals and suggestions come from community members and local organizations, they are also empowered to implement these programs.

**Supported and funded by the LGU, care infrastructures are brought to the community to solve their concerns and address their needs.** According to the local officials of Alamada, the budget of these activities is deliberated in the Municipal Development Council and approved by the Sangguniang Bayan. However, the councilor of Alamada claims that they are tied to the 5% GAD budget when it comes to allocating funds for care-related projects. In their perspective, it is safe to include care-related programs under the GAD budget as they see it in the context of aiding women. Also, this may relate to how care is viewed as an arena where women are in-charge. Although sometimes, care-related projects, besides those classified as GAD projects are given to them by national agencies like the Department of Social Welfare and Development (DSWD). The councilor of Alamada also stated that they cannot simply allot budget or propose new budget allocations if it is not aligned with the approved plans of the Sangguniang Bayan. These approved plans are from the plans of the national agency that is forwarded to them. So even those project proposals forwarded by community organizations should fit in these approved plans, otherwise, they may be flagged by national auditing agencies.

In contrast, the barangay captain of Barangay Grebona stated that they plan care-related projects through the Barangay Council, and simply report to the people during Barangay Assemblies<sup>84</sup>. This practice is quite different from that of Alamada LGU. In terms of planning and budgeting, Barangay Grebona has a 5-year plan that contains all their planned projects and programs, according to their captain<sup>85</sup>. They get the budget for these care infrastructure projects from the 20% allocation of their internal revenue allotment (IRA). However, since the barangay has a measly budget compared to the urgent needs of the people, this affects their prioritization of projects. According to the captain, if they want to have more projects for the welfare of their constituents, they seek support from the local and provincial government for projects that are too heavy for them to shoulder financially<sup>86</sup>.

**Monitoring schemes are in place in these communities to some extent.** According to respondents from the local government, they use a standard monitoring format which comes from national agencies, and each project has a monitoring committee that meets regularly. The committee follows a scorecard to assess how the project is going. The different monitoring mechanisms help them identify what projects are working, what projects are compatible to the community, and what projects can be improved or changed. It gives them a perspective on what to continue to implement and support and how to properly do this.

Aside from the formal monitoring schemes, the MSWDO officer shared that they also have monthly meetings with project beneficiaries, which they call “*kumustahan*” or catching up with them. The local government also makes use of social media platforms like Facebook messenger to keep track of their projects. They visit communities to see how their projects are going. They maintain constant communication with the project recipients and coordinate with the barangay to assist in monitoring.

## Impact of Care Infrastructure Investments to Women

**The respondents included in the study claimed to have benefitted from the care infrastructures in place in their communities.** The respondents highlighted the perceived changes brought by the We-Care Program and referenced the benefits that they got from the different care infrastructure investments in their communities that they are aware of. The respondents, particularly women, claimed that the introduction of care infrastructure investments in their communities helped improve their situation and made services more accessible to them.

**In Libungan Torreta, where majority are Muslims, respondents shared that some of the care infrastructure that they were able to access raised their awareness of women’s roles not only in the household, but also in the community.** Before they were presented with norm-reorienting seminars, many women were not allowed by their husbands to leave their house or seek work<sup>87</sup>. They simply stay at home, and often, their husbands would think that they are just relaxing or resting<sup>88</sup>.

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<sup>84</sup> Interview from the Barangay Captain of Grebona.

<sup>85</sup> Ibid.

<sup>86</sup> Ibid.

<sup>87</sup> Interview with Ana.

<sup>88</sup> Ibid.

*“Before, they think that only men have the right to work. Then we learned that women could do that also. They told us before that women should just stay in the house, focus on their appearance. But we learned that this should not be the case, women should be able to stand on their own feet and be independent because they will not have a companion forever. Then, when the men in the community also started attending seminars, they also learned how to value women. They now understood that women don’t just relax at home all day, they are doing a lot of things at home. If men are tired because they are working outside, women are also tired because they are doing work at home. Now these men are aware of what women are doing in the household, what mothers are doing.”*

*- Ana, community respondent*

Even Arthur shared similar experience from the seminar:

*“Here (norm-reorienting seminars) we learned the burden that women are facing at home in terms of housework. So now, other men are already able to adjust. Before, we don’t usually help around the house, we don’t fetch water, we don’t wash clothes. We don’t do house chores: we don’t sweep the floor; we don’t wash the dishes. Now, we are doing all these things already...Back then, we don’t allow our wives to go outside the house, they need to stay at home. Now, we allow them to go outside and join seminars anywhere. We give them their freedom. Well, some men do, but now more men are doing the same.*

*-Arthur, community respondent*

**Care infrastructure investments such as norm-reorienting activities, particularly trainings and seminars conducted in Libungan Torreta influenced and shifted perspectives of its residents.** Ana mentioned that after attending the training, she immediately wrote to the barangay captain to apply for a barangay health worker (BHW) position. She said she wanted to have a participation in their community and their training gave her confidence. In her view, she and her fellow women are seen, recognized, and given importance in the community. For her, this is an important impact of care infrastructures.

*“Before, we usually see male barangay officers. [After the seminar] we learned that women also have the chance to become officers as well. Men are not the only ones that can be trusted with a barangay position. Women can also help the community...we can do something as women. We can also do what the men are doing...before, we were not recognized here in our barangay. But now, we can participate in different activities. If there are guests or if there is a program, the BHWs are called to help, to entertain guests, to attend to them. Even in those trivial things, we feel happy, we feel recognized.”*

*-Ana, community respondent*

**This evidence highlights how norm-reorienting care investments such as trainings and seminars can shift existing perspectives in a community.** This is because they are given an arena to discuss how they view women's work, both from the perspectives of men and women. These information sessions have the potential to inspire and empower women to work for their self-improvement. The community experience of these seminars highlights the need to include men in these interventions. Arthur mentioned that the seminar helped the men in their community shift their perception on how they view women<sup>89</sup>. The We-Care Program was implemented in Libungan Torreta in 2019, but these seminars transformed into a community practice even three years later. In the respondents' view, they are slowly using the knowledge they have learned from the seminars, which they consider an asset to the community.

The MSWDO officer also shared the similar observation. Norm-reorienting care infrastructure has the potential to improve the quality of life of women.

*"[These seminars will help] in eliminating the triple burden experienced by women, where women are seen to be confined in their homes only. Through these seminars, they will be able to participate in the community, and their roles will not be centered in their household to care for their family. So through these [efforts], they can participate in community activities like meetings, trainings, seminars."*

*- MSWDO Officer*

**Besides perceived shifts in community perspectives around women, respondents noted the impact of care infrastructure on the economic lives of women.** Our female respondents from the three communities have unanimously expressed that they feel they have 'more' time now thanks to the availability of care infrastructures. In Libungan Torreta, Ana and Arthur mentioned that since most of the men in their community are now helping women with work at home, they have more time to participate in community activities, including productive or paid work outside their homes. For Jane, care programs related to livelihood has also been very helpful for her. Jane is a beneficiary of the livelihood grant in Alamada. She narrated that there was a call for business proposals by the Public Employment Service Office where she submitted her proposal for a 'refreshing drink' business. Her proposal was granted, and now she earns daily income that she said is an immense help to her family as they rely on farming. Even if they do not go out to farm, she can still earn for the family. In her view, the livelihood project gave her more hours to care for her family as she does not need to go to the farm every day. Ana made a similar observation. She said that because of the TESDA-provided skills training, they can already look for jobs or livelihood opportunities not only in their barangay, but in other areas as well. Respondents noted this aspect is important for them as they belong to low-income communities; so, they are always in search for opportunities that can improve their well-being. This also implies why they consider livelihood-related programs as a form of care infrastructure, as it helps them provide for their basic care needs and the care needs of their families.

Grebona's barangay chairperson also recognizes the benefits of care infrastructure to the community. In her view, such infrastructures introduced improvements to women's lives. Now, because of the skills training provided to them, it expanded options for finding other income sources. In the respondents' view, it brought profound impact to the community, especially to those who have a tough time making ends meet. Now, because of the skills training provided to them, it expanded options for finding other income sources. In the respondents' view, it brought profound impact to the community, especially to those who have a tough time making ends meet. The barangay captain claimed that they make sure to prioritize poor women in livelihood projects to be able to help them and empower them as well.

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<sup>89</sup> Interview with Arthur.

*“Women had it harder before, but now they already know what to do to earn since they obtained skills that would help them. Before, they had to search for opportunities to earn money.”*

*- Barangay Captain, Grebona*

Since some form of care infrastructure are in place in the three barangays, respondents were asked to reflect about their lives before care infrastructures were introduced. The respondents had a collective response – life was hard. They did not have direct access to water into their homes that affected majority of their household activities which they consider as mainly care-related. They did not have livelihood programs that limited their income source and opportunities, which also limited their ability to provide the care needs of their families. Essentially, their lack of resources restricted their care provisions.

**There is a general view from local leaders and community members that the current level of care infrastructure investments in the studied barangays introduced vital changes.** The MSWDO officer compared care infrastructure to a map or a route. The lack of care infrastructure before meant there is no route or map for the people and with care infrastructure investments, people now know where they can go in times of need. People now know that they are part of the plan, and that the government is working for them.

At the policy level, care infrastructure investments are included in local government plans, but are almost always a by-product of other priorities, like prioritization of education, health, and women and development programs. A view from the councilor of Alamada is more telling of this:

*“The care that we are talking about, ideally, should not be the concern (of the government), but the act or the responses of the government seem to imply care...on the part of the government, it is implied through their other projects that the government care for you. These proposals came from you, it was funded by the government, and you will benefit from it, you will be the beneficiary. That is implied. That is what is happening. The government cared for you but not in the literal sense that you have to directly feel it. But this should not solely be the responsibility of the government through material things or project-wise, care should still come from the family. 81”*

*- Councilor of Alamada*

Nevertheless, the local councilor emphasized that the notion of care is a family-based concept. In his view, whatever the government is doing should just supplement what the family is already providing. In contrast to this view, Jose argued that providing care infrastructure investments to communities is a government responsibility because they have the budget, and the people cannot provide these for themselves. Care and care infrastructures should be the top priority of the government, as the MSWDO officer put it:

*“the government should prioritize care, because once it is not prioritized, there is a tendency...the success of our community is dependent on care, if we can see that the people are also well-developed and well-protected. When we care for the people, we can eliminate vices..we can uplift the living condition of women.”*

**While respondents believe that care should be prioritized, they enclose its scope to personal or family life.** There is a general community perspective that providing care for the people is not necessarily the job of higher government units. There is a general view among respondents from all communities that care for the community should stem only from the barangay council.

## Community Demands for Care Infrastructure

All respondents expressed that they wish to have more care infrastructure investments in their communities. For Arthur, he wants to have a playground where children can play. This is because children in their communities are internally displaced who have experienced the impact of the armed conflict. He said some children may have developed trauma, so he would want them to have an outlet that could improve their condition.

Going back to their understanding that livelihood programs can help them with care provisions for their family, therefore they identify it as care infrastructure, Ana wishes to have physical care infrastructure investment related to their TESDA trainings like bakeries, so they can use their knowledge and certification from their trainings. She said that some of her neighbors do not want to enroll in TESDA because they do not see concrete results of what they could achieve after trainings. Most respondents want more livelihood programs or job opportunities for members of their communities as they directly connect this to supplementing their care needs.

## Key Takeaways

- Because of their experience with the We Care program, respondents from different barangays in North Cotabato have better understanding of the concept of care. Despite this, their understanding of what can be considered as care infrastructure investment is still limited to physical infrastructure. Also, they usually relate any investment that would provide them relief to care infrastructure investments.
- It is worth noting that they consider livelihood programs as a form of care infrastructure as it aids them in providing care for their family by granting them with a source of income they can use specifically for care needs.
- The respondents from North Cotabato communities highlighted personal stories of how care infrastructure investments could induce vital shifts in perspectives. These perceived changes in perspectives are not only limited within the household but in the wider community. These stories illustrate how investments in care infrastructure can lead to broader opportunities, especially for women.



Children helping with household work after school. They are washing the dishes at an artesian well built near their house as part of the WE-Care project. (Photo: Jed Regala/Oxfam Pilipinas)

# Non-We-Care Program Area

## Box 4: Community context and respondents' profile<sup>90</sup>

Iloilo City is a first-class, highly urbanized metropolis located on the island of Panay in the Western Visayas region. It serves as the provincial capital of Iloilo, although it maintains its political independence in terms of governance and management. There 457,626 people in Iloilo as of the 2020 census.

The community members that were interviewed are as follows: (1) a single mother with two children who owns an eatery and active in attending barangay assemblies, (2) a 27 year old housewife with three children and a pedicab driver husband, (3) a member of the LGBT community who works as a customer service representative, and (4) another member of the LGBT community. The local authority respondents are composed of the following: (5) a barangay official who has been in public service in their barangay for more than a decade, (6) an officer of the City Social Welfare and Development Office who previously worked in the Department of Health and lives in Lapuz district, (7) a Councilor who handles the Committee on Social Welfare and Health and (8) a NAPC Officer assigned in Iloilo City.

## Community Perspectives on Care

Care in general is perceived and viewed by the respondents as an act of service, as an avenue to show love to your family, and as a way to provide help to the members of the community. This includes their expectations that parents will be the main provider of their children or their family. Most of the respondents also shared that they see the family as the primary provider of care – parents, grandparents, and older siblings. If any of the primary care provider is not available, they will reach out to other relatives. Their last resort is to seek help from the government in terms of their care needs. This shows how they situate care as a family responsibility.

*“...If the parents can’t provide, sometimes the oldest child steps in. But if the children are still young, sometimes the extended family steps in to help the family. If there is no extended family available to help, then it should be the government.”*

*-Community Respondent*

One respondent also mentioned caring for the environment and caring for animals. He shared how the Iloilo River was cleaned and revived through the efforts of the government and the community, and he considers that as a form of care. Most respondents also related the concept of care to health care per se and emphasized on their experiences during the COVID-19 pandemic. Some respondents also highlighted that providing care is important because it will help shape a person and lead the person to a better condition and help them become effective members of the community. This leads to the understanding that they also see care as protecting the overall well-being of a community and an individual.

<sup>90</sup> None of the stated names of the respondents are their real names.



## Care Beyond the Family

Outside the homes, they see the community as the one who could extend care for their family. Some respondents referred to their neighbors, while others mentioned that the barangay captain and council should also assume care responsibilities to the people in their community if needed. One respondent added that the government should also assist in the care needs of the people.

*“Like in the present, if the parents can’t provide [for their family] since they have no jobs, there are programs from the LGU that could help the family like the 4Ps program (dole out program), or the DSWD that could help those in need.”*

**- Community Respondent**

Respondents from Iloilo expressed that the government should be the one to prioritize care infrastructures because they are the institution that would have the budget for it. According to the respondents, *“They are the ones holding and managing the budget. They have the money.”* This shows their understanding that the government could prioritize care better because of the budget allotted to them. Aside from the government, respondents also emphasized the health care providers like doctors, nurses, and other health workers. This may be because of how the COVID-19 pandemic emphasized the value of health care in the community. A respondent from the government also emphasized that care is not only limited to the family, rather,

*“...care does not limit itself to the typical notion of familial love per se, but it’s also how the society looks over the citizens.”*

**- Government Respondent**

The government respondent also mentioned that the government should put priority on care. As he stated,

*“In that sense, it is imperative to the government to put priority on that because first of all, in order for us to ensure the better development of our citizens from their childhood down until they become adults, each and every individual must have equitable access to care facilities such as basic social services, basic opportunities on life such as education, livelihood, etc.”*

**- Government Respondent**

It is evident from the answers of the respondents that they view the government as some sort of support system of the family, especially in terms of ensuring that care is provided for each member of the community.

## Community Understanding of Care Infrastructure

The respondents had challenges in answering their idea of what they consider as care infrastructure. **The top of mind answer of community respondents is their barangay hall.** Some also immediately stated health care centers, hospitals, police stations, schools, and gyms that are near or within their area. They immediately came up with their answers as they feel that the health and safety of people is something that needs to be prioritized in terms of providing care and because they also mostly referred to physical infrastructures as their perceived type of care infrastructure.

When prompted using a flipchart, they were also able to identify the following as types of care infrastructure:

- day care centers
- health programs like immunization
- dental services
- Rehab centers for children in conflict with the law/Bahay ng Pag-Asa (for juvenile justice)
- TESDA training centers
- Relief operations from the government during times of calamity
- Short-term job programs from the government like the DOLE-TUPAD
- PWD IDs
- Bahay Pag-asa (for juvenile justice)

A government official from National Anty Poverty Commission in Iloilo also mentioned that they have several mechanisms in place that he considers as a care infrastructure including the existence of a Council for the Protection of Children, VAWC desks in all barangays, Barangay Nutrition Scholars and Barangay Health Workers, and inter-agency convergences on women and children which helps protect the rights and interest of the said sector.

Some community respondents also mentioned medicine and food packs distributed during calamities and the COVID-19 pandemic as examples of care infrastructure. **These responses may indicate that they understand what is care infrastructure, but the term is vague.** We can infer from their answers that they are able to identify and understand care infrastructures using the concept of health care, community assistance, and livelihood programs.

## Perceived Benefits of Care Infrastructure Investments

Respondents mentioned how care infrastructure related to health care benefitted them by keeping them in good shape, allowing for better productivity. They also shared that the gyms and basketball courts in their community are highly beneficial especially to the youth because it can give them an arena to explore their hobbies and interest. They consider this as a care infrastructure because it protects the well-being of the youth by steering them away from vices and illegal drug use.

In terms of livelihood programs like DOLE-TUPAD, it provided them with benefits by giving short-term employment to members of their community, including those who lost their jobs because of the COVID-19 pandemic. They also cited TESDA training programs as beneficial, as it helps the members of their community learn new skills which they can use for future employment. From the respondent's perspective, any program or project that provides them with relief or aides them in their basic needs can be considered as a form of care infrastructure. A respondent even stated that relief goods given to them during lock downs have been a big help to them. She considers it as a care infrastructure because it was an act of care towards them during the pandemic. She stated, *"It is a big help. Sometimes, if we have nothing, we are able to get something from them."*

*“It was helpful, especially when we were put into isolation because someone in our family got positive. Food, medicine, or any form of help is something that we are grateful for, especially since we do not have pay from work.”*

*-Community Respondent*

## Care Governance

Since COVID-19 prompted the local government’s provision of services for communities, most respondents remember programs and projects related to health care. In their view, local authorities were able to implement these programs adequately. It is evident in the answers of the respondents that they associate care programs or care infrastructure in the context of the COVID-19 pandemic.

Unfortunately, respondents from Lapuz district in Iloilo City mentioned that they do not have a participative planning process when it comes to programs implemented in their communities. According to the NAPC officer respondent, inter-agency committees like the committee on women and children tend to practice a top-down approach, wherein they simply implement regional programs directly to the barangay. They do not consult directly with the members of the community regarding their immediate needs or concerns. This claim was supported by the answers of the other 2 barangay official respondents. However, a barangay official mentioned that at least for their barangay, they regularly conduct barangay assemblies (every 6 months) to provide an avenue for dialogue with their residents.

According to the barangay officials, they usually conduct house-to-house activities during project implementation and monitoring. The NAPC officer also mentioned that they sometimes do spot checking for project beneficiaries, and require their partners in the local communities to submit reports so they could follow up on the status of the programs. Through the report, they are able to identify any issues or concerns that may arise from the project, and also take note of aspects of the project that seem to be effective to the community. The NAPC officer shared that despite the top-down approach of project implementation, they gather feedbacks through consultations with sectoral organizations which he sees as a way of forging participative governance.

Since project planning and implementation of care-related infrastructure is not participatory and they are only consulted during the monitoring phase, community members tend to have a limited understanding of the concept of care infrastructure or how it is applied to their community or their situation.

## Care Infrastructure Investments by NGOs

Non-governmental organizations were also able to extend some care infrastructure investments in the community. Respondents mentioned medical missions headed by the private sector. Through these medical missions, they can avail medicines and other services that are usually not given by the government or are usually not available in public health care centers. They also highlighted how NGOs always give them immediate help during or after calamities through the form of relief operations. These relief operations have a positive impact to them as it aides them as they continue with or rebuild their lives.

The NAPC officer also mentioned a care infrastructure from an NGO that specifically targets the protection of children or the youth. He mentioned that the Iloilo Children Welfare Foundation currently implements a monitoring and reporting system to assist victims of child abuse and children in conflict with the law. According to the respondent, the program of ICWF in coordination with their LGU plays a role in safeguarding children’s rights.

## Care Infrastructure Investments by Community-Based Groups

Respondents from the community see the barangay council as part of their immediate community so they identified most of the barangay programs as community programs rather than government programs. This includes the COVID-19 information drive headed by the barangay, their house-to-house visits to check on the members of their community, especially to check on their health conditions, and their programs on promoting immunization to the community. Other than that, the respondents also mentioned that the barangay council tries their best to help provide their needs like food and medicine. They also emphasized that most of the time, it is their extended family, possibly living in the same community, who extends help to them when they need it the most. But one respondent also mentioned the community kitchen that was initiated in their local community. The respondent mentioned that the community kitchen was able to provide their food needs especially during the period when many people have lost their jobs.

## Impact of Care Infrastructure Investments to Women

Since most of the community respondents focused on care infrastructure investments related to health care, they also assessed the impact on women in this aspect. Most of the impacts that the respondents mentioned was based on their experience during the COVID-19 pandemic. Because everything shifted to the home during the pandemic, women had to carry more burden and more responsibility. Programs during these times helped ease the burden of women, including their problem of finding food and resources for their family. The government provided not only food in the form of relief goods, but also vitamins and medicines that would help people stay healthy.

In another aspect, their community health centers are able to provide services to cater to the needs of mothers and their children as well. Some of the programs of the health center are focused on ensuring the physical well-being of women in their community, like the HPV and cervical cancer screenings. Also, their local health programs help women care for their child by giving them accessible immunization services.

On the perspective of the NAPC officer, the care infrastructure investments that are currently in place in their city is raising the awareness of women on the existence of these services or mechanisms which will in turn allow women to realize that they can seek help using these mechanisms or services in their time of need.

## Community Demands for Care Infrastructure

Despite mentioning health care related projects in their previous responses, respondents from the community still wished to have more accessible health care centers. According to one respondent, the health care center in their barangay is far from their bario (far from where they live) so it is still hard for them to avail of these services. Also, the respondents highlighted that they wish to have daycare centers in their communities. Currently, their barangay and even the LGU cannot prioritize building daycare centers because there are no available land where they can build the physical infrastructure. According to one respondent, all the land in their community is privately owned and no one wants to donate a part of their land for building of a daycare center. As expressed by one respondent, *“Hopefully, day care centers for it to be nearer and we do not have to travel.”* These responses reflect the unaddressed care needs of the people in the community, especially women who take care of the children and do the housework.

The NAPC Officer also mentioned that they need to strengthen care infrastructure investments in place, they should also make sure to support these with competent and skilled personnel, proper government support, and complete and better facilities for the benefit of the general welfare. Also, he reiterated that the government cannot simply put up care centers without providing the necessary support for it. To quote,

*“And it would greatly impact the community because it will not directly address the problems in the grassroots if you just spring up one care center without the necessary support it needs in order to sustain and implement the programs that these people need.”*

- NAPC Officer

## Key Takeaways

- Despite being seen in the popular narrative as a progressive city, Iloilo City still has a lot to improve on, particularly on investing in care infrastructure. By understanding and appreciating the importance of care and listening to the care needs of the people, local leaders can better plan and budget for care infrastructures.
- The case story in Iloilo City reveals that respondents are not that familiar with the concept of care infrastructures. Programs from different social and political actors can support communities to come up with viable solutions that would result to more opportunities, enhanced understanding, better appreciation, and promotion of gender justice in their respective areas.

# COMPARING WE-CARE AND NON-WE-CARE AREAS

## Highlighting the Impacts of Care Infrastructure Investments on Women

We have seen from the above stories how care infrastructure is perceived by different communities in North Cotabato and Iloilo City. Now, we will zoom in on how these care infrastructure impacts the lives of women.

### Women, Care, and Care for Women

One big difference of the North Cotabato (WE-Care Area) to Iloilo City (Non-WE-Care Area) is the level of appreciation and depth of understanding of women, and even men, of care infrastructures. This may be attributed to how North Cotabato communities, particularly the Municipality of Alamada, puts an emphasis on their Gender and Development programs as forms of care infrastructure investments and how they utilize it to help improve the condition and livelihood of women. At least for North Cotabato communities, it is evident that there is a conscious effort, extended by the government, and the NGO (in the case of Libungan Toretta, even the community) to empower women in the process of providing care for them. On the other hand, respondents from communities in Iloilo were not at all familiar to any specific program that directly impacts women. From Iloilo respondents, it can be said that care infrastructures that specifically targets improving the condition of women are not effectively communicated to the communities. Even if most of the community respondents in Iloilo City are women, they were still not able to clearly express programs and policies that specifically targets them. Their views and understanding of care infrastructure investments were vague and were limited to issues that are more pressing to them (specifically issues related to livelihood). In a way, it echoes that women’s issues may be a non-priority as reflected in the responses of community members, especially since the LGU is still trying to manage the impacts of the past 2 years of the pandemic.

## Women's Participation in Care Infrastructure (Non)Investments

Women's participation in care infrastructure investments is demonstrated in the WE-Care area where women are consulted and involved in the process of planning and budgeting for existing care infrastructure. In the Municipality of Alamada and Barangays Libungan Toretta and Grebona, they maintain the strength of women CSOs and they encourage them to participate in the planning process by forwarding their concerns and agenda to the LGU. Women's participation facilitated through focus group discussions are conducted by LGU to gather their input on new projects. Also, when projects are implemented in their communities, they are encouraged to take charge of these projects and they are tasked to help the LGU monitor them. This participatory process becomes an empowering medium to have their voices heard, their presence valued, and recognized. Through the norm-reorienting seminars of their partner NGO, SIM-CARRD, women were made to appreciate their role in the society, which allowed them to see a different perspective concerning women's participation in communities. This type of care investment seems to be lacking in the Non-We-Care area. As surmised by the NAPC officer, there is a lack of consultation from the community at least in terms of planning, and lack of enough government support to maintain the effectivity of their programs. Most of the time, care infrastructure investments remain hollow because of this. This is a common problem with several government-initiated projects. Most of the time, they just leave it to the communities without the necessary supporting mechanisms to ensure its effective implementation. This in turn impacts the appreciation of women on care infrastructure investments. In a way, some women in Iloilo City looks at their perceived care infrastructure investments as dole-out programs, something that will not last and something that is only implemented when needed. Lastly, in Iloilo City, care infrastructure investments are not utilized to promote women empowerment and independence, rather, it further ties them to the government's dole-out programs or policies.

## Care Infrastructure and Women's Work

Ideally, care infrastructure investments are established to provide aid to women's unpaid care work. In the case of the WE-Care area, respondents did not specifically refer to impacts directed to their unpaid care/reproductive work, rather, they mentioned that care infrastructure investments in their communities allowed them to do both productive and reproductive work. Respondents even considered livelihood programs as a form of care infrastructure as it empowers them economically by allowing them to have their own source of income. This shows that the task of taking care of the family has not been fully covered by these care infrastructures, and based on their responses, women still want to continue with their care work while earning an income from their family at the same time. Despite existence of several care infrastructure investments in their community, they still situate care in the family and have fully embraced this duty and responsibility. On the other hand, it is also important to recognize how men in their community are now assuming care responsibilities at home. This demonstrates the positive impact of norm-reorienting care infrastructure investments, which made men realize that reproductive work or care work should not solely be a woman's job. At least on this level, women's burden may have been alleviated even just a little.

In the case of the Non-WE-Care area, the insufficiency of care infrastructure in their community demonstrates the negative impact on women. As an example, when women respondents talked about what infrastructure they would wish for, they mentioned day care centers and health centers within the immediate vicinity of their community. At present, they still have to travel to other areas just to take their children to day care centers or just to avail of free health care services. It adds to their burden especially if they have other children at home which they cannot just leave alone, or if they don't have enough financial resources they could spend for their fare. Their perceived care infrastructure investments in their community are mostly for the use and benefit of the general public. Given the level of respondents' awareness, there seem to be limited care infrastructure targeting women's economic empowerment and improving their well-being or easing their burden of care work or reproductive work.

The experiences of the WE-Care area and the Non-WE-Care area are different especially in terms of the availability and access to care infrastructure investments. However, despite the existence of care infrastructure investments in WE-Care area, there is still much to improve on especially in targeting and addressing the specific needs of women, particularly in promoting economic empowerment without necessarily being on top of their unpaid care work.

# URBAN AREA

## *Box 5: Community context and respondent profile<sup>91</sup>*

Quezon City is the largest and most populous metropolis in Metro Manila. With an area of 16,112.58, the city is home to 2,960,048 residents as of the 2020 census. The city boasts of numerous business establishments, a bustling economy driven by small to medium-scale enterprises, and important national government offices. In 2021, Quezon City is the richest city in the country according to the annual report of the Commission on Audit (COA).

Despite this standing, Quezon City is no stranger to inequalities in socio-economic condition among its barangays. Two out of three interviewed community respondents come from a depressed community, while the other lives in a relatively prosperous barangay, not too far from where the other two live. This stark contrast in living conditions of respondents has a potential impact on their understanding and experiences regarding care and care infrastructure. Among the local government respondents, we included representatives of localities with differing socio-economic background, and one from the city office to have an all-encompassing understanding.

Apart from differences in socio-economic situation where respondents live or serve, each respondent has a different personal background. Aira and Peter live in a depressed area and work for private companies, while they also take care of their families. Aira is a mother while Peter is the President of a community Christian church. Residing in the more bustling community, Antoinette is a transgender living alone and only takes care of herself. She claims to be an active member of an LGBT group in their community.

Among the local government unit (LGU) respondents, the differences are mostly in their positions, age, and tenure which reflects their perspectives and experiences regarding care and care infrastructure. Jack is a staff for the Barangay Social Services Development Division (SSDD) in the richer community. Eugene is a Barangay Councilor and is also part of the LGBT community, while Rosalinda is one of the heads of the City SSDD.

## Community Perspectives on Care

Majority of the respondents defines **care as showing concern and providing the needs of others**. As a mom, Aira defines care as ensuring the safety of her children and that their needs are attended to. For Peter, care is an expression of love and providing for the needs of others up to the extent that he can give. Rosalinda emphasizes the need to extend care to individuals who need it and across all aspects of their lives. Activities like preparing food, ensuring kids practice good hygiene, and protecting them from harm are considered forms of care within the family. Within their community and church, Peter said that care can also involve Bible studies and other church-related activities, giving advice, and projects like feeding programs and HIV awareness seminars.

*“Caring is showing concern to the person...that you would do whatever you can... to provide them with their needs...”*

*-Peter, community respondent*

<sup>91</sup> None of the names presented in this case story is the real identity of the respondents.

*“Care is providing the basic services, necessities, and assistance to somebody else.”*

*-Eugene, community respondent*

In contrast, Antoinette offers a distinct perspective on care: care is more personal – personal body, hygiene, anything about oneself. For her, care involves eating healthy food, maintaining good hygiene, and keeping oneself healthy daily. But when asked about the concept of care outside oneself, she agrees that care for others is about thinking and doing what is good for others.

*“Care has something to do with your personal body and... hair care – body care including everything you need to take care of in your body.”*

*-Antoinette, community respondent*

These views locate the concept of care within the family. **Most respondents believe that family (i.e., parents or to some extent older siblings) should be the primary care providers in their community, which reflects the experiences of community respondents.** For instance, Aira and her husband are the main care providers at home, and when they are not at home, they still try to provide care to their children (e.g., messaging them online). Even Antoinette, who lives alone, seeks support from her older sister.

## Care Beyond the Family

**Outside the family, respondents consider the state, particularly the barangay councils and kagawads as care provider for the community.** This view extends care responsibility to the immediate and closest presence of the government within the community to support the social, economic, health, and other needs. For Rosalinda, a local government respondent, the state should extend care to the most vulnerable sectors of society: senior citizens, pregnant women, women in general, children at risk (including the abused, abandoned, and neglected), people with disabilities (PWDs), youth with special needs, and other groups which are not provided with proper care. In Jack and Eugene’s view the government should provide care to the community because it is funded by taxpayers. It is only Eugene who thought that the civil society and community organizations can also provide care.

*“The government because... they should be ready to help all families because not all families can sustain their needs.”*

*-Jack, LGU respondent*

*“It’s their [the government] duty... they should be the one providing the basic services at least as their mandate.”*

*-Eugene, LGU respondent*

**Despite the respondents’ general view that the government should be one of the primary care providers in the community, government respondents caution that people should not only rely to the state but start providing care at the individual level.** For Aira, if the community sees that a member is showing care for the community, the others will follow suit (i.e., they will be embarrassed if they do not do their part). Rosalinda expressed that providing care should start from the individual level (micro) to the community level (meso) and to an even wider level (macro).



*“When it comes to the community, it should be your concern also. It’s not about acting or going solo. Within the community, you should be concerned about each other...it goes from micro, macro, to meso. After the barangay comes society, and then as a whole. All of us need to provide care to each other... There should be no exclusion. Everyone should participate in care.”*

*-Rosalinda, LGU respondent*

## Community Understanding of Care Infrastructure

**Given the family-oriented and microscopic view of care among the respondents, their understanding of care infrastructure is shaped by their social environment and experiences.** Their view of care infrastructure is mostly limited to physical infrastructure. The most common care infrastructure examples mentioned are healthcare and daycare centers.

For Antoinette who views care as a personal concern, she mentioned salons, drugstores, spas, hardware stores, and computer shops as examples of care infrastructure. Rosalinda, who works in social services, indicated schools, NGO projects, and churches. Peter, being the church president stated spiritual services they provide to members and non-members like prayer programs, Bible studies, youth fellowships, and community outreach. For Eugene, the barangay hall itself and sports facilities are care infrastructures. The only non-physical care infrastructure example mentioned was the curfew in a community, services provided by street sweepers, and the spiritual services provided by Peter’s church.

However, when aided with a flip chart<sup>92</sup> showing different care infrastructure types and examples presented in this study, the respondents were able to provide other care infrastructures they are aware of, such as rehabilitation of roads, social amelioration programs (especially during the pandemic), construction of streetlights, monthly maintenance medicine for senior citizens, shuttle services for onsite employees, community pantry, ambulances and HIV awareness seminar conducted by Peter’s church.

In the respondents’ view, examples in the flip chart are care infrastructures because these address socio-economic needs, help them save on expenses, and protect their rights. This is a similar perspective even among respondents from other areas as they relate the concept of care with anything that will assist and aid them in their day-to-day burdens. The examples of care infrastructure provided are mostly managed by barangay councils, while some are led by the community organizations (i.e., bikers, riders, zumba, physical fitness, LGBT groups), community members (i.e., community pantry<sup>93</sup>), civil societies (e.g., Kabalikat Foundation, UNAIDS, Love Yourself), and private organizations.

**When asked about care infrastructure investments by the government, the examples respondents provided are not far from what they had in general – they are mostly physical infrastructures with a few services focused health, educational, and financial needs.** Beyond care infrastructures respondents already mentioned, they added hospitals and roads as tangible care infrastructures, while barangay sports leagues, scholarship programs, medical assistance (cash provided through guarantee letters), financial aid for students, free school supplies, and one-way rule along the roads to ease traffic congestion are among the care-related government services.

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<sup>92</sup> See Annex D.

<sup>93</sup> Community pantry is a community-led initiative that started in Quezon City where people could take as much as they need, usually food items, and donate whatever they can. It was later called ‘community pantry movement’ to reflect its spread all-over the country during the pandemic. See, Juli Suazo (2021 September 19) *What community pantry movement means for Filipinos*, CNN Philippines. <https://www.cnnphilippines.com/life/culture/2021/4/19/community-pantry-filipinos-pandemic.html>

Respondents (except for Aira) were able to give more examples of government care infrastructure investments when aided using flip charts. Among those they mentioned that are not given in the flip chart include the following:

- employment programs from the Public Employment Service Office (PESO) of Quezon City
- hospitalization and check-up assistance for PWDs
- local anti-discrimination ordinances for LGBT residents
- rehabilitation of schools, cash for plastic program (“palit basura”)
- provision of laptop for college students and laptops for high school students,
- government-led livelihood program for women (candle-making)
- expansion to LGU-wide setting of national laws on pensions/social welfare
- assistance for senior citizens and solo parents
- creation of local council for trafficked persons (Local Council for Anti-Trafficking and Violence Against Women)
- free burial assistance
- awareness celebration for the elderly, solo parents & PWDs, Magna Carta for Women
- community parks
- barangay waste management programs
- school governing councils
- national ID
- LGBT seminars and training programs, and
- barangay livelihood programs (e.g., hairdressing training).

## Perceived Benefits of Care Infrastructure Investments

There is a general view among respondents that government investments in care infrastructure are beneficial as these directly address the primary needs of the community particularly on health, education, and safety. Aira explains that road improvements help prevent flood, sports program benefits her oldest in terms of physical health, and for those who cannot afford to pay for educational expenses, free school supplies and scholarship programs help ease the burden.

However, Peter and Antoinette noted that some government care infrastructures do not reach to all the community members in need. In particular, Peter claimed that there is a patronage system in their community in accessing these government programs. The LGU respondent, Rosalinda affirmed this by saying that part of implementation issues of government care infrastructures is that not all residents benefit from these programs and not all projects reach to the right beneficiaries.

*“If it will just be implemented properly, it [government care infrastructure] will be a big help in our community... but not every project is equally experienced by the community... If you will interview people in other areas, they would say that it is being implemented in their areas properly because they are situated closer to the barangay... But in our case, if we don’t make an effort, if no one will invite us, then we won’t have anything.”*

-Peter, community respondent

## Care Governance

Care infrastructure investments of the local government usually start with the identification of the communities’ needs<sup>94</sup>. Rosalinda shares that the local government usually identifies the needs of its constituents by conducting surveys or reviewing currently available data. She claimed that nowadays, communities are more empowered to communicate their concerns to the local government, which is in line with what Eugene shared at the community level. Consultations with residents are conducted before their yearly planning meetings. Jack mentioned that the upcoming construction of a dialysis center in his

<sup>94</sup> Interview with Rosalinda.

community is an example of how a government care infrastructure investment usually starts. A congressperson identified the need for a dialysis center which would supply free services due to the rising number of patients who need this kind of treatment and the lack of a facility offering free services in their community.

*“The [local] dialysis center is still being planned by our Congressman, to have a public dialysis center...maybe our Congressman thought of building one [because] the treatment for dialysis patients is expensive, so that there will be more public dialysis center that would provide free treatment for Quezon City residents...”*

*-Jack, LGU respondent*

**After identifying the community’s needs the offices proceed to project planning and budgeting stage.**

According to Rosalinda, the city SSDD has planning and budgeting teams that drafts the budget and programs to be lined up by the office. Usually, it is a 3-year plan, sometimes for 5 years, subject to evaluation if there are needed changes (i.e., during the pandemic, they changed their budgeted programs to suit the situation).

Hearing of budget proposals is done yearly, and budgeting is based on needs. Needs that are outside the office's expertise (e.g., buildings) are transmitted to concerned departments (e.g., engineering). For regular programs, budget is allocated based on their known needs like the number of applicants for capital assistance.

If there is a project or a need that is not budgeted, they formulate project proposals and submit for the city mayor’s approval. Another alternative for unbudgeted programs is by referring the applicants to other agencies which could provide similar services or assistance they need.

At the community-level, planning, budgeting, and implementation is slightly different. Eugene outlined that care infrastructure budget comes from the 20% internal revenue allocation (IRA) and they must follow the guidelines from the city government and the Department of Interior and Local Government (DILG) on certain expenses. They are more flexible to spend the remainder of the allocations on certain sectors. From Jack’s example, care infrastructures may be funded by diverse sources: since the city government is not spearheading the dialysis center, the money for construction will come from the congressional budget.

**City government respondents claim that care infrastructure investments have some monitoring schemes in place.**

For example, focal persons or POCs monitor these investments such as the security guards and on-duty doctors in health centers, and the barangay health emergency response team (BHERT) hotline in Jack’s community, and point persons assigned in the city SSDD. Rosalinda further elaborated the focal persons under the SSDD provide monthly and quarterly reports which are submitted to local and national agencies for assessment and evaluation. The SSDD also coordinate with corresponding groups and associations in every barangay to cascade services and follow-ups the department provides.

## Care Infrastructure Investments by NGOs

**When it comes to care infrastructure investments provided by civil society organizations, majority of respondents could think of fewer examples.** Peter and Jack had no top-of-mind NGO programs while Aira mentioned scholarship programs but could not recall the name of the NGOs involved. Antoinette, Eugene, and Rosalinda recalled more examples of civil society organization care infrastructure investments because the former works for an NGO in her community while the latter two had a lot of engagement with these organizations given the nature of their work.

Respondents cited some examples of care infrastructures investments that NGOs provide:

- Social amelioration projects such as the weekly provision of goods by The Voice Philippines in Peter’s community
- Provision of milk and diapers of Antoinette’s LGBT group, Kasama Ka, during the height of the pandemic
- HIV & reproductive health programs (e.g., HIV testing, contraceptives, medicine for HIV patients) provided by Kabalikat Foundation, UNAIDS, & Love Yourself
- Financial and educational assistance from community-based NGOs like Smahaan ng Mga Mangangalakal and Transport, and Church-related groups in Eugene’s community
- Shelter homes for children and the elderly, medical and educational services from various NGOs which are members of Area Based Network (ABSNET) within the monitoring and supervision of DSWD and group of social welfare and development agencies (SWADAs) like Open Heart Foundation, Kaisahang Buhay Foundation, NORFIL, & House of Refuge as Rosalinda enumerated.

Perhaps, part of the reason most respondents are not aware of NGO care infrastructure investments is because these programs are coursed through or coordinated with the local government which waters down the recall. As Antoinette further explained:

*“We have a lot of affiliations, local but they are helping us, but with the NGOs, they course their projects through our Kagawads (barangay council members) or other known individuals in our barangay.”*

*-Antoinette, community respondent*

## Care Infrastructure Investments by Community-Based Groups

**Similarly, there are a few respondents who recalled community-based care infrastructure investments.**

Rosalinda, the local government respondent, groups them under the term ‘auxiliary services.’ Examples mentioned of community care infra include Ladies 2000 and WAIS women groups, local LGBT groups holding Pride Parade where they provide free HIV testing, flyers to educate on reproductive/sexual health, Brigada Eskwela program participated in by various groups in Antoinette’s community, Bahay Matanda which provides lectures and orientations, community groups like Tau Gamma, Solo Parent, Unified Orgs in Eugene’s area which participate in clean-up drives in their barangay, and Peter’s church which has a box where they collect goods from members and redistribute to those in need.

*“The civic society... we call the auxilliary services. They provide... the civil society themselves... like Bantay Matanda (for the elderly). They give orientations, lectures...”*

*-Rosalinda, LGU respondent*

## Impact of Care Infrastructure Investments to Women

**Respondents consider the benefits of care infrastructure investments by NGOs and communities.** First, because they believe that the government cannot provide everything on its own. Some of these programs also cater to the needs of the community that is not normally addressed by the state like spiritual care and psycho-social support. Lastly, some NGOs are especially helpful and appreciated as an added assistance during tough times such as pandemic and calamities.

**In general, while respondents deem the care infrastructure investments discussed beneficial to the community, majority of them had difficulty in isolating the impact of said investments to women.** Antoinette said that she does not see any specifically advantageous effects of these care infrastructure

to women, but also nothing specifically bad. Most of them mentioned financial assistance (i.e., lessens expenses, increases savings) and emotional support (i.e., feeling of assurance and peace of mind that they have someone to rely on in times of need) as the impact of care infrastructure investments to women. This may be due to the fact that women receive the brunt of a crisis, as they are the ones who need to look out for the welfare of their family. Rosalinda added women getting legal advice, shelter, and additional capital through small income generating assistance (SIGA) and orientations on effectively managing finances.

Eugene mentioned a unique impact to women in his community – the sense of fulfillment to give back or the spirit of volunteerism. This is because women in their barangay are not just beneficiaries of care infrastructures, but they are also encouraged to serve the community in return of the benefits they receive from these programs.

Particular to the government, active channels where concerns and needs could be discussed help care infrastructure providers to reach women. All local government respondents said that they ensure that the care infrastructure-related programs reach women in their communities. Rosalinda mentioned Women’s Desks in barangay halls and police stations to help women who are victim of violence and abuse. Outside the issue of violence against women, there are also groups and organizations within the communities which coordinate with barangays to identify and address the needs of women in the community. This prioritizes the personal wellbeing of women, and this may be considered by the community as a form of care infrastructure directed or implemented specifically for women’s welfare.

*“The VAW focal person in every barangay undergo orientation and seminar, so they know what to do when someone reports to them... even at the police level, there is also a Women and Children’s Desk.”*

*-Rosalinda, LGU respondent*

## Community Demands for Care Infrastructure

**In the respondents’ view, the absence or insufficiency of care infrastructure can lead to a multitude of problems within the community.** While an obvious impact is that families will find it more difficult to meet their financial needs and necessities, most respondents’ answers focus on conflict within the community. Aira said that the community will be chaotic and unsafe (criminal elements), and people will be more prone to illnesses as echoed by Jack. Peter provided specific examples such as conflicts within neighbors due to poor implementation of garbage disposal, sanitation, or pet management laws. Rosalinda expects that the unequal distribution of care infrastructure might breed a why-not-me mentality or why-only-them mindset among those who did not receive care, and further misunderstanding from community members.

As care infrastructures are still insufficient in Peter’s community, he said that the state should invest more. All except Rosalinda, the city government respondent, agree on this view. Jack adds that the state should construct more schools and more health centers. For Aira, due to increasing population, the government should provide more programs. From Antoinette’s perspective, the state has the capability to invest in care infrastructures and it will be more effective if the government manages these for better access.

In contrast, Rosalinda, LGU respondent, believes that the state already sufficient care infrastructure investments. The only need is to improve aspects related to care infrastructure governance in terms of budgeting, implementation, and beneficiary targeting. In terms of budget allocations, the issue is with the prioritization at the national level and insufficient budget for care infrastructure that is why many complain about not benefitting from these programs.

Since Rosalinda thinks that care infrastructures are enough, additional investments she suggests are education-related such as classrooms and equipment, and shelter homes for PWDs since existing shelters for "able-bodied" individuals do not fit the needs of PWDs.

Most respondents recommended more investments on care infrastructure. Jack and Aira also mentioned the need for more educational programs, but added feeding programs, solo parents' welfare projects, and rental assistance for street vendors. Mental health seminars and fixing of parking rules in their communities are suggested by Jack and Peter. Eugene mentioned more computers and equipment to increase computer literacy. Lastly, Peter added legal advice and sanitation projects (spraying/ disinfection to prevent dengue) for his barangay. Antoinette is the only one who did not recommend additional care infrastructure investments as she claims that their community is self-sufficient.

**Differences in respondents' point of views regarding the need for care infrastructures strengthen the finding that even within a high-income city like Quezon City, not all have access to or are provided with care infrastructures they need.**

Towards the end of interviews, three out the six respondents reflected they learned more about care infrastructures. They all had a narrow understanding of care at the onset but realized that care infrastructure intersects with several other dimensions. This reflects the limited responses we got from the respondents when asked about examples of care infrastructure they are aware of. This finding is indicative of why certain aspects of care are less prioritized given that they are not normally seen as form of care. How decision-makers view care potentially impacts policy and care infrastructure investments.

*"It was a learning [experience] for me... it is not only buildings and organizations. It is also services... care infrastructure has a wide scope."*

*-Rosalinda, LGU respondent*

*"My understanding of care is extremely basic. But based on our discussion care is wide."*

*-Eugene, LGU respondent*

## Key Takeaways

- Despite the segmented view on what constitutes care infrastructure investments, community respondents understand that demands on such investments should be addressed to the state. Respondents' perception on the level of care infrastructure investments available in the community varies since it depends on an individual's social location and type of community they live in.
- Most care infrastructure investments respondents identified are tied to social welfare programs, including health and education. The findings also reveal that care infrastructure entails the provision of basic needs, safety, and security.
- The main impact of care infrastructure investments to women's economic empowerment the respondents highlighted relate to less worry in times of "crisis at home," such as when a family member gets sick or less worry about everyday needs. No respondent has explicitly referenced childcare, long-term care provision for the old or unpaid domestic work, which could indicate that respondents do not problematize these as something that needs investments. In some sense, this perspective reinforces the private-public divide of care provision.

# Rural Area

## Box 6: Community context and respondent profile

Mangaldan is a first-class municipality and one of the oldest towns in Pangasinan. It is located in the central part of Pangasinan and is bordered by San Fabian (North), Dagupan (West), San Jacinto (east) and Mapandan (south). It has 30 barangays and a population of 113,185 according to the 2020 census. Mangaldan as an agricultural town, the primary sources of income include farming and operating its own abattoir. It is home of the popular carabeef tapa locally known as Pindang and the famous Romana peanut brittle.

To assess how Mangaldeños understand care infrastructure, key informant interviews were conducted where three community members (Jojo, Irene and Susan) and three government workers (Dinong, Joy and Weing) were interviewed.

Jojo (not his real name) is a member of the LGBT community and breadwinner of their family. He works part time as a hairdresser, and a cook at a bar to support his family. Irene (not her real name) is a single mom working as a make-up artist to support her children. Susan (not her real name) is working as a kasambahay. Susan did not have the chance to enter college following her father's demise last 2018. Susan had to stop going to school and work full time to support her sister's studies, and take care of her solo parent brother's children.

For the government respondents, Joy (not her real name) is a Barangay Nutrition Scholar, working under the Municipality's Nutrition Office. BNS, just like BHWs (Barangay Health Workers) and BSPOs (Barangay Service Point Officers) are considered volunteer workers by the LGU and are only living off the honorarium given by their respective Barangays. Dinong (not his real name) is a Municipal Councilor and chairman of their council's Committees on Education, Appropriations, and Public Information. Weing (not her real name) is Mangaldan's Municipal Social Welfare and Development Officer.

## Community Perspectives on Care

For community respondents, care is the act of taking care of oneself by maintaining a healthy lifestyle. It is about taking care of people, things or properties and giving attention to the needs of your family. Similarly, but in a broader sense, government respondents view care as an act to be given to the people, animals, and things of value to you, and it is tending to the needs of people from various sectors of the society.

**The respondents identified their primary care providers are their mothers.** But two government officers also highlighted that the government should also function as the primary care provider of the people as part of their duties and obligations.

*"Because we are paying for our taxes, right? Meaning, the government has the means to provide care for its people. It is where our taxes go."*

*-Irene, community respondent*

During the interviews, it was noticeable that there is not much care infrastructure in Mangaldan, other than the nationally mandated care infrastructure investments, which the respondents confirmed after being prompted. For Jojo, he considers Mangaldan's signature food products like *Pindang* and peanut brittle as care infrastructure because it serves as a reminder for people to always take care of themselves by eating healthy food. Upon showing him examples of diverse types of care infrastructure, Jojo was also able to identify PhilHealth, community pantries, and feeding programs as care infrastructures for they take care of people by providing them food to relieve their hunger and aid to their medical needs.

## Community Understanding of Care Infrastructure

Respondents equate care infrastructure to physical infrastructures that provide care such as health centers, day care centers, relief operations, and even road construction and installation of streetlights for they give people a sense of protection and safety. One respondent mentioned that through the health care centers, the government is able to provide care for the people including pregnant women and children through free check-ups and different health related services like immunization. They also considered relief operations or relief programs as a form of care infrastructure because this immediately addresses their care needs – food and water provision, during times of crisis or calamities.

When shown with a flip chart<sup>95</sup> of care infrastructure examples in this study, it gave them an idea that care can also be given in other forms such as PhilHealth because it supports their access to healthcare; DWSD’s Pantawid Pamilyang Pilipino Program (4Ps) and Sustainable Livelihood Program because these could support their everyday living expenses, especially those with no source of income; feeding programs; clean-up drives because it helps maintain cleanliness in the community; and in-kind assistance like distribution of grocery packs during calamities. Respondents also mentioned evacuation centers, schools, the Mangaldan Youth Development Center, senior citizen’s center, rural health unit, and even road construction, and distribution of agricultural materials. Upon being prompted, Dinong also mentioned that he considers farm to market roads as important care infrastructure.

*“I think the farm to market road projects are also important. Why? Because it will provide faster transportation for people, for example if they have emergencies and need access to hospitals, they will not be stuck in traffic on the main road, they can utilize the farm to market roads as alternative routes going to the main thoroughfares to Dagupan City where there are main and secondary healthcare providers.”*

*-Dinong, LGU respondent*

## Investing in Care Infrastructure

When asked how these care infrastructures were put in place, Dinong expressed that this is an obligation of the state. Often, the local government also come up with care-related projects or programs because the community asks for it. He mentioned that most of the policies of the national government practice a top to bottom approach, therefore there is a tendency to overlook what the people really need. But some national agencies have already took note of this, so they started applying a bottom-up approach in some of their programs but still not widely implemented.

He also added that members of the community sometimes direct their requests to NGOs because there are instances when the LGU budget cannot easily cover what the community needs. Respondents from the government expressed that it will always depend on the budget allocation from the national government. As much as possible, they implement a bottom-up approach in planning for care-related programs and projects to provide the needs of different sectors, particularly women. They base it on the results of public hearings, consultations, monitoring and home visitation. For the local government, these are implemented through local legislations.

Dinong also cited their GAD ordinance which covers several care infrastructures in place. He added that even if the Sangguniang Bayan was able to pass an ordinance on Mental Health and GAD, *“we don’t have a mechanism to ensure that it is being implemented by the executive.”* For Dinong, it is not easy to have your

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<sup>95</sup> See Annex D for the flip chart used for interviews.



programs implemented because there will always be politics involved, and that these local legislations are be useless if you are not an ally of the mayor. He also argued that national government policies constrain local governments as they are mandated by the local government code to align their program with priorities of national agencies.

*“When it comes to budgeting, it is indicated in the local government code that the programs, plans, projects, and local government activities should be aligned with the national government policies. We have national development goals and the current president have priority programs. You cannot allocate budget to any program that is not aligned with the national. So the policies should be aligned to the national government that it will be implemented locally. There should be an alignment. Otherwise, it will be flag by the governing bodies that are checking.”*

*-Dinong, LGU respondent*

**They monitor the implementation of these programs through diverse ways, one of which is through the Municipal Local Government Operation Officer (MLG00).** The MLG00 is mandated to check and monitor if projects or programs of the national government is being implemented by the LGU. They also conduct house visits and use social media accounts and websites to monitor the implementation of their projects.

## Perceived Benefits of Care Infrastructure Investments

**The community respondents find the existence of these care infrastructures beneficial since they can save money on medical expenses through free services and medicine they can access in barangay health centers, infirmaries, and Rural Health Units (RHUs).** For women in the community, especially the mothers and pregnant women, free checkups are a big deal as they always want to make sure they are healthy enough to provide for their families; it also makes pregnant women confident and ready for their pregnancies. Policies like PhilHealth and DSWD’s 4Ps are also deemed beneficial especially to the indigent members of the community.

For Susan, government and community initiatives like feeding programs, community pantries and aid like grocery packs are helpful because *“during the pandemic, we don’t have jobs, we don’t have a source for our needs so it gave us additional food provision everyday.”* But for Dinong, a local government respondent, programs like the community pantry can relieve hunger but only for a certain time. Dinong believes that programs like these are not sustainable and it cannot sustain the targeted beneficiaries for it is only done a few times in a year. He also mentioned that it would be better if NGOs will work closely with the local government, so that they could provide more sustainable projects.

## Care Governance

Community respondents also raised several concerns on how the local government have implemented several care infrastructures projects. For Jojo, care-related government programs like financial assistance are supposed to be helpful especially during COVID, but the selection of beneficiaries is often done through patronage where those who have power or connection with local officials, or the implementing agency are prioritized. This is a nuance to the statement made by Weing, a government respondent, on who should provide care for the people *“based on our constitution natin, we need to take care of different sectors, especially those in the grassroots.”* Jojo believes that deserving individuals like those who really belong to the marginalized sector must be put first and not those with special connection. This observation was echoed by Dinong. He believes that care infrastructures are beneficial, if “politics” will not be involved in

the implementation. According to him, sometimes power and politics interfere with the programs and services that are being implemented in the community, generally affecting them.

Among community respondents, they claim there are other mechanisms in place to help community members in need. A community respondent shared that their high school batch usually pool funds or resources to help each other in times of need. The respondent shared that their family and friend groups usually come to their aid if needed.

## Community Demands for Care Infrastructure

Absence or insufficiency of care infrastructures for Weng, a government respondent, can cause chaos. For Joy, a Barangay Nutrition Scholar, *“If there are no care infrastructures, the community will suffer. Who will provide care for us?”* For other respondents, the lack of care infrastructure is also viewed negatively as it will prevent the sick to access healthcare, people will be miserable, and with increasing poverty, the community could not be healthy and successful.

The benefits of having care infrastructures and downsides for the lack of it are clear to government respondents. Joy, Dinong, and Weing shared that during the pandemic, not to mention the growing population, care should be the number top priority. **For them, it is necessary that the government provide more care infrastructure because it is their obligation and mandate to take care of people.**

For Irene, a community respondent, there are barangays where there is little to no care being provided. She believes that it is the local government’s duty to reach out and pay attention to these communities in addressing their needs.

While some care infrastructures are in place, community respondents wish to have more programs that provide financial assistance to deserving people, aid for students, and support during calamities. As stated by Jojo, in targeting beneficiaries, those who have connection with the officials are often prioritized.

Joy and Weing, both government respondents, said it would also be beneficial if livelihood assistance programs are in place for solo parents and senior citizens. They also proposed crisis intervention unit for children in conflict with the law, and home care for the elderly.

For Dinong, he suggests four factors that should always be considered when implementing care infrastructure. First, it should be at the community-level because barangay officials are more aware of the needs of their constituents than the municipal officials. Second, the duration and sustainability of these programs should be considered. Third, the target population of the program should be considered. Could it serve the target beneficiaries within the duration of the program? Lastly, the personnel who will implement these programs should be trained. At the community-level, oftentimes it is the job of barangay health workers, barangay service point officers, and barangay nutrition scholars to implement these types of programs so they need proper training to further enhance their skills. For Dinong these four factors are the main ingredients to having a successful, measurable, sustainable, and accessible service to the people.

It is evident from Mangaldan respondents that there is still insufficient care infrastructure investments in their municipality. This is due to their limited budget and the lack of avenues where community members can air their grievances and demand for their care needs. Still, members of the community are thankful for whatever help they can get, as they have really struggled during the past years.

## Key Takeaways

- Respondents tie care infrastructure investments with social welfare, health, and education programs. They consider these investments as a support to fulfill the care-gaps within their families, but these gaps are isolated within emergency, health, and education components of care.
- Government respondents highlighted how politics and rigid governance play out in care infrastructure investments. Evidence in this community story reveals that care infrastructure is strongly associated with the nationally mandated Gender and Development (GAD) programs of local governments.
- Unpaid care work such as those that involve domestic work and childcare are not highlighted in the responses even though most respondents were able to identify that their main care providers are their mothers. One possible explanation relates to norms surrounding care work, in which respondents do not view the unpaid care work rendered by women in their families as a beneficiary of care infrastructure investments.

# COMPARING URBAN AND RURAL AREAS

## Highlighting the Impacts of Care Infrastructure Investments on Women

### Women, Care, and Care for Women

Existing care infrastructure investments in Quezon City (urban area) and Mangaldan (rural area) are different in terms of implementation, but also similar since government officials in both areas narrated how they simply follow national policies and programs.

When talking about care infrastructure and its impacts, respondents from both areas had a hard time isolating its specific impacts on women. They view care infrastructures as beneficial to the general public. However, some respondents in both areas were able to highlight some notable benefits to women of such investments. In Quezon City, one respondent mentioned how the Women's Desk in barangays and police stations were able to provide particular care benefits to women. They consider the existence of these mechanisms beneficial because it provides an avenue for protection and makes women feel safer with the idea that help will always be accessible and available to them. This mechanism also protects and promotes women's welfare and is seen as a protection of their overall well-being. This is important to note because we also have to consider its direct impacts on women's welfare as a form of care infrastructure since it addresses an important gender need, especially when it comes to protection from men or abusive individuals.

Women respondents in Quezon City also mentioned the positive impacts of financial assistance especially during crisis or calamities. It is common that women are tasked to increase their care provision to their families and even their communities during calamities and crises. They are expected to immediately address their families' and communities' needs including supporting them emotionally and taking care of their physical health. To them, the financial assistance for their families eases up the burden of their role and allows them to take care of them better and easier. This is similar for Mangaldan respondents where women view relief operations or the provision of assistance beneficial.

In Mangaldan, they also view health care centers as more beneficial to women. Respondents mentioned that one of the primary programs of their barangay health center is taking care of pregnant women for free.

According to them this is highly beneficial to women as they do not have to worry anymore about spending for their pre- and post-natal checkups because the barangay health centers will provide it for free. Likewise, the barangay health centers are aiding women in caring for their young children by having programs like immunization and nutrition to ensure that children will be healthy. For them, this is one less worry, as they see it as an added protection for their children from illnesses or sickness. This is also true for Quezon City, except there are more health-related facilities available to women and their children.

However, it can also be observed that respondents from Quezon City are familiar with more care infrastructure related beneficial to women. This is probably because the city is relatively wealthy, in turn having more care infrastructure in place in the community. But it is interesting to note that both communities did not mention day care centers as a care infrastructure directly impacting women. This may be because they don't really see day care centers as a form of care infrastructure, rather, it is seen as an infrastructure mostly related to education and not care provision. They also just mentioned day care centers in passing and did not focus on its benefits to women.

## Women's Participation in Care Infrastructure (Non)Investments

In Quezon City, respondents from the government mentioned that they make sure that residents would feel empowered to voice out their needs and concern to the government. They have several mechanisms in place to do this including surveys and a review of currently available data regarding the communities. The government makes sure to consult with its citizens, including women, about what they would want to include in their annual budget planning. They make sure to include women in their consultations to ensure that their needs are addressed and that the projects lined up for them will be effective or beneficial for them. In Mangaldan, minimal consultation is done with the community as they usually practice a top-down approach in terms of project implementation, even respondents from the government noted that they could improve on this aspect as they usually miss what the community really needs. So even the aspect of women's participation is lacking and there wasn't even any mention of women's organizations that may assist in the process.

## Care Infrastructure and Women's Work

Respondents from Mangaldan highlighted the impacts of health care services on women when talking about this aspect. Some respondents mentioned that health care services ensure that women are fit so that they could perform both productive and reproductive work. However, they were not able to enumerate how women are participating in the productive sphere, nor did they mention anything about specific livelihood programs for women. In Quezon City, several NGOs are able to provide small livelihood grants to women through different programs which allows women to have an opportunity to earn and contribute economically to their families. One respondent mentioned the Small Income Generating Assistance (SIGA) as one of these programs. She also mentioned that some NGOs conduct orientations or seminars to women to help them manage their finances wisely. Other than this, the respondents were not able to mention any more notable impact on women's economic empowerment in both areas. The insufficiency of care infrastructures in place contributes to the lack of opportunities of women in the economic sector. They continue to be tied to the home as they are expected to continuously provide care so that their family members can then join the productive sphere.

It is notable that the respondents for both Quezon City and Mangaldan is struggling in terms of identifying specific impacts on women maybe because of their lack of awareness of care infrastructures directly related to women's needs. Also, this may be because they view care infrastructures in a more general perspective, and as something that is and should be beneficial to the wider community.

# CONCLUSION

Care remains to be a gendered concept; an activity closely related to the gender and sex roles of women. Women are always seen as the primary care providers of their families as it is a part of their roles. This dominant view has rendered care to be not valued and a non-priority in the public sphere. Policymakers rarely consider care as a pressing concern that they must pay attention to.

There is a long way to go to in recognizing the centrality of care in the well-being of societies. Even what can be considered as landmark legislations and policy initiatives fall short in recognizing the importance of care in the Philippines. The case stories provide evidence that local governments do not directly think of care as a rationale to care-related infrastructure investments. As argued by Tongson, there should be a comprehensive approach in looking at care and changing our perspectives on care.

*“...if you really want to take seriously to answer the problems of care and make it mainstream and make it appreciated and valued by society, [there should be a] whole of society approach. It starts from the policy, from building a structure or facility... [which should be] accessible, is that affordable? Is that quality work for children? Are the quality services for parents and children?”*

*- Dr. Tongson, subject-matter expert*

To look at the issue of investments or non-investments of care infrastructure is to also understand what hinders our society from understanding and paying attention to it. Conscientization is important, continuously educating the population about care and teaching them to value and prioritize care will pave the way to better care infrastructures in a country<sup>96</sup>. Otherwise, our binary perspectives on sex and gender roles will continue to reign in our consciousness, more so because we are socio-culturally conditioned to accept it.

Ultimately, it is the role of the government to support us in this process on conscientization. However, they should also start within their agencies and transform their institutions into being more gender sensitive and more gender fair. Currently, we see that despite the existence of care infrastructure that support women, it remains limited. Unfortunately, even if women are now encouraged and given more opportunities to participate in the productive sphere, it becomes an added burden to them as their reproductive work did not disappear or diminish. Now, women have to juggle both productive and reproductive needs without always having the privilege to share reproductive work with other people. Therefore, women cannot fully grow and develop economically as there are invisible shackles that still bound her to the home.

We can always talk about how gender mainstreaming should be the norm and that gender mainstreaming should always be considered in policy formations, but even at the level of government agencies and government units, they are still learning to navigate this. Still gender justice cannot be achieved, as the absence or inadequacy of care infrastructure investments may result to further inequality, particularly economic inequality.

The case stories across different communities suggest that Filipinos are unfamiliar and unaware of the concept of care infrastructure. They understand infrastructure only as physical infrastructure. But even then, they were still able to identify what they need in terms of physical care infrastructure. These stories are also reflective of what care infrastructure entail. For different people from different walks of life, all infrastructures that will affect, support, and improve their condition and overall well-being can be

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<sup>96</sup> Interview with Excelsa Tongson

classified as care infrastructure. Whether it be not explicitly directed to care, in one way or another, it will still result to care for the people.

This view highlights the importance of investing in care infrastructure because as you protect and enhance the well-being of people, particularly women, they will also be able to improve their lives, which will have a positive impact to progress and development of the community. This makes care an essential infrastructure, and care investments must be promoted to fully benefit from its returns.

## RECOMMENDATIONS

- Overall, perspectives on care infrastructure investments is nebulous. Respondents perceive care infrastructure as anything that provides them with care, concern, and comfort. While this is not a problem per se since care is about well-being, a rights-based approach to care, and subsequently care infrastructure investments, can guide what constitutes care infrastructure investments.
- There is a need to enhance and increase the number of care infrastructure investments at the grassroots level. People are unfamiliar with them because they rarely get to interact with them as most communities lack basic care infrastructure investments like daycare centers or health centers.
- There is a need to be more gender specific in addressing the care needs of everyone. There are some gender specific needs that are being overlooked or ignored basically because the government do not see the value of it, or lack the understanding that it is essential.
- It is important to listen to the people, give women voices. It is important to be able to identify what they truly need, what they are most concerned about, what they want to improve on, and what they urgently need. Care infrastructure investments are supposed to resolve and provide the pressing needs of the people. This should not be hard to access. Government institutions and NGOs should continue holding consultations and dialogues with women and other members of the community to help identify their immediate care infrastructure needs. This way, their care infrastructure investments would be in line with the needs of the community and would bring optimum benefit to them.
- There will be no gender justice without equality. We cannot claim that care infrastructure investments can promote gender justice just because they are including women. Gender inequality still exists and it further widens the gap among different genders. Care infrastructure investments should be transformative and norm-reorienting in such a way that people would also understand that care should not only be a woman's task.
- There should be better mechanisms in place in terms of care, as women are still not able to fully participate in the labor force because they are tied to house work or productive work. This means that women still need to focus on their family even when participating in productive work. This limits their opportunities and choices because they would always have to consider their reproductive work. This can be addressed by improving child-care and elderly care services, which is usually a burden on women. More facilities dedicated for the care of children and the elderly would greatly help alleviate women's burdens and would allow them to fully participate in productive work. This would also help them achieve personal growth and their personal aspirations.

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## ANNEX A

### Desk Review Methodology

This Annex provides an overview of the steps taken in conducting the desk review. Prior to moving on with the collection of materials, we have defined the scope of the desk review that corresponds to the objectives of this research. We used the following to structure the desk review:

- Information from the academic and gray literature, national and local laws or regulations, public and private initiatives, among other published works and projects conceptualizing care infrastructure.
- Sector-specific understanding of care infrastructures based on the available literature (sectors include civil society, communities, national government, local governments, and businesses)
- Formulating typologies of care infrastructure investments based on general perspectives offered by the reviewed literature and Oxfam’s Care Policy Scorecard.
- Understanding how are care infrastructure investments connected to the macro-level socio-economic policies and civil society initiatives (in conjunction with findings from case narratives)
- Knowing the factors affecting the absence or presence of care infrastructures (in conjunction with findings from case narratives)
- Understanding how care-related policies are ensured to reach marginalized people and areas, in particularly women (in conjunction with findings from case narratives)
- Knowing if there are monitoring schemes for existing care-related initiatives and if women’s input is upheld and considered (in conjunction with findings from case narratives)

We also used the following as the exclusion and inclusion criteria to guide the collection of literature for the desk review:

- For the desk review to be manageable, we only admitted published academic or gray literature, and public or private sector initiatives in the past 15 years (2007-2022). An exception was made to relevant national laws and regulations, and key documents.
- We admitted published texts that are only written in English and Filipino.
- Academic journals, gray literature, national and local laws, regulations, policies, publicly available project, or program documents of relevant private and civil society initiatives, and documentation of government programs will be mainly admitted to the desk research.
- The coverage of the desk research are literature or documents that are only geographically concentrated in the Philippines. Documents or literature with a multi-country focus can also be admitted but priority will be given to those that are concentrated in the Philippines.
- Materials that directly tackle or discuss care, care infrastructure, or care infrastructure investments will take precedence over those that discusses these themes peripherally.

Figure 4 gives an overview of how we collected the materials. Initially, we used “care,” “care economy,” “care infrastructure,” and “care infrastructure investments” as keywords for open-source scanning. This gave us an overview on how these key words are discussed, while selecting those materials in the context of the Philippines. Majority of the search result gave us articles on health care-related practices and articles. Since we are mainly after how care infrastructure (and care infrastructure investments) is articulated in the published texts, only using the open search engines did not give us targeted results, but rather skewed articles focusing only on health.

To increase the efficiency of our search process, we employed the combination of open search, targeted search, and subject-matter expert recommendations during our data collection process. See figure 5. Instead of fully developing a systematic literature review, our desk review design adapted to the challenges of collecting published texts for this topic and relied heavily on targeted search and using the open search as a secondary method for collection. The main limitation of this could be related to potential biases in our targeted search of materials, but this is inherent in desk reviews that aims to capture conceptualizations and framings of not only the academic world but also of other stakeholders, especially those who are engaged in practice. Nevertheless, validity is still preserved when this process is employed since it allows for data triangulation.

Figure 6 provides an overview on the formulation the typology care infrastructure investments in the Philippines. The identification of the typology took inspiration from Oxfam’s Care Policy Scorecard toolkit, but instead of solely looking at the presence or absence of care-related policies, the study examined the rationale of these policies and identified existing investments on care infrastructure.

Figure 4: Overview of the iterative process of collecting materials for desk review

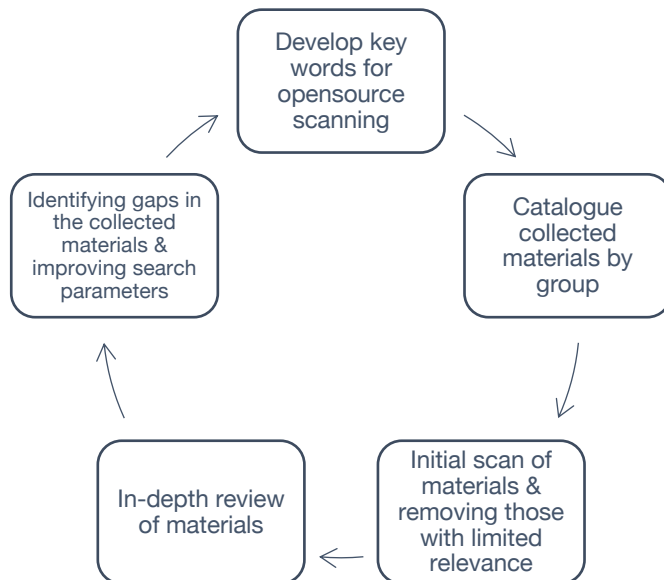


Figure 5: Overview of the published document search process



Figure 6: Development of care infrastructure investment typologies in the Philippines



## ANNEX B

### Key Informant Interview (KII) Guides

#### General guide

- Before beginning the interview, don't forget to have the respondent sign the consent form before recording.
- Don't forget to record every interview from beginning to end.
- Do not forget to take the demographic information of the respondents. They are free to not give out their real name but make sure to get the required information correctly particularly their contact details.
- As much as possible, please try to stick or follow our guide questions but please make sure to also insert some probing questions especially if you think the respondents have more to say on each question.
- Please try and stick to the terms that are indicated in guide question to avoid other interpretation. If respondents do not understand, you may expound the question or give examples but avoid leading them.
- Kindly mention to the respondents that we may be visiting them again to verify some questions if necessary and that we will be providing them a copy of their case stories for their review and verification as well.
- Make sure that you will conduct the interview in a safe and neutral area. We must always ensure the comfortability and confidentiality of our respondents.
- If you will conduct the interview in their native tongue, please state the question and their answer in English or Tagalog for the purpose of the recording.
- You may use a tickler to log down some field notes, but you may also refer to your recording. We will also be providing a template of the field notes for you.
- If any concern arises while you are on the field, please reach out to the research lead.

#### Guide for KIIs with Community Members

Questions	Sample probing questions
<i>Perspectives on Care</i>	
1. How do you define care? <i>Para sa inyo, ano po ang ibig sabihin ng "care" o pag-aalaga?</i>	
2. What activities can be considered as "care"-related? When is it done? Where is it done? <i>Ano po ang mga gawain na maaaring masabing kaugnay ng pangangalaga? Saan at kailan ito ginagawa?</i>	If q is unclear to respondent, you can give examples of "care"-related activities. Ex. <i>"Ang paghahanda po ba ng pagkain para sa inyong pamilya ay porma ng pangangalaga?"</i>
3. Who do you consider to be your family's primary care provider? Outside your household are their other institutions or organizations that provide care? <i>Sino po ang kinokonsidera ninyo na inyong pangunahing tagapangalaga? Kung sa labas naman po ng inyong tahanan, may iba pa po bang nakakapagbigay sa inyo ng pangangalaga?</i>	Since we will be getting care providers as respondents, they can answer that they are the primary care providers for their family.
4. If the primary care provider is unable to provide care, who steps in? <i>Kung wala po ang pangunahing tagapangalaga, sino po ang humahalil?</i>	
5. Do you think care should be prioritized? Why or why not? <i>Sa tingin po ninyo, dapat po bang bigyan ng pansin ang care o pag-aalaga? Bakit oo o bakit hindi?</i>	
6. Who should provide care to the community? <i>Sino po ang dapat nagbibigay ng pangangalaga sa komunidad?</i>	If q is unclear to respondent, you can give examples of care providers. Ex. <i>"Dapat po ba na ang gobyerno ay nagbibigay alaga rin sa komunidad?"</i> <i>"Dapat po ba na ang magkakapitbahay ay nagbibigay alaga sa komunidad?"</i>
<i>Care Infrastructure Investments</i>	
7. What are the available care infrastructure in your community that you are aware of? (Give examples) <i>Ano po ang mga care infrastructure o mga imprastruktura na alam ninyo na mayroon sa inyong komunidad?</i>	For the areas assigned to you, please research about specific care infrastructure in their area. You can collate that and place them in a flip chart (with photos) to show to respondents if the q is unclear to them, or to give them examples of what can be considered as care infrastructure. Then respondents can answer yes or no based on your examples. You can then ask them to expound on why they consider it as a care infrastructure. Please refer to the 5 typologies of care infrastructure:

Questions	Sample probing questions
	<ul style="list-style-type: none"> <li>• Physical Infrastructure (breastfeeding rooms, daycare centers, health centers, schools, etc.)</li> <li>• Care Services (DOH's Early Childhood Care Development Program, QC's Nutrition Program, WFH arrangement, community pantries, etc)</li> <li>• Care Policies and Regulations (Social Security System, PhilHealth, Batas Kasambahay, Makati Senior Blue (Financial Assistance) &amp; White (Senior Discount) Card, etc)</li> <li>• Employment Related Care-Provisions (Expanded Maternity Leave Act, Solo Parents Welfare Act, etc)</li> <li>• Norm-reorienting Investments (National Breastfeeding Awareness Month, National Family Planning Month, Community Discussions on Gender Equality and Roles, etc).</li> </ul> <p><b>AVOID LEADING QUESTIONS OR LEADING EXAMPLES.</b></p>
8. Who manages these care infrastructures? <i>Sino po ang namamahala sa mga imprastraktura na nabanggit ninyo?</i>	
9. Is there any infrastructure related to care that you are aware of that you haven't mentioned yet? Who manages them? <i>May mga iba pa po ba kayong hindi nabanggit na imprastraktura na maaaring konektado sa pangangalaga? Sino po ang namamahala dito?</i>	
<b>Government/CSO/Community response on care</b>	
10. Do you know any care related infrastructure provided by the government? <i>May alam po ba kayong mga imprastraktura na kaugnay ng pagbibigay ng pangangalaga na nagmula sa gobyerno?</i>	Please refer to the uploaded typology examples for better understanding. You can give examples again for this question. You may use a flip chart as reference. Please search for government-initiated care infrastructure in your specific areas (national, local, and barangay level). Respondents can answer yes or no based on your examples, then ask them to explain or expound their answers.
11. Do you think these are beneficial to you, your family, or the community? Why or why not? <i>Sa tingin po ninyo, nakakatulong po ba ito sa inyo, sa inyong pamilya, o sa komunidad? Bakit oo o bakit hindi?</i>	
12. How about care related infrastructure provided by CSOs or NGOs? <i>Paano naman po ang mga mga imprastraktura na kaugnay ng pagbibigay ng pangangalaga na nagmula sa mga CSO o NGO?</i>	Please follow same instructions as Q10.
13. Do you think these are beneficial to you, your family, or the community? Why or why not? <i>Sa tingin po ninyo, nakakatulong po ba ito sa inyo, sa inyong pamilya, o sa komunidad? Bakit oo o bakit hindi?</i>	
14. Does your community have initiatives related to care? How is this implemented? <i>Sa inyong komunidad, mayroon ba kayong mga aktibidad na may kaugnayan sa pag-aalaga? Paano ninyo ito nagagawa?</i>	Please follow same instructions as Q10.
15. How does these care infrastructures affect the lives of women from your community? <i>Paano nito naaapektuhan ang kalagayan ng mga kababaihan sa inyong lugar?</i>	
16. How about the effects on their livelihood? <i>Paano naman ito nakaka-apekto sa kanilang kabuhayan?</i>	
17. How does the absence or insufficiency of these care infrastructure affect your community? <i>Paano naaapektuhan ng kawalan o kakulangan ng mga</i>	

Questions	Sample probing questions
<i>imprastruktura para sa pangangalaga ang inyong komunidad?</i>	
18. In your opinion, who should provide for this care infrastructure? Why them? <i>Sa inyong pananawa, sino ang dapat pinanggagalingan ng mga care infrastructure o imprastruktura? Bakit ninyo nasabing sila?</i>	
19. Do you think the government should provide more care infrastructure? Why? <i>Sa inyong pananaw, dapat bang maglunsad ng mas marami pang care infrastructure o imprastruktura ang gobyerno? Bakit?</i>	
20. What types (or examples?) of care infrastructures do you wish to have that you think would be helpful for your family? For your community? <i>Ano pong mga klase ng care infrastructures o imprastruktura ang sa tingin ninyo ay makakatulong sa inyong pamilya? Sa inyong komunidad?</i>	You can give examples of care infrastructure that are not yet present in the area. You can reuse your flip charts if some examples there are not yet present in their communities. They can again answer yes or no, they let them explain or expound on their answers.
Do you have anything else to add? Do you have any questions for us? <i>Mayroon pa po ba kayong nais idagdag? May katanungan po ba kayo para sa amin?</i>	

#### Guide for KIs with Government Respondents

Questions	Sample probing questions
<b>Perspectives on Care</b>	
1. How do you define care? Para sa inyo, ano po ang ibig sabihin ng "care" o pag-aalaga?	
2. Who do you think should provide care? Sa inyong pananaw, sino dapat ang nagbibigay ng pangangalaga?	
3. Do you think that government should also provide care to the people? Should the government prioritize care? Sa inyong palagay, dapat din po bang alagaan ng gobyerno ang mga tao?	
<b>Care Infrastructure Investments</b>	
4. What do you consider as care infrastructure in your community? Ano po ang mga care infrastructure o mga imprastruktura na alam ninyo na mayroon sa inyong komunidad?	<p>For the areas assigned to you, please research about specific care infrastructure in their area. You can collate that and place them in a flip chart (with photos) to show to respondents if the q is unclear to them, or to give them examples of what can be considered as care infrastructure. Then respondents can answer yes or no based on your examples. You can then ask them to expound on why they consider it as a care infrastructure. Please refer to the 5 typologies of care infrastructure:</p> <ul style="list-style-type: none"> <li>• Physical Infrastructure (breastfeeding rooms, daycare centers, health centers, schools, etc.)</li> <li>• Care Services (DOH's Early Childhood Care Development Program, QC's Nutrition Program, WFH arrangement, community pantries, etc)</li> <li>• Care Policies and Regulations (Social Security System, PhilHealth, Batas Kasambahay, Makati Senior Blue (Financial Assistance) &amp; White (Senior Discount) Card, etc)</li> <li>• Employment Related Care-Provisions (Expanded Maternity Leave Act, Solo Parents Welfare Act, etc)</li> <li>• Norm-reorienting Investments (National Breastfeeding Awareness Month, National Family Planning Month, Community Discussions on Gender Equality and Roles, etc).</li> </ul> <p>AVOID LEADING QUESTIONS OR LEADING EXAMPLES.</p>


Questions	Sample probing questions
5. Who manages these care infrastructures? Sino po ang namamahala sa mga imprastraktura na nabanggit ninyo?	
If there are care infrastructures in place:	If there are <b>NO</b> care infrastructure in place:
6. A. Who pushed to have these care infrastructures? Ano po ang naging dahilan kung bakit naisagawa ang mga nabanggit na care infrastructure o imprastraktura	6B. What is/are the reason/s behind the lack of care infrastructure in your community? Ano po ang dahilan kung bakit walang mga care infrastructure o imprastraktura sa inyong lugar?  Then proceed to Q12
7. How do you ensure that care infrastructures (policies, programs, projects) in your community reach the poor especially women? Paano po ninyo nasisigurado na nakakarating sa mga may pangangailangan, lalo na sa mga kababaihan, ang mga care infrastructure sa inyong lugar?	
8. Do you have any monitoring schemes in place for the implementation of these care infrastructures? If yes, what are those schemes? Mayroon po ba kayong mga ginagawa upang mabantayan ang implementasyon ng mga care infrastructure na inyong nabanggit? Ano po ang mga ito?	
9. <b>[If no monitoring schemes]</b> Why don't you have monitoring schemes in place? Are you planning to implement them in the future? Bakit po wala kayong pang monitor sa mga ito? May plano po ba kayong mag-implementa ng mga ito sa mga susunod na panahon?	
10. How do you plan and implement these care infrastructures or other care-related initiatives? Papaano niyo po plinano o pinaplano at pinapatupad ang mga care infrastructure na ito o ng iba pang inisyatiba na kaugnay ng pangangalaga?	
11. How do you budget for these care infrastructures or care-related initiatives? Papaano po kayo nagtatalaga ng budget para sa mga care infrastructure o imprastraktura o mga inisyatiba na ito?	
12. Do you consult with the members of your community, particularly women? Kayo po ba ay komukonsulta sa mga miyembro ng inyong komunidad lalo na sa mga kababaihan?	
13. Is there any infrastructure related to care that you are aware of that you haven't mentioned yet? Who manages them? May mga iba pa po ba kayong hindi nabanggit na imprastraktura na maaaring konektado sa pangangalaga? Sino po ang namamahala dito?	
<b>Government/CSO/Community response on care</b>	
14. Do you know any care related infrastructure provided by the government? May alam po ba kayong mga imprastraktura na kaugnay ng pagbibigay ng pangangalaga na nagmula sa gobyerno?	Please refer to the uploaded typology examples for better understanding. You can give examples again for this question. You may use a flip chart as reference. Please search for government-initiated care infrastructure in your specific areas (national, local, and barangay level). Respondents can answer yes or no based on your examples, then ask them to explain or expound their answers.  You may refer to Q4 instructions also
15. Do you think these are beneficial to the community that you are a part of? Why or why not? Sa tingin po ninyo, nakakatulong po ba ito sa inyong komunidad? Bakit oo o bakit hindi?	
16. How about care related infrastructure provided by CSOs or NGOs? Paano naman po ang mga mga imprastraktura na kaugnay ng pagbibigay ng pangangalaga na nagmula sa mga CSO o NGO?	Please refer to Q4 and Q14 instructions



Questions	Sample probing questions
17. Do you think these are beneficial to the community that you are part of? Why or why not? Sa tingin po ninyo, nakakatulong po ba ito sa inyong komunidad? Bakit oo o bakit hindi?	
18. Aside from the initiatives of the government and CSOs/NGOs, does your community have any other initiatives related to care? How is this implemented? Bukod sa mga nabanggit na inisyatiba ng gobyerno at mga CSO o NGO, mayroon pa ba kayong mga inisyatiba na may kaugnayan sa pag-aalaga? Paano ninyo ito nagagawa?	Please refer to Q4 and Q14 instructions
19. How does these care infrastructures affect the lives of women from your community? Paano nito naapektuhan ang kalagayan ng mga kababaihan sa inyong lugar?	
20. How about the effects on their livelihood? Paano naman ito nakaka-apekto sa kanilang kabuhayan?	
21. Do you think care should be prioritized? Why or why not? Sa tingin po ninyo, dapat po bang bigyan ng pansin ang care o pag-aalaga? Bakit oo o bakit hindi?	
22. How does the absence or insufficiency of these care infrastructure affect your community? Paano naapektuhan ng kawalan o kakulangan ng mga imprastraktura para sa pangangalaga ang inyong komunidad?	
23. In your opinion, do you think the government should provide more care infrastructure? Why? Sa inyong pananaw, dapat bang maglunsad ng mas marami pang care infrastructure o imprastraktura ang gobyerno? Bakit?	
24. What form of care infrastructures do you wish to have or implement that you think would be helpful? Ano pong mga porma ng care infrastructures o imprastraktura ang sa tingin ninyo ay makakatulong sa inyo?	You can give examples of care infrastructure that are not yet present in the area. You can reuse your flip charts if some examples there are not yet present in their communities. They can again answer yes or no, they let them explain or expound on their answers.
25. Is there anything else that's important to know about how you or your community understands care and care infrastructure? Mayroon pa po ba kayong gustong idagdag patungkol sa kung paano ninyo nauunawaan ang konsepto ng pag-aalaga at care infrastructure?	
Do you have anything else to add? Do you have any questions for us? Mayroon pa po ba kayong nais idagdag? May katanungan po ba kayo para sa amin?	

## ANNEX C

### Gender and Development (GAD) Project List - Example Municipality of Alamada



Republic of the Philippines  
Province of Cotabato  
REGION XII  
Municipality of Alamada  
**OFFICE OF THE SANGGUNIANG BAYAN**

EXCERPT FROM THE MINUTES OF THE 59<sup>TH</sup> REGULAR SESSION OF THE 10<sup>TH</sup> SANGGUNIANG BAYAN OF ALAMADA HELD AT SB SESSION HALL, 2<sup>ND</sup> FLOOR, MUNICIPAL BUILDING, ALAMADA, COTABATO ON AUGUST 3, 2020 AT 9:00 IN THE MORNING.

Present:

Hon. LEONIGILDO A. CALIBARA, JR.	Municipal Vice Mayor / Presiding Officer
Hon. EDWIN M. FORTUNADO	SB Member
Hon. ERES C. CONCEPCION	SB Member
Hon. BARTOLOME B. LATAZA, JR.	SB Member
Hon. DEMOCRITO D. DIOLA, JR.	SB Member
Hon. TERESA O. DEMETILLO	SB Member
Hon. RICKY B. NATIAL	SB Member
Hon. ALBERT V. BACAT	SB Member
Hon. JOSE ROMMEL B. DEAROS	SB Member/ABC President

Absent:

Hon. GANDAWALI P. TAMAY	SB Member
Hon. ELMER V. BONA	SB Member/SKMF President

**RESOLUTION NO. 2020 – 424**

RESOLUTION ADOPTING AND APPROVING THE LIST OF PROGRAMS, PROJECTS, AND ACTIVITIES REFLECTED IN THE GENDER AND DEVELOPMENT (GAD) PLAN AND BUDGET OF THE MUNICIPALITY OF ALAMADA, PROVINCE OF COTABATO UNDER THE FIVE PERCENT (5%) GENDER AND DEVELOPMENT (GAD) FUND FOR CALENDAR YEAR 2021 IN THE AMOUNT OF SIXTEEN MILLION FOUR HUNDRED SEVENTY NINE THOUSAND THREE HUNDRED NINETEEN PESOS AND EIGHTY ONE CENTAVOS (PHP16,479,319.81).

*Presented before the August Body was GFPS Resolution No. 5 series of 2020 recommending for adoption and approval of the Programs, Projects and Activities reflected in the Gender and Development Plan and Budget under the 5% GAD Fund for Calendar Year 2021 in the amount of Php16,479,319.81.*

**WHEREAS**, the following Programs, Projects and Activities reflected in the GAD Plan and Budget for CY 2021 under the 5% GAD Fund are as follows;

NO.	PRIORITY GAD PROGRAMS / PROJECTS	AMOUNT
1	Responsible Parenthood Program	100,000.00
2	Adolescent Reproductive Program	100,000.00
3	Mental Rehab Program / Mentally Challenge Program	250,000.00
4	Barangay Health Workers Support Program	632,115.00
5	Natural Family Planning Program	191,400.00
6	Nutrition Program	700,000.00
7	Infectious Disease Control Program	231,000.00

1 Res. No. 2020-424/sbl/reso files *Res*

8	Operation Dental, Medical and Surgical Services	549,999.65
9	Non-communicable Disease Program	249,086.85
10	Environmental Sanitation Program	125,400.00
11	Dental Health Care Services Program	350,000.00
12	Women's Operation Program	265,200.00
13	Women's Day Celebration & Operational Fund	632,214.31
14	GAD Data Base System	100,000.00
15	Solo Parent Welfare Program	180,000.00
16	Day Care Workers Support Program	2,386,224.00
17	LGU Sponsored PhilHealth Program	1,000,000.00
18	Kasalan ng Bayan	150,000.00
19	VAWC Development Program (RA 9262)	800,000.00
20	Sports Development Program	1,017,000.00
21	Skills Training for Women	240,000.00
22	Pre-Marriage Counseling Program	326,400.00
23	Pantawid Pamilya Pilipino Program Operation	549,600.00
24	Kabuhayan sa Kababaihan	1,000,000.00
25	Farm Youth Development Program	120,000.00
26	Home Extension Program	180,000.00
27	Crop Protection Program	60,000.00
28	Livestock Protection Program	300,000.00
29	Fishery Development Program	60,000.00
30	High Value Commercial Crops Enhancement Program	60,000.00
31	Alternative Learning System Program	373,680.00
32	GAD Operation Program	400,000.00
33	GAD Training Program	300,000.00
34	Special Program for Employment of Students (SPES)	900,000.00
35	HIV / AIDS Program	300,000.00
36	Special Children Program	600,000.00
37	Moral Recovery Program	100,000.00
38	DARE Program	100,000.00
39	Pasilungan Center / Crisis Center Operation	500,000.00
	<b>TOTAL</b>	<b>P 16,479,319.81</b>


WHEREFORE, on motion of SB Member TERESA O. DEMETILLO, Chairperson, Committee on Women, Children, and Family Welfare, duly seconded UNANIMOUSLY by the August Body, it was:

RESOLVED, as it hereby resolves, to adopt and approve, as it is hereby adopts and approves the list of Programs, Projects and Activities reflected in the Gender and Development (GAD) Plan and Budget of the Municipality of Alamada, Province of Cotabato under the Five Percent (5%) Gender and Development (GAD) Fund for Calendar Year 2021 in the amount of Sixteen Million Four Hundred Seventy Nine Thousand Three Hundred Nineteen Pesos and Eighty One Centavos (Php 16,479,319.81).

UNANIMOUSLY APPROVED: August 3, 2020.

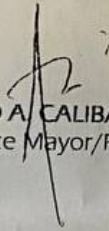
EFFECTIVITY: January 1, 2021

CERTIFIED CORRECT:



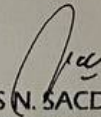
RINA MARIE C. IGLORIA, MPA  
Secretary to the Sanggunian

ATTESTED AND CERTIFIED  
TO BE DULY ADOPTED:



LEONIGILDO A. CALIBARA, JR.  
Municipal Vice Mayor/Presiding Officer

APPROVED:



JESUS N. SACDALAN  
Municipal Mayor

Date: August 10, 2020

## ANNEX D

Flipchart used in Iloilo City

### CARE INFRASTRUCTURE INVESTMENTS

#### Physical Care Infrastructure

##### Hard Component

Physical immovable infrastructures that supports and aids the delivery of care such as water, sanitation system, food, roads, transportation systems, community centers, day care centers, specialized centers for the marginalized sectors.

This also includes devices and equipment that reduces time and labor performing care activities.

#### Care Services

##### Hard Component

These are investments to professional and non-specialized care providers.

These includes provision of care for dependents and the sick that assists their physical and emotional well-being,

These service are those that transfer the responsibility of care from the family to the government, market and non-profits.

#### Care Policies and Regulations

##### Soft Component

Sets the care agenda for care infrastructure investments.

These investments include ensuring the following:

1. Social Protection
2. Labor Protection and decent work for paid care workers and migrant care workers.
3. Finance and gender responsive public budgeting.
4. Care and gender disaggregated data

### CARE INFRASTRUCTURE INVESTMENTS

#### Employment-related Care Provision

##### Soft Component

Flexible time arrangements for both male and female workers to redistribute care work responsibilities.

Equal provision of leaves for childcare and leave benefits.

Promotion of work, life-balance and gender sensitive workplaces.

#### Norm-reorienting Investments

##### Soft Component

Community level and consistent interventions on social-behavioral change on ideas about care work.

This include active campaigns and educational discussions.

## CARE INFRASTRUCTURE INVESTMENTS

Physical Care Infrastructure				
National Policies, Projects, & Programs	Local Policies, Projects, & Programs	Civil Society Initiatives	Private Sector Initiatives	Community Initiatives
<ul style="list-style-type: none"> <li>- PNG Bridge</li> <li>- NEDA's Philippine Water Supply and Sanitation Master Plan</li> <li>- Iloilo-Guimaras Transportation Modernization</li> <li>- Panay Railway Transportation Project</li> </ul>	<ul style="list-style-type: none"> <li>- Metro Iloilo Hospital (known as the Uswag Hospital)</li> <li>- Uswag Molecular Laboratory</li> <li>- Health Center Construction and Rehabilitation</li> <li>- Retrofitting and rehabilitation of Public Parks</li> </ul>	<ul style="list-style-type: none"> <li>- Distribution of facemasks by JCI</li> <li>- School Supplies Distribution in Coastal Communities</li> </ul>	<ul style="list-style-type: none"> <li>- Metro Iloilo Bulk Water Supply</li> </ul>	<ul style="list-style-type: none"> <li>- Day Center Construction</li> </ul>

## CARE INFRASTRUCTURE INVESTMENTS

Care Services				
National Policies, Projects, & Programs	Local Policies, Projects, & Programs	Civil Society Initiatives	Private Sector Initiatives	Community Initiatives
<ul style="list-style-type: none"> <li>- DOH's Vaccination of Children</li> <li>- DOH's Health and Production Ageing Program</li> <li>- DSWD's Educational Assistance Program</li> <li>- DOLE's TUPAD Program</li> </ul>	<ul style="list-style-type: none"> <li>- Iloilo City's Post-partum Protection Program</li> <li>- Feeding Program for underweight children</li> <li>- USWAG Scholarship</li> <li>- Ban on SUPs</li> <li>- Free medicines for Senior Citizens</li> </ul>	<ul style="list-style-type: none"> <li>- Iloilo Business Club's Medical Mission</li> <li>- Bike Race fund raising for the Ati Community in Lanit, Jaro</li> </ul>	<ul style="list-style-type: none"> <li>- Leave with pay for workers tested positive of COVID-19</li> <li>- Partnership with Converge to aid women in WFH set-up</li> </ul>	<ul style="list-style-type: none"> <li>- Community Pantries</li> </ul>

## CARE INFRASTRUCTURE INVESTMENTS

Care Policies and Regulations				
National Policies, Projects, & Programs	Local Policies, Projects, & Programs	Civil Society Initiatives	Private Sector Initiatives	Community Initiatives
<ul style="list-style-type: none"> <li>- SSS, GSIS, and PhilHealth Insurances</li> <li>- Expanded Maternity Leave Law</li> <li>- Batas Kasambahay</li> <li>- Expanded Senior Citizens Act</li> </ul>	<ul style="list-style-type: none"> <li>- Discounted medicines and basic commodities for SC and PWD</li> <li>- COVID-19 Health Protocols</li> <li>-Ease of Doing Business Initiatives</li> </ul>		<ul style="list-style-type: none"> <li>- For Medicus Medical Center, food provisions for families affected by the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>- Assemblies</li> <li>- Building of Women's Organization (Blue Angels)</li> </ul>

## CARE INFRASTRUCTURE INVESTMENTS

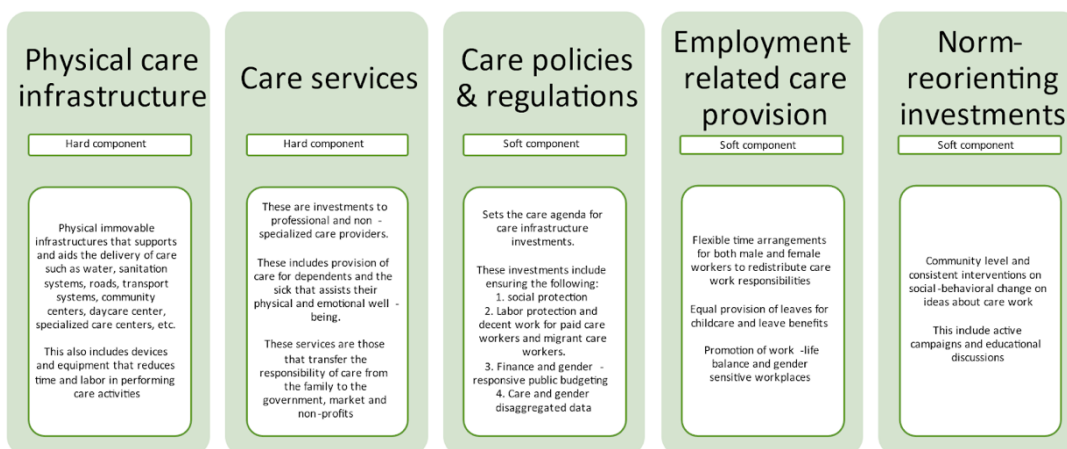
Employment-Related Care Provisions				
National Policies, Projects, & Programs	Local Policies, Projects, & Programs	Civil Society Initiatives	Private Sector Initiatives	Community Initiatives
<ul style="list-style-type: none"> <li>- Solo Parents Welfare Act</li> <li>- Expanded Maternity Leave Law</li> <li>- Mental Health Law</li> <li>- Safe Spaces Act</li> </ul>	<ul style="list-style-type: none"> <li>- SOGIE Ordinance</li> <li>- Distribution of Laptops and Tablets to Public School Teachers</li> <li>- GIP Program</li> </ul>		<ul style="list-style-type: none"> <li>- Start-Up Festivals</li> </ul>	

# CARE INFRASTRUCTURE INVESTMENTS

Norm-Reorienting Investments				
National Policies, Projects, & Programs	Local Policies, Projects, & Programs	Civil Society Initiatives	Private Sector Initiatives	Community Initiatives
<ul style="list-style-type: none"> <li>- National Nutrition Month</li> <li>- End VAWC Campaigns</li> <li>- Children's Month Celebration</li> </ul>	<ul style="list-style-type: none"> <li>- Dungog Senior Citizens</li> <li>- Seminars for OSYs</li> </ul>		<ul style="list-style-type: none"> <li>- End VAWC Caravan by Qualimed</li> </ul>	

Flipchart used in Quezon City

# CARE INFRASTRUCTURE INVESTMENTS





## CARE INFRASTRUCTURE INVESTMENTS

### Physical Care Infrastructure

<p>National Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- NEDA's Philippine Water Supply and Sanitation Master Plan</li> <li>- DOE's Philippine Energy Plan 2012-2030</li> <li>- Rural Roads in Mindanao for Faster, Safer Travel</li> <li>- Manila Railway System and Projects</li> </ul>	<p>Local Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- QC 1<sup>st</sup> Breastfeeding Station in 2012</li> <li>- Government Hospitals and Other Health Centers</li> <li>- School Rehabilitation, Constructions of Classrooms</li> <li>- Construction/rehabilitation of parks, waterways, etc</li> </ul>	<p>Civil Society Initiatives</p> <ul style="list-style-type: none"> <li>- One Million Light PH's Solar Lamps Distribution</li> <li>- COSE's Water Filter Distribution Programs</li> <li>- Reproductive Health Clinics of LIKHAAN Center for Women's Health</li> <li>- Children International Housing Projects</li> </ul>	<p>Private Sector Initiatives</p> <ul style="list-style-type: none"> <li>- SMC's Bulacan Bulk Water Supply Project &amp; MRT-7</li> </ul>	<p>Community Initiatives</p>
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## CARE INFRASTRUCTURE INVESTMENTS

### Care Services

<p>National Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- DOH's Early Childhood Care Development Program</li> <li>- DOH's Healthy and Production Ageing Program</li> <li>- DSWD's capacitybuilding Sustainable Livelihood Program</li> <li>- BalikProbinsyaProgram</li> </ul>	<p>Local Policies, Projects, Programs</p> <ul style="list-style-type: none"> <li>- QC Maternal &amp; Child Care Program</li> <li>- QC's Nutrition Program</li> <li>- QC's Community-Based Mental Health</li> <li>- Scholarship programs</li> <li>- School Rehabilitation ( Balik Eskwela)</li> <li>- Maintenance medicine for Seniors</li> <li>- Mobile clinics</li> <li>- Ban on plastics</li> </ul>	<p>Civil Society Initiatives</p> <ul style="list-style-type: none"> <li>- COSE's capacitybuilding initiatives for the elderly</li> <li>- GMA Kapuso Foundation medical drives and relief assistance</li> <li>- SagipKapamilya relief assistance during calamities</li> </ul>	<p>Private Sector Initiatives</p> <ul style="list-style-type: none"> <li>- Work-from-home arrangements</li> <li>- Extended paid leaves (more than the mandated maternity or paternity leaves)</li> </ul>	<p>Community Initiatives</p> <ul style="list-style-type: none"> <li>- Community Pantries</li> </ul>
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## CARE INFRASTRUCTURE INVESTMENTS

### Care Policies and Regulations

<p>National Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- Social Security System PhilHealth</li> <li>- BataKasambahay</li> <li>- PCW, NEDA, DBM Joint Circular on Guidelines for the Preparation of Annual GAD Plans, Budgets, and Accomplishment Report</li> <li>- Expanded Senior Citizen Act of 2010</li> </ul>	<p>Local Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- Senior Citizen Card (Discount &amp; Free Movies)</li> <li>- Social Pension for Indigent Senior Citizens, Centenarian Award</li> <li>- Ordinance on Following Safety Protocols</li> <li>- Triple Tax Relief for Businesses</li> </ul>	<p>Civil Society Initiatives</p>	<p>Private Sector Initiatives</p> <ul style="list-style-type: none"> <li>- Nestle PH's Equal Pay Policy</li> <li>- Ayala Land, Inc. &amp; Convergys PH's Gender Equitable Workforce</li> </ul>	<p>Community Initiatives</p>
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## CARE INFRASTRUCTURE INVESTMENTS

### Employment-Related Care Provisions

<p>National Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- Telecommuting Act of 2018</li> <li>- Expanded Maternity Leave Act</li> <li>- Solo Parents Welfare Act</li> <li>- BawaBastos Law</li> </ul>	<p>Local Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- GenderFair Ordinance</li> <li>- Assistance to Teachers (laptops, grants)</li> <li>- StartUp QC Program</li> <li>- Skills and Livelihood Training Program</li> <li>- Internship Programs</li> </ul>	<p>Civil Society Initiatives</p>	<p>Private Sector Initiatives</p> <ul style="list-style-type: none"> <li>- Nestle's Parental Support Policy</li> <li>- Tie-ups with government (First Oracle for financial support and training of MSMEs)</li> </ul>	<p>Community Initiatives</p>
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# CARE INFRASTRUCTURE INVESTMENTS

## Norm-Reorienting Investments

<p>National Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- National Breastfeeding Awareness Month</li> <li>- 18-Day Campaign to End Violence Against Women</li> <li>- National Family Planning Month</li> <li>- Women's Month Celebration</li> </ul>	<p>Local Policies, Projects, &amp; Programs</p> <ul style="list-style-type: none"> <li>- Community Discussion on Gender Equality and Roles</li> <li>- No Woman Left Behind Program in QC</li> </ul>	<p>Civil Society Initiatives</p> <ul style="list-style-type: none"> <li>- Oxfam PH's WE-Care Programme</li> </ul>	<p>Private Sector Initiatives</p> <ul style="list-style-type: none"> <li>- Pilipinas Shell's Campaign to End Gender Stereotypes</li> </ul>	<p>Community Initiatives</p>
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