



KEOUGH SCHOOL  
OF GLOBAL AFFAIRS

Integration Lab



OXFAM



# THE PHILIPPINES' UNPAID CARE POLICY LANDSCAPE

Key Findings and Insights from the  
Pilot Care Policy Scorecard Assessment

Oxfam is a global organization that fights inequality to end poverty and injustice. We offer lifesaving support in times of crisis and advocate for economic justice, gender equality, and climate action. We demand equal rights and equal treatment so that everyone can thrive, not just survive.

Inequality is the most pressing issue of our time. And for 80 years, people like you have fueled our mission to end poverty and injustice. From the highlands of Central America and the cornfields of Uganda to the shores of the southern Gulf Coast in the US, Oxfam and our supporters are fighting to guarantee a life of dignity for every person in crisis and to challenge billionaires, corporations, governments, and international financial institutions to do better.

The i-Lab team collaborated with Oxfam America, Oxfam Great Britain, and Oxfam Pilipinas to populate Oxfam's Unpaid Care Policy Scorecard.

To learn more about Oxfam and its work to alleviate the burden of unpaid care work on women and girls, visit their website at <https://www.oxfam.org/en>.

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The publication of this report aims to share research results, contribute to public debate, and invite feedback on development and humanitarian policy and practice. It does not necessarily reflect the policy positions of the organizations jointly publishing it.

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## ABOUT THE COVER

As WE CARE project participants, William and Rowena know how to balance their household chores. In this photo, William is feeding their older son while Rowena is dancing their youngest son to sleep.

(Photo: Jed Regala/Oxfam)

# GLOSSARY

<b>ASC</b>	Ad Standards Council	<b>GOC</b>	Government Owned Corporation	<b>NNC</b>	National Nutrition Council
<b>APIS</b>	Annual Poverty Indicators Survey	<b>HDPRC</b>	Human Development and Poverty Reduction Cabinet Cluster	<b>PCW</b>	Philippine Commission on Women
<b>BARM</b>	Bangsamorro Autonomous Region in Muslim Mindanao	<b>ICT</b>	Information and Communications Technology	<b>POPCOM</b>	Population Commission
<b>CSO</b>	Civil Society Organizations	<b>IEC</b>	Information and Education Campaign	<b>PPAN</b>	Philippine Plan of Action for Nutrition
<b>COM</b>	Community Organizers Multiversity	<b>I-LAB</b>	Integration Lab	<b>PSA</b>	Philippine Statistics Authority
<b>DBM</b>	Department of Budget and Management	<b>ILO</b>	International Labor Organization	<b>SBFP</b>	Schools Based Feeding Program
<b>DOH</b>	Department of Health	<b>KII</b>	Key Informant Interview	<b>SFP</b>	Supplemental Feeding Program
<b>DOLE</b>	Department of Labor and Employment	<b>LGU</b>	Local Government Unit	<b>SIKAT</b>	Sentro para sa Ikaunlad ng Katutubong Agham at Teknolohiya
<b>DSW</b>	Department of Social Welfare and Development	<b>LTFRB</b>	Land Transportation Franchise Regulatory Board	<b>UCDW</b>	Unpaid Care and Domestic Work
<b>ECCD</b>	Early Childhood Care and Development	<b>LWUA</b>	Local Water Utilities Association	<b>UNESCO</b>	United Nations Education Science and Culture Organization
<b>ECCE</b>	Early Childhood Care and Education	<b>NEDA</b>	National Economic and Development Authority	<b>WE-CARE</b>	Women's Economic Empowerment and Care
<b>FGD</b>	Focus Group Discussion	<b>NCR</b>	National Capital Region	<b>5R FRAMEWORK</b>	5R Framework: Recognize, reduce, redistribute, represent and reward
<b>GAD</b>	Gender and Development	<b>NDHS</b>	National Demographic and Health Survey		

# TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS</b>	1
<b>TABLE OF CONTENTS</b>	4
<b>EXECUTIVE SUMMARY</b>	5
<b>INTRODUCTION</b>	7
<b>PART 1   UNPAID CARE IN THE PHILIPPINES: POLICY LANDSCAPE AND CARE POLICY SCORECARD FINDINGS</b>	9
Unpaid Care Context in the Philippines	9
Legislative Framework in the Philippines	10
Methodology	12
Differences in Scoring: Missing Value Scoring	16
Key Findings and Discussion	17
Policy Background	22
Policy Background	31
Degree of Transformation	33
Conclusion and Recommendations	34
<b>PART 2   THE PILOT ASSESSMENT PROCESS AND SUGGESTIONS FOR FUTURE ITERATIONS</b>	35
Oxfam’s Suggested Methodology	35
i-Lab’s Methodology	36
Suggestions to improve scorecard assessment	37
On data collection and analysis	37
On scorecard template formatting and navigation	38
<b>APPENDIX A: PHILIPPINES POPULATED SCORECARD</b>	40
<b>APPENDIX B: POLICIES AND POLICY GOALS</b>	70
Section 1	70
Section 3	72
<b>REFERENCES</b>	73

# CARE



# EXECUTIVE SUMMARY

Unpaid care and domestic work (UCDW) is performed around the world disproportionately by women and girls. Oxfam is committed to alleviating this burden of unpaid care and domestic work and to elevating the discourse on the value of UCDW's contribution to society. As part of its continuing efforts to contribute to enhanced public policy around UCDW, Oxfam partnered with the University of Notre Dame Keough School of Global Affairs' Integration Lab (i-Lab) to conduct a pilot study and populate Oxfam's Care Policy Scorecard in the Philippines in order to determine milestones and gaps in the country's unpaid care policy landscape.

Assisted by a local Philippine research team, the i-Lab team conducted a desk review on Sections 1 and 3 of Oxfam's Care Policy Scorecard. The i-Lab team completed approximately 60% of the questions in Sections 1: Unpaid Care Work and Section 3: Cross-Cutting through desk review of the existing policies which was then supplemented with information gathered through ten key informant interviews (KIs) and four focus group discussions (FGDs).

Major findings revealed that unpaid care work and cross-cutting policies in the Philippines do exist but are transformative to a limited extent. The completed scorecard for Section 1 and Section 3 showed that the Philippines has policies that cover most of the indicators measured. The average scores for Policy were 70%, while Access and Reach were lower at 53%, Budget and Administration 35%, Regulation and Monitoring 48%, and Design and Impact 23%. These were measured across all the indicators for Section 1 and 3. The scores for many indicators were low due to lack of available data or lack of knowledge of key informants regarding the process of policy formulation.

It is recommended that policy planners ensure greater participation by women, marginalized groups, caregivers and care workers who could help design policies to better

fit the needs of all sectors, which in turn would render these policies more transformative.

Deeper analysis of the policies showed that it remains difficult to find monitoring data on the implementation and impact of policies, but available data showed that poorer, rural, marginalized communities lacked Care Supporting Infrastructure such as water, electricity, ICT, roads and transport resulting in a higher burden of work hours and lowered access to Care Services such as Healthcare and Education. More rigorous monitoring by agencies with oversight and disaggregated data collection by line agencies would assist researchers and policy makers to monitor services in the future.

Mechanisms for National Government to give extra funding support for LGUs to bring Care Supporting Infrastructure to poor, rural or marginalized communities will alleviate the burden on unpaid care givers and also give these same communities better access to Care Services. Following the Mandanas-Garcia Ruling, more of the burden of implementing Care Services is now through the LGU local offices. It is recommended that more funding be allocated for expanding staffing levels in these local offices and for capacity building. This scorecard report can be used as a tool to increase awareness of the 5Rs and to ensure that programs addressing the needs of unpaid care workers, the majority of whom are women, are continued and strengthened.

While the analysis of country findings for the populated sections provides a foundation for future research, the i-Lab team suggests that Oxfam Pilipinas or other advocacy groups populate Section 2: Paid Care Work of the scorecard before comparing the Philippine experience globally. The scores from the Care Policy Scorecard can be used as a baseline should Oxfam or other stakeholders continue to explore unpaid care work in the Philippines.

Further, since the application the Oxfam Care Policy Scorecard in the Philippines is a pilot run, this report also includes suggestions on how to improve future iterations of using the scorecard, particularly outlining strategies to enhance data collection and scorecard formatting.

Oxfam Pilipinas and the i-Lab team are excited to contribute to the growing literature and research on unpaid care work policies through this initiative. The team hopes future researchers will continue to run Oxfam's Care Policy Scorecard with consistent frequency, and continually evaluate how to equalize care work distribution.



# INTRODUCTION

Oxfam is dedicated to increasing women and girls' choice to participate in social, economic, and political life. Oxfam researchers point to unpaid care and domestic work (UCDW) as a duty that disproportionately falls to women and girls that limits participation.

In 2014, Oxfam initiated the Women's Economic Empowerment & Care (WE-Care) Initiative which includes over 25 countries.<sup>1</sup> WE-Care increases the recognition of UCDW in public policy. WE-Care researchers found that a country's policy environment is an influencing factor in advocating for women's participation.

From WE-Care findings, Oxfam launched the Care Policy Scorecard, which assesses governments' level of commitment toward addressing care work. This Scorecard aims to critically engage policy makers and care advocates in advancing further the adoption, allocation, and implementation of unpaid and paid care work-related policies.

The scorecard provides governments with an evidence-based guide on how to address care work and SDG 5.4: Achieve Gender Equality and Empower All Women and Girls.<sup>2</sup> In addition, the scorecard provides domestic and international gender equity advocates with a tool to promote the valuation of unpaid care work.

Using the Care Policy Scorecard to identify policy gains and gaps could help:

- Promote accountability. Governments adopting the scorecard will be able to track the progress of SDG 5.4 and streamline related gender intersections in health, education, labor, water, and infrastructure. The scorecards will measure whether or not government policies and investments are achieving their intended impact.
- Increase the body of evidence on country-specific unpaid care work. Oxfam's scorecard will give advocates and politicians a comparative analysis to reference when advocating for gender empowerment policies.
- Encourage positive competition. Oxfam's scorecard can nudge governments to measure their progress in unpaid care work evaluation against other countries. The scorecard fosters a competitive atmosphere, which pushes advocates and governments to increase awareness and citizen engagement.

The choice of criteria to measure for the scorecard were determined based on Oxfam's WE-care programme findings and the UNESCAP conceptual framework for care-sensitive and gender-differentiated policies which shows the main levers for change are care infrastructure, care-related social protection transfers and benefits, care services and employment-related care policies.

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[1] Hall, Sarah. (2020). "Making Care Count: An Overview of the Women's Economic Empowerment and Care Initiative." Oxfam GB for Oxfam International. Page 5.

[2] "Goal 5: Achieve gender equality and empower all women and girls." United Nations.



# INTRODUCTION

Section 1: Unpaid Care Work includes the following policy areas:

- 1.1 Care-supporting physical infrastructure
- 1.2 Care Services
- 1.3 Social protection benefits related to care
- 1.4 Care-supporting workplaces

Section 2: Paid Care Work includes the following policy areas:

- 2.1 Labor conditions and wage policies
- 2.2 Workplace environment regulations
- 2.3 Migrant care workers' protections
- 2.4 Right to organize

Section 3: Cross-Sectoral Policies to Address Unpaid and Paid Care Work includes the following policy areas:

- Policy area 3.1 Social norms interventions
- Policy area 3.2 Measurement frameworks and data collection

By conducting the care policy scoring exercise, it is hoped that the first step to SDG 5.4: Gender Equality would be achieved with 'Recognition' of the problems faced by female unpaid care workers and encourage policies that truly 'Reduce' the physical burden of care-work, 'Redistribute' the burden between men and women, and government and business. Give 'Representation' to care workers in planning and budgeting and 'Reward' paid care workers so that they are properly compensated for their significant work.

In collaboration with Oxfam Pilipinas, the Notre Dame's i-Lab team scored Sections 1 and 3 of the Care Policy Scorecard over the summer of 2021 to conduct desk reviews, KIIs, and FGDs. Section 2 was not included in this pilot study so as to focus on Unpaid Care Work (UCW) and to mainstream relevant UCW policies.

There are two dimensions to this report presented in two parts:

Part 1: The country findings with the completed scorecard Sections 1 and 3 with analysis of the results, discussion, and recommendations.

Part 2: Insights about pilot care policy assessment process with suggestions on how improve scorecard data collection and navigation.

Oxfam country offices, international women's advocacy groups, and civil society organizations can apply the findings from Part 2 to make the future scorecard population more efficient.

# PART 1 | UNPAID CARE IN THE PHILIPPINES: POLICY LANDSCAPE AND CARE POLICY SCORECARD FINDINGS



In order to give context to this scorecard report, it is useful to highlight the care context and legislative framework in the Philippines that directly or indirectly affect women, UCDW and the criteria assessed in the Care Policy Scorecard. The laws can be found in the Philippine Official Gazette.

## UNPAID CARE CONTEXT IN THE PHILIPPINES

The 2021 National Household Care Survey, conducted by Oxfam and the Women's Economic Empowerment and Care (We-Care) project, surveyed 1000 participants nationwide. This report showed that women participants dominated all the care activities.<sup>3</sup> They spent 6.75 hours of their total care work time on "primary care" compared to 3.48 hours by adult men. For "primary/secondary" care, women spent 9.13 hours of their total care time compared to 4.50 hours for men.

For those classified here as "any care" activities, women used up 12.53 hours daily compared to the men's 8.43 hours. For "multitasking care" activities, the number of hours for women was 6.62 hours while the men logged 3.78 hours daily. These findings demonstrate the unequal distribution of unpaid care work in Filipino households with women carrying the heavier burden.

[3] "WE-Care Programme." (2021). Oxfam: Policy and Practice. Oxfam. <https://policy-practice.oxfam.org/we-care/>

[4] Notes: Primary care = the number of hours respondents spend on care work as primary activity; secondary care = the number of hours' respondents spent on care work as a secondary activity. Any care defined as the number of hours respondents spent on care work as either a primary or a secondary or a supervision activity; and multi-tasking care = the number of hours respondents spent on doing at least two care activities at the same time (primary, secondary, or supervision).

# LEGISLATIVE FRAMEWORK IN THE PHILIPPINES

These are a number of laws in the Philippines which have highlighted the roles of women as equal partners to men in development, implemented the gender equality agenda through GAD, provided social services to solo parents, young children and senior citizens, and ensured access to reproductive health programs.

Some landmark legislation is highlighted here to give the legislative framework and context. Other specific policies relating to the scorecard are discussed in the results segment while a matrix of the all the policies is in Appendix B.

## THE WOMEN IN NATION BUILDING ACT OF 1995 (REPUBLIC ACT NO.7192)

To promote “the integration of women as full and equal partners of men in development and nation building,” the National Economic and Development Authority (NEDA) was responsible for ensuring women’s access to overseas development assistance funds. This resulted in an equality program called Gender and Development (GAD). This program trained government staff in implementing the gender equality agenda in all their functions. The National Commission on the Role of Filipino Women (now the Philippine Commission on Women) assisted NEDA in ensuring women’s active participation in the planning, design, implementation, management, monitoring and evaluation of programs and this Act institutionalized the collection of sex disaggregated data through all government agencies.

## MAGNA CARTA OF WOMEN 2009 (REPUBLIC ACT NO.9710)

This comprehensive policy makes the State responsible for ending all discrimination against women and exhorts the Government to provide substantive equality between men and women. In addition to governing the overall climate of human rights for women, the Magna Carta specifically provides that the “State shall take steps to review and, when necessary, amend and/or repeal existing laws that are discriminatory to women”. This allows for existing legislation to be reviewed and for new policies and programs to be prioritized, such as those pertaining to women’s care work.

## THE RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH ACT OF 2012 (REPUBLIC ACT NO. 10354)

This law ensures that reproductive health becomes universally accessible. It empowers the Department of Health and local government units to ensure availability of reproductive supplies, give training to medical providers on new contraceptive technologies and undertake the implementation of various programs, such as the Family Planning Program and the National Safe Motherhood Program. There has been a steady decline in the maternal mortality ratio over the past decade, with more than 80 percent of total live births occurring in established health facilities and more than 90 per cent of pregnant women being attended to by a skilled health professional.<sup>5</sup>

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[5] Philippine Statistics Authority (PSA) and ICF. 2023. 2022 Philippine National Demographic and Health Survey (NDHS): Final Report. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF

## LOCAL GOVERNMENT CODE OF 1991 (REPUBLIC ACT NO. 7160)

This Code establishes the system and defines powers of provincial, city, municipal and barangay governments in the Philippines. The Act vested the local government units with the responsibility to deliver certain basic services including health, agriculture, social welfare, and aspects of environment and natural resources. The Local Government Code transfers the functions of the field units of the Department of Health (DOH) to the local governments and also devolves social welfare services to the LGUs. This involves the transfer of responsibility from the regional, provincial, and municipal or city district offices of the Department of Social Welfare and Development (DSWD) to the local governments. Included in the devolved functions are the establishment, operation, and maintenance of various social welfare facilities. Barangays have the duty to maintain day care centers.

However, “Public works and infrastructure projects and other facilities, programs, and services funded by the National Government under the annual General Appropriations Act, other special laws, and pertinent executive orders, and those wholly or partially funded from foreign sources, are not covered by the devolution of basic services and facilities under this Rule, except in those cases where the LGU concerned is duly designated as the implementing agency for such projects, facilities, programs, and services.”

A detailed summary of the salient points of the Local Government code can be found at the joint Philippine Ombudsman/UNDP website.<sup>6</sup>

## THE MANDANAS-GARCIA RULING 2019

This Supreme Court decision in 2018 and confirmed in 2019, makes provision for raising the share of national government tax revenue transferred to local governments as of 2022. raises internal revenue allotments to local government units in 2022 by 27.61 per cent. This represents 1.08 trillion pesos (4.8 percent of GDP, which is up from 3.5 percent in 2021). It provides the local government units with greater fiscal independence and bigger development funds for more projects. This will be accompanied with capacity building and support to enable the local government units to meet their increased service mandates to local populations since many more functions of the national government will be devolved to the LGUs. This includes programs under the DSWD and DOH that affect women.

This Mandanas-Garcia-Ruling has implications for LGUs that have limited funds. The funds allotted to LGUs, although increased, will still depend on tax income and population therefore small rural populations with low tax revenue will continue to find it hard to provide basic services especially for expensive infrastructure projects such as water, sanitation and roads unless extra funds can be appropriated from the national government. This has implications for care supporting infrastructure.

A more detailed explanation of which programs will be moved from National Government to the LGUs is outlined in the Department of Budget and Management (DBM) IEC materials FAQs-Mandanas-Garcia-Ruling.<sup>7</sup>

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[6] Local Government Academy (2003). “Articles from Unpacking the Local Government Code of 1991” <https://www.ombudsman.gov.ph/UNDP4/wp-content/uploads/2012/12/UNPACKINGLGC91.pdf>

[7] Department of Budget and Management (2021) “Frequently Asked Questions Mandanas-Garcia SC Ruling as of November 9, 2021” <https://www.dbm.gov.ph/wp-content/uploads/Mandanas-Garcia-Case/IEC-Materials/FAQs-Mandanas-Garcia-Ruling.pdf>



## DATA COLLECTION METHODS

The criteria considered for this scorecard are very detailed. In addition to looking for the existence of relevant policies, these policies were scored using multiple criteria including accessibility and reach, budget and administration, regulation and monitoring, and design and impact.

Before commencing KIIs and FGDs, the i-Lab team conducted a thorough desk review of policies that aligned with Oxfam's Care Policy Scorecard policy areas. Sources were limited to publicly available information, including policy documents, government white papers, and peer-reviewed academic assessments of policies. The first round of desk review began in June 2021 and lasted for approximately two weeks. During this time, the i-Lab team and local researchers divided the Care Policy Scorecard by policy area between local research and i-Lab teams. Each assigned researcher was responsible for finding data and giving a preliminary score for each assessment criteria. The assessment criteria that could not be found from publicly available data sources were not scored initially and were labeled "Further Desk Review/KII Needed." These missing responses formed the basis for the KII survey tool. The research team then conducted a combination of FGDs and KIIs to fill in the remaining gaps.

Time with respondents during KIIs was maximized because the i-Lab team only asked about information that was not found in the desk review. The i-Lab team began the desk review with a general search of key terms across several repositories. The team found that a simple search on Google produced official government documents published by the Philippine government. Notably, The Official Gazette of the Republic of the Philippines provided legislative texts with specific provisions of the bills. These texts were particularly helpful as several of the assessment criteria were detailed in the bills' texts. Again, identifying accessibility, reach, design, and impact were difficult and formed the bulk of the survey tools.

## METHODOLOGY

This care policy assessment initiative mainly intended to evaluate existing unpaid care policies in the Philippines using the Oxfam Care Policy Scorecard. Oxfam's scorecard measures governments' responses to unpaid and underpaid care policies and provides an overall country score that demonstrates how transformative their policies are in addressing UCDW. The scorecard assesses if care policies are in place and what their reach is across existing social and economic policies.

The i-Lab team followed Oxfam's suggested four-part methodology in populating the tool: an initial planning stage; undertaking the assessment; an adaptation plan; and a scoring process.

From June 1 to August 15, 2021, the i-Lab team conducted remote data collection in partnership with Oxfam Pilipinas. The data collection was supported by Oxfam staff and local research assistants on the ground.

The Philippines' KII Survey Tool's indicators were a clone of the Care Policy Scorecard, with the addition of one closing question:

*"Oxfam's definition of unpaid care work is: 'Care work is central to human and social wellbeing. It includes looking after children, the elderly, and those with physical and mental illnesses and disabilities, as well as daily domestic work like cooking, cleaning, washing, mending, and fetching water and firewood. Across the world care work is disproportionately falling on women and girls, especially women and girls living in poverty and from marginalized groups.' Does this policy in any way benefit care workers?"*

This question was added as a final check for the respondents to broadly consider UCDW in the policy. The decision to add this question was made independently from Oxfam Pilipinas. All findings from the KIIs and FGDs were logged into the Survey Tool to easily be entered back into the Care Policy Scorecard upon completion of the interviews.

The research team began KIIs and FGDs on July 21, 2021, to populate the remaining indicators within the Care Policy Scorecards. In the Philippines, sections of the Care Policy Scorecard were matched to respondents based on their expertise and affiliated organization. This matching method enabled the team to maximize time with KII participants.

The i-Lab team conducted 10 KIIs and four FGDs to populate the scorecard. KII participants included government officials representing the Department of Labor and Employment (DOLE), Philippine Statistics Authority (PSA), Philippine Commission on Women (PCW), and the Department of Social Welfare and Development (DSWD). Participants in KIIs and FGDs were from Salcedo, Quinapondan, and Bagumbayan, Philippines, where the i-Lab team also conducted an ordinance review of Oxfam's WE-Care program.

In adapting the scorecard sections to the country context, the research team found certain policy indicators did not exist within the Philippine context. This meant some policy indicators scored a "0." Policy indicators that were not relevant in a given context were clearly labeled as such and not counted in the overall section scores.

Finally, in cases of uncertainty, the research team discussed respondent feedback for the given assessment criteria before assigning a score. Later, the research team also discussed with respondents to determine how they would score the assessment criteria. The i-Lab team found that discussing scoring with researchers and respondents provided a rich debate that provided nuances to the assessment criteria. In the actual final scoring, the i-Lab team tested two methods of scoring to determine which practice was more robust. These two types of scoring, called missing value scoring and Oxfam scoring methods, are detailed in the succeeding sections.



## SCORING TRANSFORMATION

Oxfam’s definition of ‘transformative’ is based on the ILO’s four core principles on supporting transformative care policies.<sup>3</sup>

“First, care policies should be gender-responsive and human-rights based: namely, they need to actively and systematically encourage the achievement of non-discrimination and gender equality at home, at work and in society.

Second, care policies should be universal and should provide adequate and equitable benefits. Care policies can benefit all women and men, especially those most likely to be left behind,  
Third, care policies should ensure that the State has the overall and primary responsibility. This dimension is grounded on the principle of care as a social good.

Fourth, care policies should be founded on social dialogue and representation. This is a core governance principle. Care policies have the potential to be empowering and guarantee the rights, agency, autonomy and well-being of care recipients, unpaid caregivers and care workers.”

Oxfam developed a table titled “Degree of Transformation” to easily code scores for each indicator. The i-Lab team used this table to code findings and assign the appropriate Degree of Transformation to each indicator. The table explains the degree to which policies are transformative for care.

Lab team held weekly meetings with Oxfam Pilipinas to ensure the data collection was methodologically sound. In short, the i-Lab team’s methodology followed Oxfam’s suggested methodology. Future researchers should aim for four to six months of data collection per Oxfam’s guidelines.

**TABLE 1: DEGREE OF TRANSFORMATION<sup>8</sup>**

PERCENTAGE	OVERALL SCORE	DEGREE TO WHICH POLICIES ARE TRANSFORMATIVE FOR CARE
0%	0	Policies do not exist
1-20%	1	Policies exist but are not transformative
21-40%	2	Policies exist and are transformative to a very limited extent
41-60%	3	Policies exist and are transformative to a limited extent
61-80%	4	Policies exist and are transformative to a moderate extent
81-100%	5	Policies exist and are transformative to a great extent

[8] ILO. (2018). Care Work and Care Jobs for the Future of Decent Work

## SCORECARD TERMINOLOGY:

**Scorecard Section:** Overarching categories divide the Care Policy Scorecard into three sections: Section 1: Unpaid Care Work, Section 2: Paid Care Work and Section 3: Cross-Cutting.

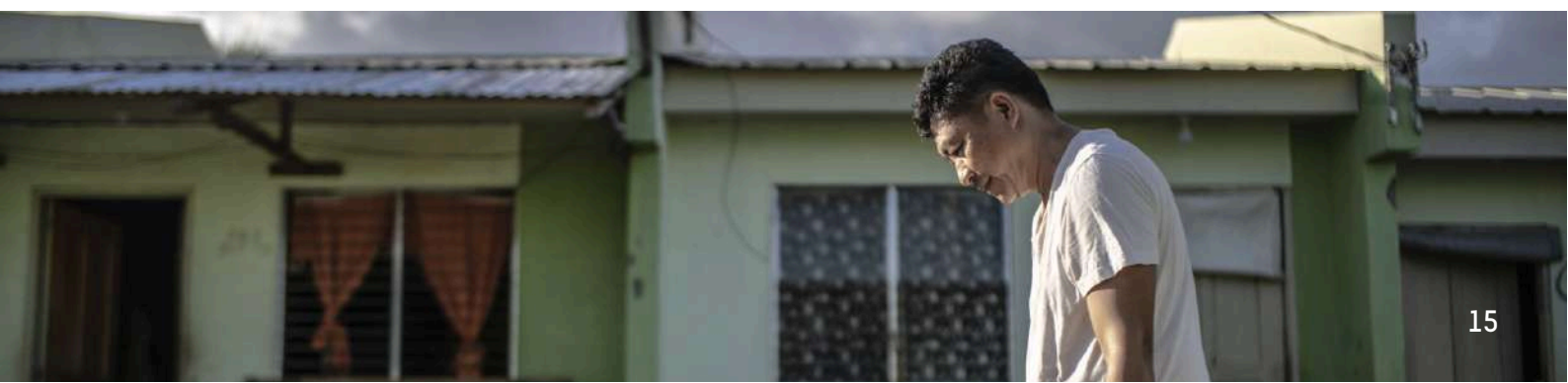
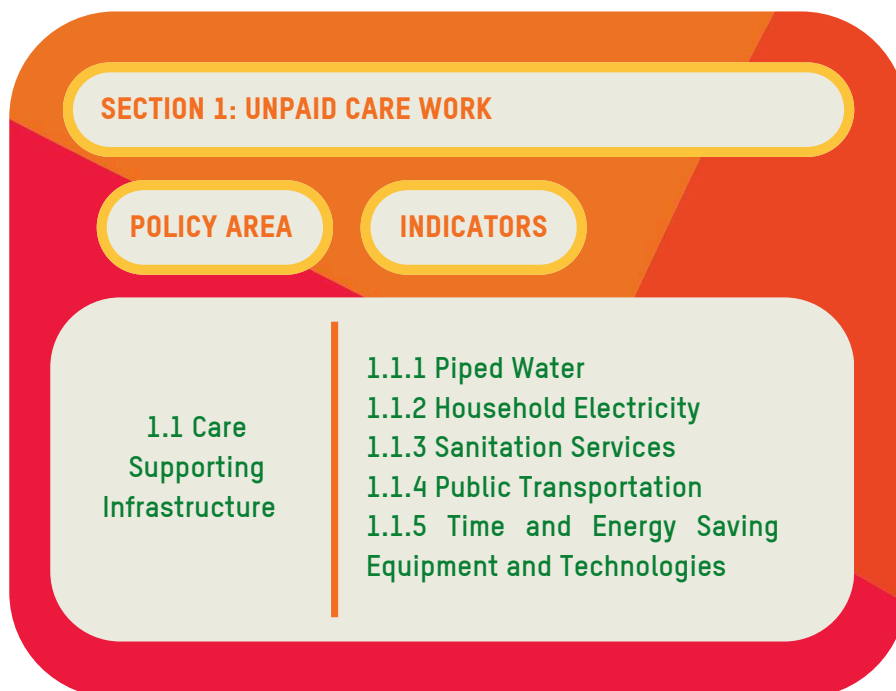
**Policy Areas:** Sub-categories within each section. Each section has four to five policy areas related to Unpaid Care Work, Paid Care Work, and Cross-Cutting themes. For example, 1.1 Care-supporting infrastructure.

**Assessment Criteria:** Specific questions to be answered and scored about each indicator. Assessment criteria are similar, if not identical, in each indicator in the scorecard. Each assessment criteria can be scored 0, 0.5, 1. The assessment criteria can be found here: Appendix A: Blank Care Policy Scorecard.

## LABELING SCORECARD SECTIONS:

The i-Lab team used a three-part coding system to label each section of the scorecard. The first value is the section of the scorecard (1, 2, or 3). The second value is the policy area (1, 2, 3, or 4). Finally, the last value is the indicator (1, 2, 3, 4, or 5).

Section 1, Policy Area 1, Indicator 1 becomes 1.1.1.







## DIFFERENCES IN SCORING: MISSING VALUE SCORING

Once KIIs were completed, the participants' answers and scores were transferred from the appropriate KII tool back into the corresponding country's Care Policy Scorecard. Criteria that could not be answered by KII or FGD were ultimately left blank and were not included in the scoring of each indicator.

When calculating the final scores and degree of transformation, the i-Lab team tested a deviation from Oxfam's method. Rather than score each missing criteria with a '0', the assessment criteria for that given indicator were removed, as seen in the table example with indicator 1.1.1: Piped Water from the Philippines Care Policy Scorecard. There are 17 criteria, but only 10 of the 17 criteria were found in the desk review. 10 became the new denominator and overall the indicator scored a 6.5/10.

### OXFAM SCORING METHOD

1.1.1 Piped Water	6.5/ 17	38%	2	Policies exist and are transformative to a very limited extent
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### MISSING VALUE SCORING METHOD

6.5/10	65%	4	Policies exist and are transformative to a moderate extent
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As seen in the example above, there are substantial differences in the overall scores and degrees of transformation between the two scoring methods. Oxfam's scoring method allows the scores to be compared across countries and is more comparable to other results. The i-Lab Team's Missing Value Scoring Method cannot be compared to other countries because the total number of assessment criteria within each indicator may differ across countries. Additionally, the difference in scoring presents two vastly different degrees of transformation, which may impact local policies and decisions. In the example above, using the Missing Value Scoring method, indicator 1.1: Piped Water received a degree of transformation score of 4: "Policies exist and are transformative to a moderate extent" whereas the actual degree of transformation for this indicator is 2: "Policies exist and are transformative to a very limited extent." In light of skewed data, the i-Lab team recommends following Oxfam's scoring method.



### COVID-19 CONSIDERATIONS

Due to the COVID-19 pandemic, the i-Lab team's data gathering stage was completed remotely. The i-Lab team relied upon Philippine research assistants to meet with respondents in person, and virtually join KIIs and FGDs. The i-Lab team recommends future scorers either collect data on the ground or create a partnership with local researchers that have linkages with government offices.

# KEY FINDINGS AND DISCUSSION

All policy indicators in Section 1: Unpaid Care Work and Section 3: Cross-Cutting were populated through desk review, KIIs and FGDs in the Philippines. Each indicator was scored given the identification of existing policies and insights from available literature and KII/FGD participants. The i-Lab team acknowledges that these scores are not comprehensive and may not accurately reflect the true impact of existing care policies across the Philippines at the local and national levels.

Consistently, design and impact assessment criteria were difficult to answer by respondents across all indicators of the scorecard. Respondents also struggled to answer questions that inquired about Accessibility and Reach. At best, respondents were aware of policies related to unpaid care work but were not knowledgeable enough to provide in-depth details about the aforementioned assessment criteria.

Within the two completed sections (Section 1: Unpaid Care Work and Section 3: Cross-Cutting), the Philippines scored an overall total of 166/411 or 40%. This means that Philippines unpaid care work and cross-cutting policies exist but are transformative to a limited extent.<sup>9</sup>

The most transformative areas in the Philippines scorecard are those that scored a Degree of Transformation score of 3: Policies exist and are transformative to a limited extent. Indicators that scored this are Indicator 1.3: Social Protection Benefits, Indicator 3.1: Social Norms Interventions, and Indicator 3.2 Measurement Frameworks and Data Collection. The remaining indicators earned a Degree of Transformation score of 2: Policies exist but are transformative to a very limited extent.

To review the indicators in more detail for each populated scorecard, see Appendix A. Details of the identified policies and policy goals covering the indicators are presented in Appendix B.

TABLE 2: PHILIPPINES OVERALL SCORE SECTIONS 1 AND 3

TOTAL COUNTRY SCORE (SCORED SECTIONS 1 AND 3)	%	OVERALL SCORE (0-5)	DEGREE OF TRANSFORMATION	
Philippines	166/411	40%	3	Policies exist and are transformative to a limited extent

[9] According to the Care Policy Scorecard: A Tool for Assessing Country Progress Towards an Enabling Policy Environment on Care, Oxfam’s definition of transformative care policies means the policies must be, “gender transformative and human rights based; guarantee the human rights, agency, and well-being of caregivers as well as those receiving care; be universal and provide adequate and equitable benefits to all, especially those likely to be left behind; ensure the government has overall and primary responsibility for care provision and regulation; be founded on social dialogue and representation of caregivers and care receivers,” as described on page 10.

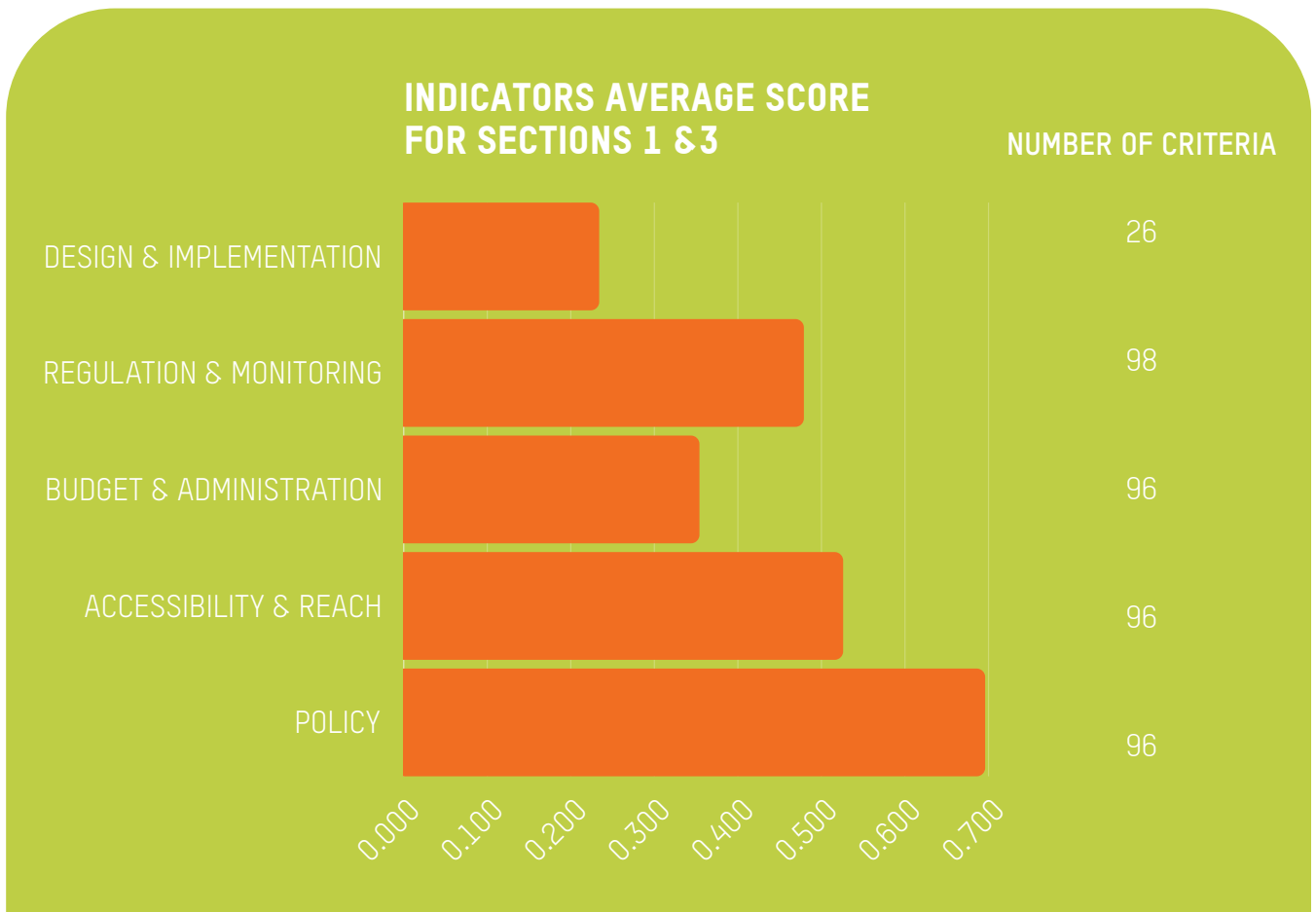
The scorecard has surveyed many indicators and criteria and the results are displayed as a simplified number system whereby countries can be compared. However, in the details of the desk review and KII/FGDs there can be found a number of commonalities in the disconnect between policy goals and implementation which are worth noting.

Many policies exist in the Philippines with the potential to assist the situation of predominantly female unpaid care workers in the country, however the lack of data available makes it difficult to measure how well these policies have been implemented. This is partly due to the governance ecosystem where many agencies are devolved to the local level where the data may be available but is very difficult to collect on a national level. The LGUs will be taking on more of the national policy burdens in the future after the Mandanas-Garcia Ruling where the LGUs will receive a greater portion of the national budget but will be tasked with more responsibility to implement policies.

Also highlighted was a lack of data on whether women, marginalized groups or the target groups of certain policies were involved or participated at all in the policy planning. This was due to the fact that many of these policies are formulated a number of years ago, so key informants had no knowledge and there was no record of the planning process.

Figure 1 shows the average scores for Policy (70%), Access and Reach (53%), Budget and Administration (35%), Regulation and Monitoring (48%), and Design and Impact (23%) measured across all the indicators for Section 1 and 3. The low scores for Budget and Administration can be due to lack of knowledge as many programmes are now at local level and data at national level is hard to find and the low score for Design and Implementation could be ascribed to lack of knowledge of key informants on the design and lack of data available regarding the implementation of many policies.

**FIGURE 1: AVERAGE SCORES FOR MAIN ASSESSMENT CRITERIA CATEGORIES**





## SECTION 1: UNPAID CARE WORK

The scorecard for Section 1 is presented in Table 3 followed by a discussion as to how these policies affect women's unpaid care work.

It can be seen that there are many good policies covering most of the indicators scoring 14/19 or 74 percent however low scores for other criteria lowered the overall score. This indicates the gaps, as already discussed above, that need to be filled to make these policies more effective especially in relation to women's unpaid care work.



**TABLE 3: SECTION 1 SCORES FROM THE PHILIPPINES KIIS AND FGDS**

Scorecard Section	Indicator Score	%	Degree of Transformation Score (0-5)	Degree of Transformation
Section 1: Unpaid Care Work				
Indicator 1.1: Care Supporting Infrastructure	27/90	30%	2	Policies exist and are transformative to a very limited extent
1.1.1 Piped Water	7/18	38%	2	Policies exist and are transformative to a very limited extent
1.1.2 Household Electricity	7.5/18	42%	3	Policies exist and are transformative to a limited extent
1.1.3 Sanitation Services and Facilities	6/18	33%	2	Policies exist and are transformative to a very limited extent
1.1.4 Public Transportation	3.5/18	19%	1	Policies exist but are not transformative
1.1.5 Time and Energy Saving Equipment and Technology	3/18	17%	1	Policies exist but are not transformative
Indicator 1.2: Care Services	24/78	29%	2	Policies exist and are transformative to a very limited extent
1.2.1 Public Healthcare Services	11/19	58%	3	Policies exist and are transformative to a limited extent
1.2.2 Early Childhood Care and Education (ECCE) services	3/21	14%	1	Policies exist but are not transformative
1.2.3 Care services for older persons	5.5/19	29%	2	Policies exist and are transformative to a very limited extent

1.2.4 Care Services for People with Additional Care Needs	4.5/19	24%	2	Policies exist and are transformative to a very limited extent
Indicator 1.3: Social Protection Benefits	46/80	57%	3	Policies exist and are transformative to a limited extent
1.3.1 Public Pension	7.5/20	38%	2	Policies exist and are transformative to a very limited extent
1.3.2 Cash Transfer Policies Related to Care	12.5/20	63%	4	Policies exist and are transformative to a moderate extent
1.3.3 School Based Meals or Food Vouchers	14/19	73%	4	Policies exist and are transformative to a moderate extent
1.3.4 Care Sensitive Public Works Programs	11.5/21	55%	3	Policies exist and are transformative to a limited extent
Indicator 1.4: Care Supporting Workplaces	37.5/96	39%	2	Policies exist and are transformative to a very limited extent
1.4.1 Paid Sick Leave	8.5/21	40%	2	Policies exist and are transformative to a very limited extent
1.4.2 Equal Paid Parental Leave	7/22	32%	2	Policies exist and are transformative to a very limited extent
1.4.3 Flexible Working	6/16	38%	2	Policies exist and are transformative to a very limited extent
1.4.4 Onsite Childcare	5/20	25%	2	Policies exist and are transformative to a very limited extent
1.4.5 Breastfeeding at Work	11/17	65%	4	Policies exist and are transformative to a moderate extent



The policies relating to this Section 1 are discussed below to identify the policy goals and where possible discover the level of implementation, data sources and policy gaps.

## CARE-SUPPORTING PHYSICAL INFRASTRUCTURE

### Piped Water

Water is needed for almost all care activities hand washing, bathing and sanitation, laundry, cooking and cleaning. Access to clean water is fundamental and has a big impact on women's work in terms of hours spent on these tasks. The Oxfam National Household Care Survey report in 2021 showed that women spend on average 1.21 hours a day collecting water.

The right to water is enshrined in the Philippine Constitution and the Local Government Units are the government duty bearers to provide this basic service to the people.<sup>10</sup> According to the Philippine Statistics Authority (PSA) Annual Poverty Indicators Survey (APIS) of 2022<sup>11</sup>, 97.5 percent of families had improved source of water however only 54.1% of families had water piped into their dwelling and 7.4 percent piped into their yard however this does not mean all this water is potable. The same report outlined that only 20.3 percent households had drinking water piped to their homes, 5.4 percent piped to their yard and 3.9 percent communal shared water taps resulting in 47. percent needing to buy drinking water from refilling stations. Disaggregated figures showed urban areas better served than rural areas. However, even those living in urban areas may not be able to connect to a metered piped water system if they have no building permit or land title or proof of tenancy. Piped water is provided by Water

Service Providers most of which are government owned corporations (GOCs), City, Municipal or Barangay, and although their mandate is to provide water to everyone in their service area, in reality access is not evenly distributed. These systems have three levels: Level I – piped to the home, Level II – piped to the yard and less than 50m from the home or Level III communal tap less than 250m from the home. Due to the fact that water is very heavy and time consuming to collect from a communal tap, many indigent rural and urban dwellers living far from communal taps are forced to pay for water to be delivered by container and actually pay more for their water per cubic meter than metered residents in expensive sub-divisions. Unfortunately, the presence of a piped water supply at any level does not guarantee water supply 24/7 with many water providers unable to supply all the water needs in their service area resulting in interrupted water supplies.

Water systems are expensive so water providers prefer to concentrate on densely populated urban areas with metered water leaving rural residents to look for other sources such as wells or springs that may be far from their dwellings. This has resulted in many "waterless" barangays where more than 50% of the residents take more than 30mins to collect water. In 2017 NEDA reported 455 waterless barangays.<sup>12</sup>

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[10] Volume I - Karapatan at Kaalaman sa Katubigan Concepts and Challenges of Human Rights Based Local WatSan Governance A Handbook on Human Rights Based Local WatSan Governance. 2012, United Nations Development Programme and the Department of the Interior and Local Government, Quezon City, Philippines.

[11] Philippine Statistics Authority, Annual Poverty Indicator Report, (APIS) 2020

[12] NEDA, 2017, Philippine Water Supply and Sanitation Master Plan (PWSSMP) National Data and Roadmap available at <https://neda.gov.ph/pwssmp/>,

The Local Water Utility Association (LWUA) does provide funds to water providers but these are repayable loans so are not popular with providers to extend unmetered outlets to marginalized communities. Urgent funding is needed from National Government to enable water service providers to extend the reach of their systems especially to the rural and urban poor.

### Household electricity

All aspects of power supply were privatized in 2001. Electricity is mainly supplied to households through electrical cooperatives with delineated franchise areas. It is unlawful for any electric utility to give undue preference or make unjust discrimination in its service while far flung communities to be encouraged to find alternative supplies such as solar etc. According to the PSA APIS 2022 report about 94.6 percent of families in the country had electricity. Nationwide this leaves 1,666,000 families without electrical supply. This, of course, leaves families unable to use laborsaving devices for cleaning, washing or cooking, and prevents access to TV, cable and the internet.

One cause of the lack of connection is the requirement for a land title, rent or tenant documents and building permit in order to be connected. This adversely affects landless squatters and marginalized groups and prevents legal connection

### Public Transportation

National Transport Policy IRR was promulgated, pursuant to Section 11 of NEDA Board Resolution No. 5 (s. 2017), for the purpose of setting the direction of and parameters for the integrated development and regulation of the Philippine transport sector. The Dept. of Transportation is the agency with over-site of the policy. National Public Transportation Safety Plan guides the national effort in managing the safety risks and safety hazards within the Nation's public transportation systems.

The Land Transportation Franchising and Regulatory Board (LTFRB) evaluates the public transport network based on local demand and infrastructure, opening the routes to operators through a competitive selection or bidding process without preferential rights. Local governments are required to prepare a transportation sector plan to exercise primary responsibility in constructing and maintaining local transportation. However, public transportation systems in the Philippines are privately owned. Service providers apply to the LTFRB for the franchise to run their busses or jeeps on certain routes. Naturally these business owners prefer routes in urban or highly populated areas with good roads. Rural areas with unpaved roads are badly served by public transportation which affects care work in terms of access to health and daycare centers, access to schools, access to markets as well as difficulty in reaching social welfare offices. Under these circumstances public transportation is not only infrequent it is also expensive.

### Sanitation services and facilities

Improved sanitation facilities include flush/pour flush to piped sewer systems, septic tanks or pit latrines, ventilated pit latrines, composting toilets or pit latrines with slabs. In 2020 80.4 percent of families had a basic sanitation service level or used an improved sanitation facility not shared with another household. The PSA 2020 APIS recorded 3.5 percent of households had no sanitation facility. The quality of sanitation facility and its use is linked to the available water supply.



## Time and Energy Saving Equipment and Technology (TSET)

In 2020, households were recorded to have a number of household conveniences and energy saving devices. The most common was cell phone at 90.5 percent followed by television 79.8 percent refrigerator 45.7 percent, washing machine 44.2 percent, motorcycle 42.7 percent, radio 36.3 percent, computer 22 percent and telephone/landline 5.6 percent. Ownership of these items was higher in the urban areas than in the rural areas.

The Oxfam National Household Care Survey report in 2021 showed that women spend on average 2.41 hours a day preparing clothes (washing, drying, folding and ironing). The use of a washing machine would reduce this burden significantly however both household piped water and electricity are need to be available for this labor saving device and as we have already discussed the landless marginalized are unable to have either of these services.

## ICT

Republic Act (RA) No. 10844 or the "Department of Information and Communications Technology Act of 2015," declares it a policy of the State, to ensure the provision of strategic, reliable, cost-efficient and citizen-centric Information and Communications Technology (ICT) infrastructure, systems and resources. This policy ensures universal access to quality, affordable, reliable and secure ICT services and encourages balanced investments between high- growth and economically-depressed areas.

Although an average of 41.1 percent of families used the internet there was a wide disparity across the country where the National Capital Region (NCR) had the highest at 66.6 percent while BARMM had the lowest at 10.3 percent. Urban areas averaged 52.6 percent while rural areas were 28.8 percent.<sup>13</sup>

Presidential Executive Order No. 127, 2021 Expanding The Provision of Internet Services Through Inclusive Access to Satellite Services was declared in order to improve internet access in underserved regions.

Internet access has become essential with many government departments requiring online appointment setting and online form downloads and form filling. Information and education is also disseminated via the internet and social media. Lack of access further marginalizes underserved groups.

# CARE SERVICES

## Public Healthcare Services

In 2019, the Universal Health Care Bill was passed into law in which introduced significant health-care changes in the country – "guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk." However, the UHC Act is yet to be implemented since there are still ongoing discussions regarding the mechanisms for its implementation and discussions between healthcare providers at all levels regarding the financial set-up and payment schemes to be adopted.

Currently public healthcare is provided by the Philippine Health Insurance Corporation (PhilHealth) that was created in 1995 to implement universal health coverage in the Philippines. It is a tax-exempt, government-owned and controlled corporation (GOCC) of the Philippines, and is attached to the Department of Health. Some citizens are paid members while some citizens' dues are subsidized and some have free benefits. There are six categories of persons included in the PhilHealth Scheme: 1) Formal members hired by public

or commercial corporations, 2) Subsidized “indigents”, 3) “Sponsored Members” funded by their LGU, 4) ‘Lifetime’ (non-paying members who are retirees who have paid membership dues for 120 months), 5) All Filipino senior citizens aged 60 and over, 6) Informal and self-employed individuals and OFWs.

Benefits include many in-patient and out-patient procedures funded up to a designated amount. According to PSA (APIS) 2020 about four in five families 78.7 percent had at least one member/dependent/beneficiary of PhilHealth. Of these families, about 41.1 percent were paying members and 37.7 percent were non-paying members (indigent or dependent of indigent) or privately sponsored by their employer.

### Reproductive Health

The Responsible Parenthood and Reproductive Health Act aims to make reproductive health and family planning services and information more accessible. This program was implemented by DOH & POPCOM however after the Madanas-Garcia Ruling this program and its funding has been moved to the LGUs.

The NDHS Report 2022 records unmet need for family planning: eight percent of all women, 12 percent of currently married women, and 42 percent of sexually active unmarried women. The barriers identified: were reduced budget, balancing of supply and demand for family planning supplies, hesitancy due to side effects fears, and the need for IEC especially in schools.<sup>14</sup>

The LGU Population Office has the function of overseeing this program with funding for supplies from the LGU Health Office. The five percent GAD budget can be used for this. Unfortunately, the LGUs’ National Tax Allotment is based on population and land area so rural areas and regions that have high levels of work related outmigration may choose to prefer a high birthrate and be lax in their duties to provide free reproductive education and supplies.

### Early Childhood Care and Education (ECCE) Services

The National System for Early Childhood Care and Development (ECCD) was to ensure services are universally available and accessible for all ages between birth and 5 years of age. To achieve improved infant and child survival rates by ensuring that adequate health and nutrition programs are accessible to young children and their mothers from the pre-natal period throughout the early childhood years. Under this Act, Health Centers were established at all LGU levels to provide pre-natal care, immunization programs and nutrition monitoring as well as education programs for mothers.

Following this another Act established Daycare Centers for pre-school three to four year-olds were established at barangay level where the DSWD is accrediting agency. Under this program the barangay was tasked to complete the physical buildings for Healthcare Centers and Daycare Centers while DOH provided staff and supplies for health and the DSWD shared the honorarium paid to Daycare teachers.

According to the UNESCO Education for All 2015 report, there were more than 53,000 daycare centers but only 23 percent were accredited<sup>15</sup>. This is reported to be due to both the lack of trained accreditors in the DSWD as well as a lack of training for daycare staff to enable them to reach the required standard. Updated data on attendance to daycare is hard to find but some reports estimate attendance at only between 50 and 60 percent of 3-4 year-olds attend daycare.

[14] Philippine Statistics Authority (PSA) and ICF. 2023. 2022 Philippine National Demographic and Health Survey (NDHS): Final Report. Quezon City, Philippines, and Rockville, Maryland, USA: PSA and ICF

[15] UNESCO “Education for All 2015 National Review Report Philippines”  
<https://unesdoc.unesco.org/ark:/48223/pf0000230331>

## Care Services for Older Persons and Persons with Disabilities (PWDs)

The Expanded Senior Citizens Act was promulgated to give full support to the improvement of the total well-being of the elderly and their full participation in society, considering that senior citizens are integral part of Philippine society. This includes building Senior Citizens' Centers and providing training for Seniors and PWDs. There is a budget available at local level for this which is one percent of the LGU total tax income.

Those requiring medication for mental health conditions are likewise better catered to following the National Mental Health Policy however often supplies of free medicines are delayed and many patients are not treated to due to lack of knowledge of the service, attached stigma, or difficulty of family members to secure the necessary documentary requirements such as medical diagnoses and medical certificates.

## RELATED SOCIAL PROTECTION BENEFITS

### Public Pension

There are two public pension schemes in the country Social Security System (SSS) which covers privately employed and self-employed persons and the Government Service Insurance System (GSIS) which covers government employees. As of 2017 only 38.4 percent of economically active persons were contributing to SSS or GSIS Pension schemes. Only regular employees are covered by these two schemes through automatic salary deductions however many private and even government employees are employed on a contractual basis leaving them to make their own contributions to SSS.

The Expanded Senior Citizens Act intends to give indigent senior citizens aged 60 and above with a monthly social pension of Php500 to assist them with their daily and medical needs.

### Cash Transfer Policies Related to Care

The conditional cash transfer (CCT) program locally known as Pantawid Pamilya Pilipino Program, or 4Ps, is a government program that provides conditional cash grants to the poorest of the poor in the Philippines. This includes "Households whose economic condition is equal to or below the provincial poverty threshold. Households that have children 0-18 years old and/or have a pregnant woman at the time of assessment. Households that agree to meet conditions specified in the program."

As of 2015, 21 percent of the population was covered by the 4P's program. In 2017-2019, impact evaluation "wave 3" was undertaken by the Philippine Institute for development Studies (PIDS) in partnership with the DSWD, the World Bank and ADB<sup>16</sup>. The findings concluded that the effects of the 4Ps program were positive and significant for a range of outcomes. Those effects were especially positive for conditionalities that were more strictly enforced for those monitored for conditionality compliance.

However, there was confusion reported regarding the criteria for who qualifies as a 4Ps beneficiary and who does not. The criteria are very clear, but the DSWD assessors depended on local officials to assist them during their surveys to find beneficiaries. This is being addressed more recently as the DSWD reassesses those families that no longer qualify and those who now need to be included.

This 4P's program includes seminars and training for recipient parents regarding the shared burden of care work and women's rights.

[16] "Reassessing the Impact of the Pantawid Pamilyang Pilipino Program: Results of the Third Wave Impact Evaluation" <https://www.pids.gov.ph/publications/7213>.

## School Based Meals or Food Vouchers

The National Feeding Program was designed to address the undernutrition among Filipino children in public day care, kindergarten and elementary schools. There are two feeding programs:

- 1) The Supplementary Feeding Program (SFP), which is a local DSWD and LGU funded program, feeds one meal every day to all pre-school children who attend the barangay daycare center. The daycare centers are fully equipped to cook these meals that have to comply with a set menu approved by the National Nutrition Council (NNC).
- 2) The School-Based Feeding Program (SBFP). This program is implemented through combined efforts of Department of Social Welfare and Development (DSWD) and Department of Education (DepEd) with funding through Regional and Division Offices according to the number of wasted children. The feeding is targeted for stunted, wasted and malnourished children attending kindergarten and elementary school.

In addition to these programs the Philippines Plan of Action for Nutrition (PPAN) 2017-2022 identifies the National Dietary Supplementation Program as one of eight nutrition-specific programs that aims to improve the nutrition status of the most vulnerable groups of the population. To support its implementation, the National Nutrition Council (NCC) conceptualized the Dietary Supplementation in the first 1000 Days initiative to help in the reduction of child stunting and wasting. The program targets the Human Development and Poverty.

## Care-Sensitive Public Works Programmes

The Batas Pambansa Blg. 344 Act was passed in 1982 to “Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to Install Facilities and Other Devices.” Although it does not specifically state that it is to provide care-sensitive public works programmes, the policy can be construed that it intends to address this matter.

# CARE-SUPPORTING WORKPLACES

## Paid Sick Leave

The Labor Code of the Philippines and Social Security Law guarantees employees working for 12 months the right to a yearly Service Incentive Leave of five days with pay, “which can be used as vacation leave or sick leave.”

## Equal Paid Parental Leave

Maternity leave is granted for “for one hundred five (105) days with full pay, and additional fifteen (15) days with full pay in case the female employee qualifies as a solo parent under RA 8972, or the “solo Parents’ Welfare Act of 2000”. In case of miscarriage or emergency termination of pregnancy, the maternity leave shall be for sixty (60) days with full pay.

In cases of live childbirth, an additional maternity leave of thirty (30) days without pay, can be availed of, at the option of the female employee, provided that the employer shall be given due notice. There is no additional guidance or explanation for LGBTQI+ expecting parents in the DOLE 2020 Workers’ Statutory Monetary Benefits Handbook.

Paternity leave is granted for a maximum of seven days for the first four deliveries so long as conditions are met. This meagre allowance for paternity leave further reinforces the social norm for childcare to be a woman’s work.

## Flexible Working

In 2020, households were recorded to have a number of household conveniences and energy saving devices. The most common was cell phone at 90.5 percent followed by television 79.8 percent refrigerator 45.7 percent, washing machine 44.2 percent, motorcycle 42.7 percent, radio 36.3 percent, computer 22 percent and telephone/landline 5.6 percent. Ownership of these items was higher in the urban areas than in the rural areas.

The Oxfam National Household Care Survey report in 2021 showed that women spend on average 2.41 hours a day preparing clothes (washing, drying, folding and ironing). The use of a washing machine would reduce this burden significantly however both household piped water and electricity are need to be available for this labor saving device and as we have already discussed the landless marginalized are unable to have either of these services.

## Onsite Childcare

The EO 340 requires national government agencies and government-owned and controlled businesses to offer day care for their workers' children under the age of five. However, this has never been enforced but superseded by the Early Years Act of 2013 that does not require that childcare services be onsite, but the act generally expands the ECCD network through provinces, cities, municipalities and barangays for all children ages 0-5.

## Breastfeeding at Work

It is mandated that all health and non-health facilities, establishments or institutions shall establish lactation stations. This law covers "fixed" workers. Informal workers are not covered by the policy.

The DOH is oversight agency but there is no clear reporting mechanism to report noncompliance, but the act does state penalties and fines for noncompliance with the policy. The act lists several offenses for monetary fines, administrative penalties, and sanctions on any entity that does not comply with the Act.



## SECTION 3: CROSS-CUTTING SECTORAL POLICIES

The scorecard for Section 3 is presented below in Table 4 followed by a discussion as to how these policies affect women's unpaid care work.

Again, it can be seen that there are many good laws and policies covering most of the criteria scoring 5.5/7 or 78.6 percent however low scores for other criteria also lowered the overall score.

**TABLE 4: SECTION 3 SCORES FROM THE PHILIPPINES KIIS AND FGDS**

Scorecard Section	Indicator Score	%	Degree of Transformation Score (0-5)	Degree of Transformation
Section 3: Cross-Cutting Sectoral Policies				
Indicator 3.1: Social Norms Interventions	21.5/43	50%	3	Policies exist and are transformative to a limited extent
3.1.1 Advertising standards prohibiting gender stereotypes	7/14	50%	3	Policies exist and are transformative to a limited extent
3.1.2 Government awareness-raising campaigns	11.5/13	88%	5	Policies exist and are transformative to a great extent
3.1.3 Education policies that address gender stereotypes	3/16	19%	1	Policies exist but are not transformative
Indicator 3.2: Measurement Frameworks and Data Collection	10.5/24	44%	3	Policies exist and are transformative to a limited extent
3.2.1 Measurement Frameworks	6/12	50%	3	Policies exist and are transformative to a limited extent
3.2.2 Time Use Data	4.5/12	36%	2	Policies exist and are transformative to a very limited extent



# POLICY BACKGROUND

The policies relating to this Section 3 are discussed below to identify the policy goals and where possible discover the level of implementation, data sources and policy gaps.

## SOCIAL NORMS INTERVENTIONS

### ADVERTISING STANDARDS PROHIBITING GENDER STEREOTYPES

The Magna Carta of Women includes a section titled "Non-discriminatory and Non-Derogatory Portrayal of Women in Media and Film," which outlines policies and programs for gender equality, as well as raising public awareness of women's dignity, role, and contribution through the proactive use of mass media.

The Advertising Standards Framework for advertising does not address gender equality. Indeed, the ASC Section 3: Respect for Religion, Filipino Culture & Traditions says 'Advertisements must endeavor to promote the improvement of the quality of life of Filipinos, positive Filipino Family values, customs and traditions.' This approach could be interpreted as very conservative and would reinforce gender norms rather than changing them in line with the GAD agenda. Research has shown that gender stereotyping is still prevalent in TV and print advertising.<sup>17</sup>

### EDUCATION POLICIES THAT ADDRESS GENDER STEREOTYPES

Section 16 of the Magna Carta includes public and private accrediting institutions/organizations to include "gender-fair curriculum in their accreditation criteria". This does not explicitly mention age levels/grades.

The Enhanced Basic Education Act of 2013 states the Curriculum shall be gender and culture sensitive. However, this is very vague and not explained.

### GOVERNMENT RAISING AWARENESS CAMPAIGNS

Magna Carta of Women "Section 26 Right to Information. Access to information regarding policies on women, including programs, projects, and funding outlays that affect them, shall be ensured." Gender mainstreaming is one strategy being used in the implementation of Magna Carta of Women.

All government agencies are to provide a gender and development (GAD) plan and allocate budget on its related activities. Five percent of the total budget is for GAD. The Philippine Commission for Women (PCW) monitors the implementation of the Magna Carter. There is data on how much different agencies have spent on their GAD programmes but no analysis of what has been done. However, the Magna Carter does not explicitly direct towards recognition of caregiving and reproductive work but is focused on general welfare of women in the Philippines.

[17] Prieler, M., Centeno, D. Gender Representation in Philippine Television Advertisements. *Sex Roles* 69, 276–288 (2013). <https://doi.org/10.1007/s11199-013-0301-4>



# MEASUREMENT FRAMEWORKS AND DATA COLLECTION

## MEASUREMENT FRAMEWORKS

HDI: Income, education, and health measured by life expectancy.

SDGs: Measures 155 indicators, 102 based on global list of indicators; the rest are supplementary and are related to goals but are deemed relevant to the Philippines.

Assessing these frameworks: Official poverty statistics on PSA website Annual Poverty Index Survey (APIS) that measures non-economic statistics such as access to water, sanitation, electricity, education and health, "SDG Watch" is also on PSA website. Usual PSA statistics are disaggregated by gender but not intersectional. Unpaid care work is not yet included in PSA statistics data.

## TIME USE DATA

Philippine Statistic Authority only have 10 priority survey topics, but it does not include unpaid care and time use surveys. There are no national scale time-use surveys administered by the government. The only time-use survey conducted in the Philippines were from NGOs and other researchers.

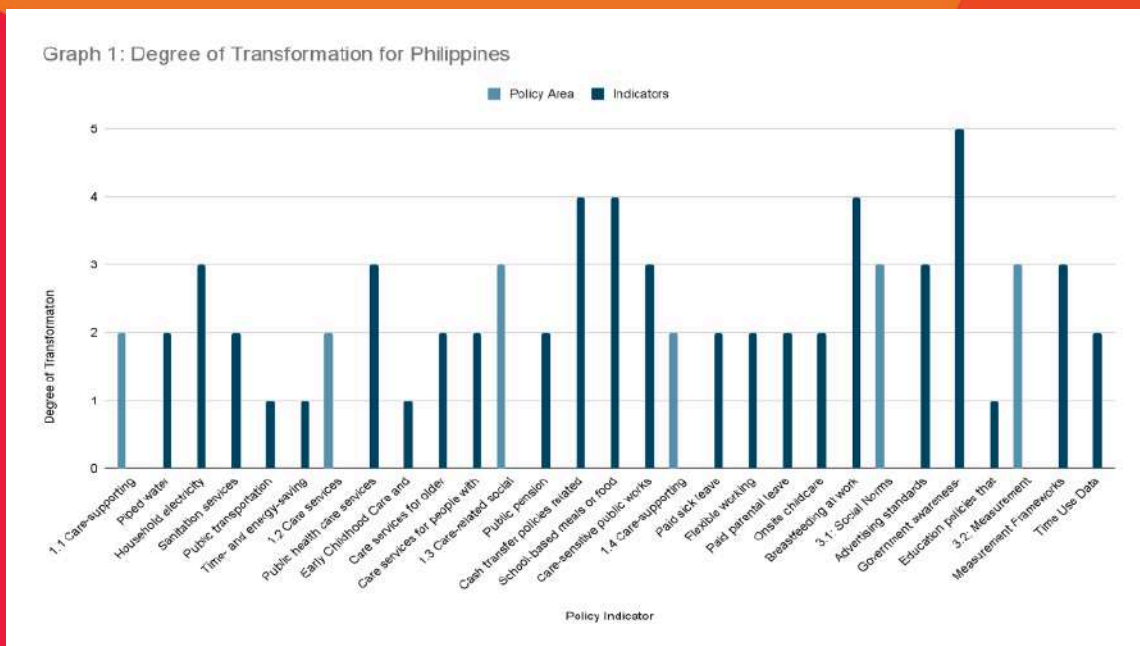


# DEGREE OF TRANSFORMATION

Figure 2 shows the degree of transformation scores across policy indicators in the Philippine Care Policy Scorecard Sections 1 and 3.<sup>18</sup>

These criteria were again hard for research participants to score. The concept was new to many key informants and FGD participants and there was a certain amount of bias identified by the researchers. Government Agency key informants were likely to score their programmes high on the transformation scale. This highlights the need for more key informants from CSOs in order to better triangulate the results.

**FIGURE 2: DEGREE OF TRANSFORMATION SCORES ACROSS POLICY INDICATORS**



[18] There are two possible explanations for gaps in the Philippines data. First, that policies that satisfy the indicator in question truly do not exist. Their inexistence was verified through desk review, KIIs and FGDs. Second, publicly available data was not available for the indicator in question and KII/FGD participants did not have the knowledge to answer a specific question about the indicator.

**THE FOLLOWING ARE THE RECOMMENDATIONS TO IMPROVE UNPAID CARE POLICY FORMULATION AND IMPLEMENTATION:**

1

Participation

Greater participation of women, marginalized groups and target project participants in policy planning would help to design policies to better fit the needs of all sectors, which in turn would render these policies more transformative.

2

Monitoring

More rigorous monitoring by agencies with oversight and disaggregated data collection by line agencies would assist researchers and policy makers to monitor services in the future.

3

Finance and budgeting

The Care Supporting Infrastructure namely water supply, electricity, ICT, roads and transportation are lacking in the poorest more remote regions of the Philippines. LGUs with low populations and scattered communities do not have enough funding to solve these problems themselves. Mechanisms for National Government to give extra funding support to bring Care Supporting Infrastructure to these communities will alleviate the burden on unpaid care givers and also give these same communities better access to Care Services such as health and education.

4

Implementation

The DSWD and DOH are now transitioning to take on more of the burden of implementing Care Services through the LGU local offices. Funding is needed for expanding these local offices and capacity building. This scorecard report can be used as a tool to increase awareness of the 5Rs and to ensure that programs addressing the needs of unpaid care workers, the majority of whom are women, are continued and strengthened.

## Conclusion and Recommendations

In the Philippines, the i-Lab team found policies existed but were transformative to a limited extent. The findings serve as a helpful baseline for Oxfam, CSO representatives, and interested parties to assess the current landscape of unpaid care work policies. The scores identify a clear need to improve unpaid care work policies, specifically in the areas of Care Supporting Infrastructure, Care Services, and Care Supporting Workplaces.

# PART 2 | THE PILOT ASSESSMENT PROCESS AND SUGGESTIONS FOR FUTURE ITERATIONS



## OXFAM'S SUGGESTED METHODOLOGY

To populate the Care Policy Scorecard, Oxfam provides users with a four-part methodology: an initial planning stage, undertaking the assessment, an adaptation plan, and a scoring process. Oxfam suggests four months to score either the Section 1: Unpaid Care Work or Section 2: Paid Care Work and Section 3: Cross-Cutting.<sup>19</sup> Section 1 tracks how public infrastructure, healthcare services, social protections, and care supporting workplaces recognize unpaid care workers. Section 2 determines how workplace conditions and regulations support paid care work. The final section focuses upon the national representation of paid and unpaid care workers in social norms and data collection frameworks. If populating the entire scorecard, allow for an additional two to three months for a total time of six to nine months.

For the initial planning stage, Oxfam suggests collaborating with interested parties, for example, government ministries or a network alliance between like-minded organizations. This partnership will offer expertise and support when conducting interviews in the field.

[19] Parkes, Amber, et al. (2021). "Care Policy Scorecard: A Tool for Assessing Country Progress Towards an Enabling Policy Environment on Care." Oxfam International. Page 21.

Oxfam also suggests conducting a desk review to establish a baseline of existing care policies. The desk review should be supplemented by “other sources of verification, including evaluations, reports, media articles and interviews.”<sup>20</sup> Oxfam suggests that the desk review be verified with interviews with relevant stakeholders and suggests conducting 15 interviews and six focus groups to do so.

In the adaptation stage, Oxfam suggests two levels of adaptation. First, researchers might consider adapting the wording of assessment criteria to be translatable to a different policy or cultural contexts. However, the number of questions should remain the same within each indicator to ensure consistency between scores when comparing countries. Secondly, Oxfam suggests adapting the scorecard to a national and/or sub-national level depending on the scorer’s advocacy priorities. If the government is more decentralized, a sub-national scoring might be more fruitful.

Finally, in scoring the Care Policy Scorecard, Oxfam suggests working through one section at a time and maintaining the order of the indicators. Each assessment criteria within an indicator will be scored with 1, 0.5, or 0, respectively; Yes; Partially; or No. The partial score should be used when an assessment criterion has had some progress but is not totally fulfilled. When unsure of which score to assign, Oxfam suggests conferring with a colleague or expert.

## I-LAB’S METHODOLOGY

The i-Lab team followed Oxfam’s suggested methodology. The main deviation was that the i-Lab team was limited to 11 weeks of data collection rather than the suggested four to six months, per the nature of the summer Global Partner Experience (GPE). The short time frame meant the necessary data triangulation for the Philippine policies was limited. Furthermore, in consultation with local offices, the team decided to solely score Section 1: Unpaid Care and Section 3: Cross-Cutting. Section 2: Paid Care Work is unpopulated. Nevertheless, the i-Lab team, in conjunction with Oxfam Pilipinas, followed the four-part methodology: an initial planning stage, undertaking the assessment, an adaptation plan, and a scoring process.

In the initial planning stage, from approximately March-May 2021, the i-Lab team established a meaningful partnership with Oxfam Pilipinas in preparation for fieldwork. As fieldwork began in June 2021, Oxfam Pilipinas’ networks and partnerships with CSOs and government agencies ensured niche respondents were easily identified and contacted to participate. Additionally, Oxfam Pilipinas was instrumental in the selection of the Philippine research assistants.

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[20] Ibid. Page 25.

# SUGGESTIONS TO IMPROVE SCORECARD ASSESSMENT

## ON DATA COLLECTION AND ANALYSIS

During the data collection period, the i-Lab team encountered several obstacles in the Philippines. The i-Lab team offers three points for consideration to further develop the Care Policy Scorecard's current data collection practices.

### SUGGESTION 1: IMPROVE TRIANGULATION PROCESS

Researchers depended on desk review and expert respondents to populate the scorecard. This leaves potential room for bias if the data triangulation is not robust. Oxfam suggests interviewing no more than 15 respondents or conducting six FGDs. The i-Lab team suggests researchers include more respondents, at least two per indicator, and diversify the type of respondent (e.g. CSO and government official).

Over eleven weeks, the i-Lab team conducted 10 KIs and four FGDs to populate the scorecard in the Philippines. The respondents were mainly government officials. The i-Lab team noticed that responses from CSO representatives differed significantly from government officials. Since the scorecard population relies on qualitative data collection methods, there must be a method to ensure triangulation is more thorough either by requiring multiple respondents from different backgrounds to answer a single policy area, or better defining who is considered an expert respondent. The data triangulation needs to model an accurate depiction of care work policies especially if the scorecard will be used to run country comparisons.

Furthermore, certain indicators did not apply to the country's context. Oxfam ought to conduct a retrospective evaluation of the scorecard every five to ten years to ensure the policy indicators remain substantially linked to care work and add further indicators if necessary.

### SUGGESTION 2: REFINE GRADUATING SCORING

In scoring assessment criteria, the researchers found that the 0, 0.5, 1, scale was too broad. The 0.5 was not specific enough to demonstrate the differences between criteria that are almost fulfilled versus criteria where no substantial action has been taken. The i-Lab team suggests a 0, 0.25, 0.5, 0.75, 1 scale to better demonstrate nuance.

Score	Level of Fulfillment
0	No
0.25	Insubstantially
0.50	Partially
0.75	Nearly
1	Yes

A more refined scoring, as demonstrated in the Alternative Scoring Key, would provide more detailed information to stakeholders. Furthermore, the scoring as a 0-1 scale can be integrated within the overall scoring of the scorecard without changing the overall denominator.

# ON SCORECARD TEMPLATE FORMATTING AND NAVIGATION

While Oxfam’s Care Policy Scorecard provided clear methods for scoring, the team found that the scoring within the Word document was difficult. The team wanted additional space to cite sources and provide a rationale for each score. Because of these desires, the team copied the scoring criteria from a Word document into an Excel file, which later became a Google Sheets document. The tool was divided into several tabs by indicator. The team followed Oxfam’s labeling strategy for each of the sections and indicators.

## SUGGESTION 1: USE EXCEL OR GOOGLE SHEETS TO FORMAT SCORECARD

For scoring, the team suggests using the Care Policy Scorecard in Excel.

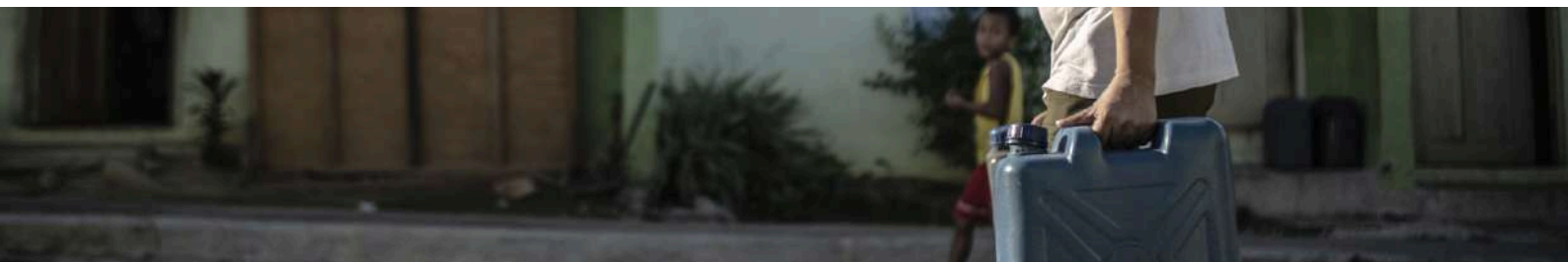
The original Word document format was long and its explanatory text forced the reader to scroll up and down the page. The transition from a Word document to an Excel spreadsheet allowed the team additional space to view several indicators and their assessment criteria at once. In Excel, the Care Policy Scorecard was separated into multiple tabs, divided by indicator. For example, Indicator 1.1: Care Supporting Infrastructure had a tab separate from Indicator 1.2: Care Services, and so on. Excel allows users to easily toggle between indicators, whereas users had to scroll or use the Command + F function to search within the Word document. Excel also allows users to auto-sum total scores and overall percentages, which saves time computing the scores.

## SUGGESTION 1: ADD SOURCE & RATIONALE COLUMNS

Adding two additional columns, “source” and “rationale”, proved to be useful for all team members during the desk review. Because the teams were relying on publicly available data to populate the scorecards, the source column was helpful to view and validate other researchers’ work and the sources they were using. When researchers had difficulty finding the answer to particular assessment criteria, often a second researcher was able to find data that the first researcher missed using the source provided. This will provide Oxfam with the ability to identify the origin of unpaid care work policies.

The “rationale” column provided a space for researchers to make initial notes during the desk review. Eventually, comments and insights from KIIs and FGDs replaced the notes, as justification for the given score.

While Oxfam’s Care Policy Scorecard does not include these two columns, the i-Lab team suggests including them at the very least during the data collection period.



### SUGGESTION 3: USE ONLINE PROJECT MANAGEMENT TOOLS

Workspace hosting platform: Throughout the data collection period, the i-Lab and local research teams collaborated in a virtual workspace hosted by Box. Within Box, several folders neatly organized all resources for the project.

While Box worked well to host many files, the team did encounter issues when multiple users attempted to edit the same document. Unlike Google Docs, Box allowed the users to open the same document but saved two separate files instead of merging the documents with all changes. This made it more difficult to keep track of the most up-to-date documents. When possible, the teams used Google Drive to edit documents as multiple users could work within one document.

Training Tools: In tandem with the virtual workspace, the i-Lab team prepared training materials for the onboarding of local researchers, including a training manual, onboarding PowerPoint, financial management PowerPoint, and KII checklists. These resources served as a living resource where team members could find additional information about the project and answers to immediate questions. The i-Lab team recommends the use of similar tools in future iterations of the scorecard if local research teams will be involved in collecting data.

KII survey tool: When it came time to start KIIs and FGDs, the i-Lab team developed an additional KII tool separate from the Care Policy Scorecard. The team did this to reduce confusion for researchers and participants and to make it clear which assessment criteria remained unanswered after the desk review. The KII survey tool consisted of only unanswered assessment criteria and the same survey tool was used in all KIIs. Once all KIIs were complete, all of the data from the KII survey tool was entered back into the Care Policy Scorecard in excel for final scoring and analysis.





## APPENDIX A: PHILIPPINES POPULATED SCORECARD

INDICATOR 1.1.1: PIPED WATER			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of piped water	1	0.5	0
Accessibility & reach			
The policy prioritises underserved areas and marginalised* groups	1	0.5	0
The policy ensures piped water services/facilities are universally available and accessible to everyone	1	0.5	0
The policy ensures piped water services/facilities are free/affordable for low-income groups	1	0.5	0
Piped water services/facilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budget and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The allocated budget is sufficient to implement the policy (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocation for piped water services/facilities is being sufficiently (> 80% ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementing the policy	1	0.5	0
Piped water services/facilities are primarily (> 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of piped water services/facilities	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and labour for care givers, and/or to improve the quality of care received)	1	0.5	0

There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management governance structures for piped water services/facilities	1	0.5	0
Score for Indicator 1.1.1: 7 / 18	38%		
Degree of transformation (0-5)	2		
INDICATOR 1.1.2: HOUSEHOLD ELECTRICITY			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of household electricity	1	0.5	0
Accessibility & reach			
The policy prioritises underserved and marginalised* populations	1	0.5	0
The policy ensures household electricity is universally available and accessible to everyone	1	0.5	0
The policy guarantees availability of free/affordable household electricity for 24 hours to everyone	1	0.5	0
Household electricity services/facilities under this policy are reaching the most underserved areas and populations, especially those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocations for this policy have risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocation for household electricity services/facilities is being sufficiently (> 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Household electricity services/facilities are primarily (> 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of household electricity services/facilities	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			

The policy was developed through consultation with women and/or women's rights organisations from diverse backgrounds*	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and labour for care givers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for household electricity services	1	0.5	0
Score for Indicator 1.1.2: 7.5/18	42%		
Degree of transformation (0-5)	3		
INDICATOR 1.1.3: SANITATION SERVICES AND FACILITIES			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of sanitation services and facilities	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised* populations,	1	0.5	0
The policy ensures sanitation services/facilities are universally available and accessible to everyone	1	0.5	0
The policy ensures sanitation services/facilities are free/affordable for low-income groups	1	0.5	0
Sanitation services/facilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement the policy (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocation for sanitation services/facilities is being sufficiently (> 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Sanitation services/facilities are primarily (> 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of sanitation services/facilities	1	0.5	0

The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and labour for care givers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for sanitation services/facilities	1	0.5	0
Score for Indicator 1.1.3: 6/18	33%		
Degree of transformation (0-5)	2		
INDICATOR 1.1.4: PUBLIC TRANSPORTATION			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of public transportation	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised* populations,	1	0.5	0
The policy ensures public transport services are free/affordable for low-income groups	1	0.5	0
Public transport services under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Public transport services under this policy are safe, reliable and well-networked	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement the policy (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocation for public transport services is being sufficiently (> 80%) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Public transport services are primarily (> 80%) government funded or administered	1	0.5	0
Regulation and monitoring			

There is a government department/unit/agency responsible for the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of public transport services	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and labour for care givers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for public transportation services	1	0.5	0
Score for Indicator 1.1.4: 3.5/18	19 %		
Degree of transformation (0-5)	1		
Indicator 1.1.5: Time and energy-saving equipment and technologies			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of time and energy-saving equipment and technologies (TESET)	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised* populations,	1	0.5	0
The policy ensures TESET are universally available and accessible to everyone	1	0.5	0
The policy ensures TESET are free/affordable for low-income groups	1	0.5	0
TESET programs under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement the policy (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocation for TESET programs is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0

There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
TESET programs are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility, reliability and affordability of TESET programs	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and labour for care givers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for the provision of TESET	1	0.5	0
Score for Indicator 1.1.5: 3/18	17%		
Degree of transformation (0-5)	1		
Degree of transformation for Policy Area 1.1: Care Supporting Infrastructure			
Total score across all indicators:	27 / 90		
Percentage:	29.7 %		
Overall degree of transformation (0-5):	2		

INDICATOR 1.2.1: PUBLIC HEALTHCARE SERVICES			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of public healthcare services	1	0.5	0
Accessibility & reach			
The policy prioritises underserved and marginalised* populations, including informally employed workers	1	0.5	0
The policy ensures public health services are universally available and accessible to everyone	1	0.5	0
The policy ensures public health services are free/affordable for low-income groups	1	0.5	0

Public health services under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
The policy includes the provision of sexual and reproductive health care services	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocated is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for public health services is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Public health services are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility and affordability of public health services	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and responsibility for unpaid carers (especially women), and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for public healthcare services	1	0.5	0
Score for Indicator 1.2.1: 11/19	58%		
Degree of transformation (0-5)	3		
INDICATOR 1.2.2: EARLY CHILDHOOD CARE AND EDUCATION (ECCE) SERVICES			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of early childhood care and education (ECCE) services	1	0.5	0

Accessibility & coverage			
The policy prioritises underserved and marginalised* populations, including informally employed workers	1	0.5	0
The policy ensures ECCE services are universally available and accessible to everyone	1	0.5	0
The policy provides for ECCE services for all ages between birth and 5 years of age	1	0.5	0
The policy recognises the importance of ECCE services having operation hours that are practical for the paid working hours of parents and/or at least 8 hours a day	1	0.5	0
The policy ensures ECCE services are free/affordable for low-income groups	1	0.5	0
ECCE services under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for ECCE services is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
ECCE services are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the regulation of the quality, accessibility and affordability of ECCE services	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to redistribute the time, cost and responsibility for unpaid carers, and/or to improve the quality of care received)	1	0.5	0



There is evidence of positive impact on the redistribution of unpaid care work as a result of the policy and/or on the wellbeing of children, parents and grandparents as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for ECCE services	1	0.5	0
Score for Indicator 1.2.2: 3/21	14%		
Degree of transformation (0-5)	1		
INDICATOR 1.2.3: CARE SERVICES FOR OLDER PERSONS			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of care services for older persons	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised* populations	1	0.5	0
The policy ensures care services for older persons are universally available and accessible to all older persons	1	0.5	0
The policy ensures care services for older persons are free/affordable for low-income groups	1	0.5	0
Care services for older persons under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for care services for older persons is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Care services for older persons are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the regulation of the of the quality, accessibility affordability of care services for older persons	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0

The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to redistribute the time, cost and responsibility for unpaid carers (especially women), and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the redistribution of unpaid care work as a result of the policy and/or on the wellbeing of caregivers (especially women) and care recipients as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for care services for older persons	1	0.5	0
Score for Indicator 1.2.3: 5.5/19	29%		
Degree of transformation (0-5)	2		
INDICATOR 1.2.4: CARE SERVICES FOR PEOPLE WITH ADDITIONAL CARE NEEDS			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of care services for people with additional care needs (such as a disability or mental health problem)	1	0.5	0
Accessibility and reach			
The policy prioritises underserved areas and marginalised* populations	1	0.5	0
The policy ensures care services for people with additional care needs are available and accessible to all those with additional needs (such as a disability or mental health problem)	1	0.5	0
The policy ensures care services for people with additional care needs are free/affordable for low-income groups	1	0.5	0
Care services for people with additional care needs under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for care services for people with additional needs is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0

There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Care services for people with additional needs are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the regulation of the quality, accessibility affordability of care services for people with additional needs	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance or lack of quality provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers (especially women) and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to redistribute the time, cost and responsibility for unpaid carers, and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the redistribution of UCDW as a result of the policy and/or on the wellbeing of caregivers (especially women) and care recipients as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for care services for people with additional needs	1	0.5	0
Score for Indicator 1.2.4: 4.5/19	24%		
Degree of transformation (0-5)	2		
Degree of transformation for Policy Area 1.2: Care Services			
Total score across all indicators:	24/ 78		
Percentage:	31%		
Overall degree of transformation (0-5):	2		

INDICATOR 1.3.1: PUBLIC PENSION			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of a public pension	1	0.5	0

Accessibility and reach			
The policy prioritises underserved and marginalised* populations, including informally employed women	1	0.5	0
The policy ensures the pension scheme is universally accessible and available to all (not targeted by citizenship, contract type, employment status); and is non-contributory	1	0.5	0
The policy provides for disease, invalidity, advanced age, unemployment and death	1	0.5	0
The majority (at least 75%) of all women eligible for pensions (above 60 years; disabled, unemployed) are receiving a public pension	1	0.5	0
The policy provides pension amounts that are “sufficient to maintain the family of the beneficiary in health and decency”	1	0.5	0
Budget and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for pension schemes is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Pension schemes are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of pension schemes	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets for women and informally employed workers	1	0.5	0
The government’s monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers (especially women) and care recipients	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of lack of provision	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women’s rights organisations from diverse* backgrounds, including informally employed women	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between households and the state and/or improve the social and economic wellbeing of caregivers (especially women))	1	0.5	0
There is evidence of positive impact on the social and economic wellbeing of caregivers (especially women) and/or a reduction in the gender pension gap as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for state pension schemes	1	0.5	0

Score for Indicator 1.3.1: 7.5/20	38%		
Degree of transformation (0-5)	2		
INDICATOR 1.3.2: CASH TRANSFER POLICIES RELATED TO CARE			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of cash transfer policies related to care	1	0.5	0
Accessibility & reach			
The policy prioritises underserved and marginalised* populations, including informally employed women	1	0.5	0
The policy ensures cash transfers are available and accessible to all those within the selected recipient categories of the policy (e.g. childcare-related cash transfers available to all who have children)	1	0.5	0
The policy stipulates that cash and in-kind transfers related to care do not have conditionalities	1	0.5	0
The policy ensures cash transfers meet the real level of costs for caring for children/elderly/people with additional needs/disability etc	1	0.5	0
Cash transfers for care responsibilities under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for pension schemes is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Cash transfer programmes are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of cash transfer schemes	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of lack of provision	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets for women and informally employed workers	1	0.5	0

The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers (especially women) and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between households and the state, and/or improve the social and economic wellbeing of caregivers (especially women))	1	0.5	0
There is evidence of positive impact on the social and economic wellbeing of caregivers (especially women) and/or a transformation of gender norms as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for cash transfer programs	1	0.5	0
Score for Indicator 1.3.2: 12.5/20	63%		
Degree of transformation (0-5)	4		
INDICATOR 1.3.3: SCHOOL BASED MEALS OR FOOD VOUCHERS			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of school-based meals and/or food vouchers	1	0.5	0
Accessibility and Reach			
The policy prioritises underserved and marginalised* populations, especially low-income and single parent households	1	0.5	0
The policy ensures that school feeding programmes/vouchers are available and accessible to all those within the recipient categories of the policy (e.g. school-based meals to all children going to public schools)	1	0.5	0
The policy ensures school-based meals and/or food vouchers are free/affordable for low-income groups	1	0.5	0
The policy provides for flexibility (e.g. food vouchers are able to be used flexibly at a large number of stores and supermarkets) and autonomy (e.g. food vouchers can be used to buy a range of products without restrictions)	1	0.5	0
School-based meals and/or food vouchers under this policy are reaching the most underserved areas and populations, including those likely to be marginalised*, especially low-income and single parent households	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0

The budget allocation for school meals and/or food vouchers is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
School-based meals and/or food voucher programs are primarily (at least 80%) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, accessibility and reach of school meals and/or food voucher programmes	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets especially for low-income and single parent households	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers (especially women) and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to reduce or redistribute the time, cost and labour for unpaid carers (especially women), and/or to improve the quality of care received)	1	0.5	0
There is evidence of positive impact on the reduction or redistribution of unpaid care work as a result of the policy and/or on the social and economic wellbeing of caregivers (especially women) and care recipients as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for school-feeding programs	1	0.5	0
Score for Indicator 1.3.3: 14/19	73 %		
Degree of transformation (0-5)	4		
INDICATOR 1.3.4: CARE-SENSITIVE PUBLIC WORKS PROGRAMMES			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of care-sensitive public works programmes (PWPs)	1	0.5	0
Accessibility and reach			
The policy prioritises underserved and marginalised* populations	1	0.5	0
The Policy ensures that the care-sensitive provisions of the PWPs are universally available and accessible to everyone.	1	0.5	0

The policy ensures that the income from PWPs meet the real level of costs for caring for children/elderly/people with additional needs/disability etc.	1	0.5	0
The policy stipulates that PWPs have provisions of creche at the PWP site, irrespective of number of 'women' workers or a minimum number of children.	1	0.5	0
The policy stipulates that PWPs are available closer to women's homes (and at least no more than 5 kms from women's home; and if longer, provisions for transportation are offered)	1	0.5	0
There are flexible working times available at PWPs	1	0.5	0
There is the provision of regular breaks and/or lighter work for older women and pregnant and lactating women.	1	0.5	0
Budgeting and administration			
The budget allocated for care-sensitive PWPs is sufficient to implement these provisions (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocations for these care-sensitive provisions have risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation for care-sensitive provisions is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
PWPs, including care-sensitive provisions, are primarily ( $\geq 80\%$ ) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the accessibility and reach of PWPs	1	0.5	0
Implementation of the care-sensitive provisions of the policy is monitored through the collection of publicly available data disaggregated by age, sex, and physical ability, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the social and economic wellbeing of caregivers (especially women) and care recipients	1	0.5	0
Design and impact			
The policy was developed with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between households and the state, and/or improve the social and economic wellbeing of caregivers (especially women)	1	0.5	0
There is evidence of positive impact on the social and economic wellbeing of caregivers (especially women) and/or a transformation of gender norms as a result of the policy	1	0.5	0



Women are equally (at least 50%) represented in management and governance structures for PWPs	1	0.5	0
Score for Indicator 1.3.3: 11.5/21	55%		
Degree of transformation (0-5)	3		
Degree of transformation for Policy Area 1.3: Social Protection Benefits Related to Care			
Total score across all indicators:	46/80		
Percentage:	56%		
Overall degree of transformation (0-5):	3		

INDICATOR 1.4.1: PAID SICK LEAVE			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy that legally guarantees the right to paid sick leave	1	0.5	0
Accessibility & reach			
The policy ensures paid sick leave is available and accessible to the entire labour force, including informally employed workers and those likely to be marginalised*	1	0.5	0
The policy includes paid leave to care for sick family members or dependents	1	0.5	0
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting sick leave	1	0.5	0
The policy is inclusive of an expansive definition of family (i.e. aunts/uncles, grandparents), non-marital partners and LGBTQI relationships	1	0.5	0
The policy provides for an adequate duration of paid sick leave	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for paid sick leave is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Paid sick leave provisions are primarily ( $\geq 80\%$ ) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the accessibility and availability of paid sick leave	1	0.5	0

The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds and workers associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between women and men (i.e. shift norms), and/or improve the wellbeing of caregivers (especially women) or care recipients)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for paid sick leave policies	1	0.5	0
Score for Indicator 1.4.1: 8.5/21	40%		
Degree of transformation (0-5)	2		
INDICATOR 1.4.2: EQUAL PAID PARENTAL LEAVE			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy that legally guarantees parental leave	1	0.5	0
Accessibility & reach			
The policy ensures parental leave is available and accessible to all parents in the paid labour force, including informally employed workers, and those likely to be marginalised*	1	0.5	0
The policy guarantees parental leave is of equal pay (> 80% of salary) for all genders, sexual orientation and family structure	1	0.5	0
The policy guarantees parental leave is of equal duration (>14 weeks), for all genders, sexual orientation and family structure	1	0.5	0
The policy includes anti-discrimination provisions ensuring there are no income or employment losses incurred by employees requesting parental leave	1	0.5	0
The policy is inclusive of parents who are adopting or having children through surrogacy or IVF	1	0.5	0
The policy ensures that leave provisions are non-transferable between parents	1	0.5	0

The policy includes leave provisions for pregnancy complications such as miscarriage, still births etc.	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for the policy is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
The provisions under the policy are primarily ( $\geq 80\%$ ) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the availability and accessibility of parental leave	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in the case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds and workers associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between women and men (i.e. shift norms), and/or improve the wellbeing of caregivers (especially women) or care recipients)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for paid parental leave policies	1	0.5	0
Score for Indicator 1.4.2: 7/22	32%		
Degree of transformation (0-5)	2		
INDICATOR 1.4.3: FLEXIBLE WORKING			
ASSESSMENT CRITERIA	SCORE		

	YES	PARTIAL	NO
There is a national policy for flexible working arrangements	1	0.5	0
Accessibility & reach			
The policy covers underserved and marginalised* groups, including informally employed workers	1	0.5	0
The policy recognises the home as a workplace	1	0.5	0
The policy provides for home-based work arrangements, in combination with the other options (e.g. reduced daily working hours, reduced work- days in a week, etc.) as possible modes for flexible work arrangements for care providers	1	0.5	0
The policy includes anti-discrimination provisions, ensuring there are no income or employment losses incurred by employees requesting flexible working	1	0.5	0
The policy ensures all employees have the right to make scheduling requests and prohibits employers from retaliating against employees who make such requests	1	0.5	0
Administration			
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The policy includes provisions for the oversight of flexible working arrangements	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance.	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms and behaviours around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds and workers associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between women and men (i.e. shift norms), and/or improve the wellbeing of caregivers (especially women) or care recipients)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management governance structures for flexible working policies	1	0.5	0
Score for Indicator 1.4.3: 6/16	38%		
Degree of transformation (0-5)	2		

INDICATOR 1.4.4: ONSITE CHILDCARE			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for the provision of on-site or close to place of work childcare	1	0.5	0
Accessibility & coverage			
The policy covers underserved and marginalised* groups, including informally employed workers	1	0.5	0
The policy ensures onsite childcare facilities are free/affordable to low-income groups	1	0.5	0
The policy ensures that the threshold for mandatory provision of onsite childcare facilities is determined by the number of all employees, not only women	1	0.5	0
Onsite childcare facilities under this policy are being accessed by the most underserved and marginalised* groups	1	0.5	0
Budgeting and administration			
The budget allocation for this policy has risen (in real terms) since the previous budget cycle	1	0.5	0
The budget allocation is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect personnel and administrative costs)	1	0.5	0
The budget allocation for the policy is being sufficiently ( $\geq 80\%$ ) spent on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
The provisions under the policy are primarily ( $\geq 80\%$ ) government funded or administered	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the quality, affordability, reliability and accessibility of onsite childcare facilities	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0
The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients and/or on the transformation of gender norms and behaviours around care	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds and workers associations	1	0.5	0

There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between women and men (i.e. shift norms), and/or improve the wellbeing of caregivers (especially women) or care recipients)	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers (especially women) and/or a transformation of gender norms (i.e. men taking on more caregiving) as a result of the policy	1	0.5	0
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds and workers associations	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for onsite childcare facilities	1	0.5	0
Score for Indicator 1.4.4: 5/20	25%		
Degree of transformation (0-5)	2		
INDICATOR 1.4.5: BREASTFEEDING AT WORK			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy for breastfeeding	1	0.5	0
Legislation			
There is legislation prohibiting discrimination against breastfeeding people	1	0.5	0
Accessibility and reach			
The policy covers underserved and marginalised* groups, including informally employed workers	1	0.5	0
The policy guarantees time for breastfeeding or expressing during working hours, without penalty to their pay or hours worked	1	0.5	0
The policy guarantees spaces for breastfeeding or expressing at places of work, which are free, private and safe	1	0.5	0
The policy guarantees spaces for storing breastmilk at places of work, which are free, private and healthy	1	0.5	0
The provisions under this policy are being accessed by the most underserved and marginalised* groups, including informally employed workers	1	0.5	0
Administration			
There is adequate government human resource and technical capacity for implementation of the policy	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the availability and accessibility of breastfeeding at work provisions	1	0.5	0
The policy includes mechanisms for complaints and grievance redressal mechanisms in case of non-compliance	1	0.5	0

The government collects and publishes disaggregated* data on implementation of the policy, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on the wellbeing of caregivers and care recipients	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse* backgrounds and workers associations	1	0.5	0
There is an explicit intention to address unpaid care work in the policy objectives or purpose (either to recognise its social and economic value, redistribute the responsibility between women and the market/state), and/or improve the wellbeing of caregivers	1	0.5	0
There is evidence of positive impact on the wellbeing of caregivers as a result of the policy	1	0.5	0
Women are equally (at least 50%) represented in management and governance structures for workplace breastfeeding policies	1	0.5	0
Score for Indicator 1.4.5 11/17	65%		
Degree of transformation (0-5)	4		
Degree of transformation for Policy Area 1.4: Care-supporting workplaces			
Total score across all indicators:	37.5/96		
Percentage:	39%		
Overall degree of transformation (0-5):	2		

INDICATOR 3.1.1 ADVERTISING STANDARDS PROHIBITING GENDER STEREOTYPES			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy to address gender stereotypes as a part of advertising standards and media representations	1	0.5	0
Legislation and Ratification			
The legislation prohibits harmful gender stereotypes in media representations for all population groups (e.g minority religious/ caste/ ethnic, disabled, migrant, homeless, refugee, rural, LGBTQI)	1	0.5	0
The legislation includes sanctions and fines for violation of its provisions	1	0.5	0
Accessibility and Inclusivity			
The policy covers all sectors and forms of advertising (private and public) and all media representations (e.g TV, radio, newspapers etc)	1	0.5	0
Budgeting and Administration			
The budget allocated is sufficient to implement the policy (consider costs for monitoring and oversight – including human resources and data needs, and implementation of grievance redressal mechanisms)	1	0.5	0

The policy has adequate human resource and technical capacity for monitoring implementation of the policy	1	0.5	0
Regulation and Monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy has detailed complaints and redressal mechanisms against non-implementation/ violation of its provisions	1	0.5	0
The government collects and publishes disaggregated data* on compliance with the policy, with indicators and targets	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse backgrounds* and workers associations	1	0.5	0
There is an explicit intention to address gender norms related to care in the policy objectives or purpose	1	0.5	0
There is evidence of increased gender balanced representations in advertising and/or media as a result of the policy	1	0.5	0
There is evidence of a positive impact on transforming gender norms related to care as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for monitoring policies to address gender stereotypes as a part of advertising standards and media representations	1	0.5	0
SCORE FOR INDICATOR 3.1.1: 7/14	50%		
Degree of transformation (0-5)	3		
INDICATOR 3.1.2: GOVERNMENT AWARENESS-RAISING CAMPAIGNS			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national policy on government awareness-raising campaigns that aims to value and recognize care work and/or shift gender norms around care	1	0.5	0
Accessibility and Inclusivity			
The campaigns are carried regularly and at scale (national level)	1	0.5	0
Campaign messaging regarding care work is inclusive of all population groups*	1	0.5	0
Budgeting and Administration			
The budget allocated is sufficient to implement the policy (consider both direct implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The policy has adequate human resource and technical capacity for monitoring implementation of the policy	1	0.5	0
Campaigns are primarily government funded (80% or more) or administered	1	0.5	0



Regulation and Monitoring			
There is a government department/unit/agency responsible for the policy	1	0.5	0
The government collects and publishes disaggregated data* on how many people have been reached by the campaigns, with indicators and targets	1	0.5	0
The government's monitoring and evaluation system includes the impact of the policy on norms and unpaid care work	1	0.5	0
Design and impact			
The policy was developed through consultation with women and/or women's rights organisations from diverse backgrounds* and workers associations	1	0.5	0
There is an explicit intention to address norms related to care (norms i.e. care work not skilled/valuable or being a woman's responsibility) in the policy objectives or purpose	1	0.5	0
There is evidence of a positive impact on transforming gender norms related to care as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for government awareness raising campaigns	1	0.5	0
SCORE FOR INDICATOR 3.1.2: 11.5/13	88%		
Degree of transformation (0-5)	5		
INDICATOR 3.1.3: EDUCATIONAL POLICIES THAT ADDRESS GENDER STEREOTYPES			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national education policy that addresses gender stereotypes	1	0.5	0
Accessibility and Inclusivity			
The policy covers underserved areas and populations, including those likely to be marginalised*	1	0.5	0
The policy ensures anti-gender stereotyping training and curricula is applicable to all schools and age groups (pre-primary, primary, secondary)	1	0.5	0
Programmes under this policy are reaching the most underserved areas and populations, especially those likely to be marginalised*	1	0.5	0
Budgeting and Administration			
The budget allocated is sufficient to implement the policy (consider both direct costs, implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The budget allocation for the programmes is being sufficiently spent (> 80%) on both personnel costs and actual delivery/implementation	1	0.5	0
There is adequate government human resource and technical capacity for the implementation of the policy	1	0.5	0
Programmes under the policy are primarily government funded (80% or more) or administered	1	0.5	0

Regulation and Monitoring			
There is a government department/unit/agency responsible for implementing the policy	1	0.5	0
The policy includes provisions for the oversight and regulation of the programmes/services	1	0.5	0
The government collects and publishes disaggregated data* on how many students and teachers have been reached by the programmes, with indicators and targets	1	0.5	0
Design and impact			
There is an explicit intention to address stereotypes around care work in the policy objectives or purpose	1	0.5	0
The policy was developed through consultation with women and/or women's rights organisations from diverse backgrounds*	1	0.5	0
The policy was designed with the needs of care and domestic workers in mind and/or there is evidence of positive impact on the reduction or redistribution of UCDW	1	0.5	0
There is evidence of a positive impact on transforming gender norms related to care as a result of the policy	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for monitoring education policies for addressing gender stereotypes	1	0.5	0
SCORE FOR INDICATOR 3.1.3: 3/16	19%		
Degree of transformation (0-5)	1		
Degree of transformation for Policy Area 3.1: Social Norms Interventions			
Total score across all indicators:	21.5/43		
Percentage:	50%		
Overall degree of transformation (0-5):	3		

INDICATOR 3.2.1: MEASUREMENT FRAMEWORKS			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
There is a national measurement framework that captures and monitors progress against well-being	1	0.5	0
Accessibility & inclusivity			
The framework captures unpaid and paid care, including indicators on people's ability to receive and provide care and time use	1	0.5	0
The framework ensures intersectional demographics* are analysed as part of tracking progress.	1	0.5	0
Budgeting and administration			

The budget allocated is sufficient for developing, updating and using the framework (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
The policy has adequate human resource and technical capacity] for the development, update and use of the framework	1	0.5	0
Regulation and Monitoring			
There is a government department/unit/agency responsible for overseeing the development and use of the framework to track progress on wellbeing indicators	1	0.5	0
There is publicly available data from national labour force statistics on key indicators related to on people's ability to receive and provide care and time use, disaggregated by population groups*	1	0.5	0
Design and impact			
The framework has led to time use surveys being conducted regularly	1	0.5	0
The framework is being used to analyse inequalities and changes in unpaid care and the effects of macroeconomic policies on unpaid care work, poverty and gender inequality	1	0.5	0
Evidence generated on unpaid care and domestic work is being used by key ministries and departments to inform policy decisions and budget-allocations.	1	0.5	0
Feminist economists and/or carers were/are involved in the development of the framework	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for developing, updating and using national measurement frameworks	1	0.5	0
Score for Indicator 3.2.1: 6/12	50%		
Degree of transformation (0-5)	3		
INDICATOR 3.2.2: TIME USE DATA			
ASSESSMENT CRITERIA	SCORE		
	YES	PARTIAL	NO
National time use surveys are conducted with periodic frequency (> once in the last 10 years) and/or questions on unpaid care are mandated to be included in national labour force surveys	1	0.5	0
Accessibility & reach			
The policy ensures intersectional demographics* are collected and analysed in time-use surveys	1	0.5	0
The policy specifically mandates data collection from underserved areas and populations, including those likely to marginalised*	1	0.5	0
The policy ensures time use surveys include questions on supervisory care and time spent on multitasking	1	0.5	0
Budgeting and administration			

The budget allocated is sufficient for designing and implementing time-use surveys (consider both direct costs implementation and maintenance costs, and indirect costs such as personnel and administrative costs)	1	0.5	0
Time use surveys are primarily government funded (80% or more) or administered	1	0.5	0
The policy has adequate human resource and technical capacity for collection and analysis of data on time use	1	0.5	0
Regulation and monitoring			
There is a government department/unit/agency responsible for implementing time-use surveys	1	0.5	0
There is publicly available time use data from national labour force statistics, disaggregated by population groups – (e.g minority religious/ caste/ ethnic, disabled, migrant, homeless, refugee, rural, LGBTQI)	1	0.5	0
Design and impact			
The policy was developed through consultation with women and women’s rights organisations from diverse backgrounds (sex, ethnicity, religion, disabilities, age, rural/urban, income)	1	0.5	0
National time-use survey data is used by key ministries and departments to inform policy decisions and budget-allocations.	1	0.5	0
Women are equally (> 50%) represented in management and governance structures for monitoring policies related to time use data collection	1	0.5	0
Score for Indicator 3.2.2: 4.5/12	38%		
Degree of transformation (0-5)	2		
Degree of transformation for Policy Area 3.2: Measurement Frameworks and Data collection			
Total score across all indicators:	10.5/24		
Percentage:	44%		
Overall degree of transformation (0-5):	3		

Philippines Country Score Summary				
Section Scored	Total Score	Section %	Degree of Transformation Score (0-5)	Degree of Transformation
Section 1	134/344	39%	2	Policies exist and are transformative to a very limited extent
Section 2	_____/163	NOT SCORED BY I-LAB TEAM		
Section 3	32/67	48%	3	Policies exist and are transformative to a limited extent
Total Country Score	166/411	41%	3	Policies exist and are transformative to a limited extent

## APPENDIX B: POLICIES AND POLICY GOALS

### Section 1

POLICY AREAS		IDENTIFIED POLICY	POLICY GOALS
1.1 CARE-SUPPORTING INFRASTRUCTURE	1.1.1 Piped Water	Vision 21, also known as the World Water Vision 2025, is the national policy for universal water coverage in the Philippines	The policy does state that universal coverage will be achieved by 2025 per the Philippine Water Supply Sector Roadmap (NEDA, 2010).
	1.1.2 Household Electricity	Electric Power Industry Reform Act 9136 of 2001	The act calls for ubiquitous fair, reliable coverage aimed at the general public. The policy requests that in rural areas where electrification is not possible, other sources of electrification are secured
	1.1.3 Sanitation Services and Facilities	PD 865 Code on Sanitation of the Philippines.	This code empowers the Department of Health with the following powers and functions: Undertake the promotion and preservation of the health of the people and raise the health standards of individuals and communities throughout the Philippines.
	1.1.4 Public Transportation	National Transport Policy IRR promulgated, pursuant to Section 11 of NEDA Board Resolution No. 5 (s. 2017), for the purpose of setting the direction of and parameters for the integrated development and regulation of the Philippine transport sector.  National Public Transportation Safety Plan	Dept. of Transportation agency with over-site of the policy  Plan is to guide the national effort in managing the safety risks and safety hazards within our Nation's public transportation systems
	1.1.5 Time and Energy Saving Equipment and Technology (TSET)	RA 10844 of 2015 Creation of the Department of Information and Communications Technology (DICT).  More specifically related to ICT, not TESET	To empower, through the use of ICT, the disadvantaged segments of the population, including the elderly, persons with disabilities and indigenous and minority groups;
1.2 CARE SERVICES	1.2.1 Public Healthcare Services	In 2019, the Universal Health Care Bill was passed into law in which introduced significant health-care changes in the country.	"With UHC, all Filipinos are guaranteed equitable access to quality and affordable health care goods and services, and protected against financial risk."
		RA 10354 (2012) The Responsible Parenthood and Reproductive Health Act	This act aims to make reproductive health and family planning services and information more accessible Program implemented by DOH & POPCOM.
	1.2.2: Early Childhood Care And Education (ECCE) Services	RA 8980 National System for Early Childhood Care and Development (ECCD)  The policy of the State to promote the rights of children	The policy ensures ECCD services are universally available and accessible to everyone.  The policy provides for ECCD services for all ages between birth and 5 years

		to survival, development and special protection with full recognition of the nature of childhood and its special needs; and to support parents in their roles as primary caregivers and as their children's first teachers.	of age  To achieve improved infant and child survival rates by ensuring that adequate health and nutrition programs are accessible to young children and their mothers from the pre-natal period throughout the early childhood years
		Republic Act 6972 An Act Establishing a Day Care Center in Every Barangay, Instituting Therein a Total Development and Protection of Children Program Appropriating Funds Therefore, and for other purposes	Establish center-based programs, such as the day care service, public and private pre-schools, kindergarten or school-based programs, community or church-based early childhood education programs initiated by non-government organizations or people's organizations, workplace-related child care and education programs, child-minding centers, health centers and stations.
	1.2.3: Care Services For Older Persons	RA 9994 Expanded Senior Citizens Act of 2010.  An act to maximize the contribution of senior citizens to nation building, grant benefits and special privileges and for other purposes.	To give full support to the improvement of the total well-being of the elderly and their full participation in society, considering that senior citizens are integral part of Philippine society;  The Department of Labor and Employment (DOLE), in coordination with other government agencies such as, but not limited to, the Technology and Livelihood Resource Center (TLRC) and the Department of Trade and Industry (DTI), shall assess, design and implement training programs that will provide skills and welfare or livelihood support for senior citizens.
	1.2.4: Care services for people with additional care needs	RA 11036  RA 7277 amended by RA 9442	An Act Establishing a National Mental Health Policy for the Purpose of Enhancing the Delivery of Integrated Mental Health Services, Promoting and Protecting the Rights of Persons Utilizing Psychosocial Health Services, Appropriating Funds Therefor and Other Purposes  An Act Providing For The Rehabilitation, Self-Development and Self-Reliance of Disabled Person and Their Integration into the Mainstream of Society and for Other Purposes.

1.3 CARE-RELATED SOCIAL PROTECTION BENEFITS	1.3.1: Public Pension	<p>RA No. 1161 The Social Security Act of 1954</p> <p>Republic Act No. 8291 (GSIS Act of 1997)</p> <p>RA 9994. Expanded Senior Citizens Act of 2010 -</p>	<p>This establishes a social security system that provides employees with illness, unemployment, retirement, disability, and death benefits.</p> <p>The Retirement Pension is available to people who have served in the government for at least 15 years and are at least 60 years old at the time of retirement. The policy is currently implemented.</p> <p>This intends to give indigent senior citizens aged 60 and above with a monthly social pension of PhP500 to assist them with their daily and medical needs.</p>
	1.3.2: Cash Transfer Policies Related To Care	<p>RA No. 11310 – The Pantawid Pamilyang Pilipino Program (4Ps)</p> <p>The conditional cash transfer (CCT) program locally known as Pantawid Pamilya Pilipino Program, or 4Ps, is a government program that provides conditional cash grants to the poorest of the poor in the Philippines.</p>	<p>From the policy, it mentioned some criteria to be eligible for the program: "Households whose economic condition is equal to or below the provincial poverty threshold. Households that have children 0-18 years old and/or have a pregnant woman at the time of assessment. Households that agree to meet conditions specified in the program."</p> <p>The policies and programs mentioned above did not state any intent to address unpaid care work.</p>
	1.3.3: School Based Meals Or Food Vouchers	<p>RA No. 11037, Masustansiyang Pagkain para sa Batang Pilipino Act</p>	<p>National feeding program which to address the undernutrition among Filipino children in public day care, kindergarten and elementary schools.</p> <p>With this legislation, Supplementary Feeding Program (SFP) and the School-Based Feeding Program will be implemented (SBFP). Target is stunted, wasted and malnourished children.</p>
	1.3.4: Care-Sensitive Public Works Programmes	<p>Batas Pambansa Blg. 344 (1982) An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to install Facilities and Other Devices</p>	<p>Policy to address specifically the needs of the PWD in terms of public works. This generally intends to improve the mobility of the PWDs and aid them on their work, for example. Although it does not specifically state that it is to provide care-sensitive public works programmes, the policy can be construed that it intends to address this matter.</p>
1.4 CARE-SUPPORTING WORKPLACES	1.4.1: Paid Sick Leave	No specific policy	<p>There is no established policy that requires employer to grant paid sick leave. However, under the Labor Code of the Philippines and Social Security Law, it guarantees employees working for 12 months the right to a yearly Service Incentive Leave of five days with pay," which can be used as a vacation leave or sick leave."</p>

1.4.2: Equal Paid Parental Leave	Maternity Leave (RA 8282, as amended by RA 11210)	<p>Maternity leave is granted for "for one hundred five (105) days with full pay, and additional fifteen (15) days with full pay in case the female employee qualifies as a solo parent under RA 8972, or the "solo Parents' Welfare Act of 2000". in case of miscarriage or emergency termination of pregnancy, the maternity leave shall be for sixty (60) days with full pay.</p> <p>In cases of live childbirth, an additional maternity leave of thirty (30) days without pay, can be availed of, at the option of the female employee, provided that the employer shall be given due notice."</p> <p>So long as conditions are met, paternity leave is granted for a maximum of seven days for the first four deliveries.</p> <p>There is a provision on the allocation of maternity leave credits where it can transfer their 7 days of paid leave to the child's father or to an alternate caregiver.</p>
1.4.3: Flexible Working	<p>No national policy only advisory.</p> <p>The Telecommuting Act recognizes the home as a workplace provided that the work can be done at home.</p>	<p>The Department of Labor and Employment has released an advisory to support and advise companies and employees in the adoption of different flexible work arrangements as a coping mechanism and corrective tool in times of economic distress and national crises.</p>
1.4.4: Onsite Childcare	<p>The Executive Order No. 340.</p> <p>The Early Years Act (Republic Act 10410, 2013)</p>	<p>This EO requires national government agencies and government-owned and controlled businesses to offer day care for their workers' children under the age of five.</p> <p>This Act expands Early Childhood Care and Development programs and resources. It calls for the expansion of several daycare and child care services, updated curriculum, and special provisions to marginalized children. The act does not require that childcare services be onsite, but the act generally expands the ECCD network through provinces, cities, municipalities and barangays for all children ages 0-5.</p>
1.4.5: Breastfeeding at Work	RA 10028 known as "The Expanded Breastfeeding Promotion Act"	<p>Sec. 11. Establishment of Lactation Stations. – It is hereby mandated that all health and non-health facilities, establishments or institutions shall establish lactation stations.</p> <p>This law covers "fixed" workers. Informal workers are not covered by the policy</p>



## Section 3

POLICY AREAS		IDENTIFIED POLICY	POLICY GOALS
3.1: Social Norms Interventions	3.1.1 Advertising standards prohibiting gender stereotypes	RA 9710 The Magna Carta of Women. The Philippine Commission on Women (PCW) is responsible for implementing The Magna Carta of Women.  Advertisements Standards Council	This includes a section titled "Non-discriminatory and Non-Derogatory Portrayal of Women in Media and Film," which outlines policies and programs for gender equality, as well as raising public awareness of women's dignity, role, and contribution through the proactive use of mass media. Framework for advertising does not address gender equality  The ASC Section 3: Respect for Religion, Filipino Culture & Traditions  Advertisements must endeavor to promote the improvement of the quality of life of Filipinos, positive Filipino Family values, customs and traditions
	3.1.2 Government awareness-raising campaigns	Magna Carta of Women "Section 26 Right to Information. Access to information regarding policies on women, including programs, projects, and funding outlays that affect them, shall be ensured."  PCW monitors the implementation of Magna Carter	Gender mainstreaming is one of the strategy being used in the implementation of Magna Carta of Women.  All government agencies to provide gender and development (GAD) plan and allocate budget on its related activities. (5% of total budget is for GAD).
	3.1.3 Education policies that address gender stereotypes	Section 16 of the Magna Carta  IRR Section 10.2 (c) of RA 10533 Enhanced Basic Education Act of 2013	Section 16 includes public and private accrediting institutions/organizations to include "gender-fair curriculum in their accreditation criteria".  Curriculum shall be gender & culture sensitive
3.2: Measurement Frameworks and Data Collection	3.2.1 Measurement Frameworks	HDI: Income, education, and health measured by life expectancy.  SDGs; measures 155 indicators, 102 based on global list of indicators; the rest are supplementary and are related to goals but are deemed relevant to the Philippines.	Unpaid care work report is included on PSA website  Accessing these frameworks: Official poverty statistics on PSA website, "SDG Watch" on PSA web
	3.2.2 Time Use Data	Philippine Statistic Authority only have 10 priority survey topics, and it does not include about unpaid care and time use surveys.	There are no national scale time-use surveys administered by the government. The only time-use survey conducted in the Philippines were from NGOs and other researchers.

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