



Annex
Annual Structured Dialogue with
Civil Society and Local Authorities on the
Implementation of the EU Gender Action Plan (GAP) III
November 28, 2023

Annex: Detailed Discussions and Outcomes in the Break-Out Sessions

Question 1: What lessons can be drawn from successful models, policies and strategies of care economy promotion in different regions, and how can these models be adapted to different cultural and socioeconomic contexts?

Question 2: How do you imagine a care centred, gender responsive city, and what services and structures would be in these cities?

Breakout Group 1

General Conclusions

- Gender responsive budgeting helped provide arguments to conservative regimes on why they need to fund care services.
- The burden of care remains unpaid, unrecognised, and mostly assumed by women. Unpaid care work needs to be remunerated.
- Donors are sometimes reluctant to fund informal local grassroot movements.
- The very definition of a care economy means a different thing for different regions.
- Women bear the burden of caring for families in all aspects.

Question 1: Best practices and recommendations

- Build the capacity and increase training and certification of care workers to allow for achieving decent jobs and livelihoods and avoiding exploitation.
- Consider the specific cultural contexts and differences from one country to another. Learn and understand local context before carrying out a project.
- Encourage peer-to-peer and tutoring exercises, as well as learning from initiatives by trade unions.
- Promote funding to key segments, such as to people with disabilities, which shifts the burden of care from the women to professional caregivers.
- Support policies that benefit women and help them to transition, such as in the case of organic farming.
- Recognise and support cooperatives' role in the care sector.

Question 2: Best practices and recommendations

- Encourage the European Commission to consider gender responsive budgeting as an effective tool in the care economies and how cities are designed.
- Invest in childcare centres that are sustainable and respond to the reality of working conditions (in terms of location, quality, and availability).
- View waste collectors and subsequent recycling tasks as caregiving tasks, owing to the impact they have on communities and cities.

- Organise female workers for collective support in different sectors.
- Foment bottom-up approaches to understand the vulnerabilities of care workers and recipients.
- Encourage holistic care systems versus a silos approach.
- Recognise and support the role played by the local grassroots movements and women's rights organisations, regardless of their formal legal status.
- Support actions must be in line with the framework of recognition, reduction, redistribution, representation, and rewards of care.
- Involve public institutions, private sector, community and individuals as all share responsibility.
- Incorporate discussions around domestic violence into the dialogue of women's economic empowerment. Healing and self-care are also dimensions of a care economy.
- The private sector must assume its role in ensuring the implementation of incentives and policies that support women and ensure gender equality, such as through parental leave and teleworking.
- Increase interaction and cooperation to raise awareness, knowledge and understanding across different spheres.
- Consider mechanisms to incorporate Social Security in the informal sector.
- Protect the environment, whereby cities are facing climate change and environmental degradation, which will affect the care systems.
- Build a nurturing economy, which encompasses childcare, elderly care, self-help, etc. and encourages care for one another.

Models noted:

- "Titre" services in Belgium
- "Mesas de Cuidados" – care and feminist economic roundtables in Latin America – informal
- "Parents Plus Program" (Roche company in Germany) – filling pay gap for family leave

Breakout Group 2

General Conclusions

- It is surprising that there has been such a slow uptake of these gender transformative care centred policies, particularly in contexts and regions like the EU where we know that the population is aging.
- The discussion around how to strengthen and promote social protection systems universally is lacking from the global perspective.
- There is a strong correlation and interlinkages among the care system, economic system, and the social protection system, because most of the time we are dealing with informal jobs where women do not have access to maternity leave or unemployment benefits.
- In European countries, as in a lot of countries elsewhere, the welfare state is being dismantled and privatised, even with regard to the very basic social protection programmes.

- The decision-making process at the very basic levels of social protection programmes is not coherent with reality; more female voices should be included in decision making processes.
- One form of gender equality backlash is censorship from male colleagues in positions of power who find these facts challenging.
- Increased investment in the care economy creates more jobs and reflects positively on the economy as a whole.

Question 1: Best practices and recommendations

- Adapt tools and models to the realities of each country, its specific needs, and socio-economic conditions.
- Design creative and inclusive approaches to ensure that input from feminist movements is taken into consideration.
- Pay attention to indigenous and cultural sensitivities.
- Promote gender justice by showing the value of care work.
- Bring the voices of these people who are typically immigrants and successfully bring them together to organise for their rights.
- Support grassroot movements, including those that are self-sufficient.
- Strengthen the social protection system.
- Establish interlinkages between the care economy and the social protection system.
- Follow a holistic approach and look at the local, regional, national, international levels to ensure that all commitments align.
- Apply a human rights-based approach to care.

Question 2: Best practices and recommendations

- Invest in social infrastructure, including during periods of austerity.
- The private sector and industries must play their role in care economies to allow women achieve their full potential.
- Encourage policies such as paternity leave and flexible working conditions and set ups.
- Create enabling spaces to allow women to decide for themselves what their priorities are.
- Encourage institutions to create spaces for dialogue by women and if possible, integrate them into local structures (such as health structures).
- Fund and support women by giving them necessary resources.
- Gender responsive infrastructure planning and design is key for a city that is care responsive.
- Gender sensitive migration policies at the local and national levels can also be key to enabling care centres, cities and localities.

Models noted:

- Free day care in Venna, Austria. Also noted large percentage of women in politics in Vienna.
- The Austrian Red Cross is implementing the I-CCC [innovative community care centres] Project – a three-year project (2020–2023) funded by the European Commission and co-funded by the Austrian Development Agency. I-CCC intends to influence national reforms in longterm care through developing, testing and advocating for socially innovative community and voluntary-based services for older people. The project aims to provide integrated services at local level to maintain functional capacities of older people, foster healthy ageing and support informal carers.
- Toolkit on transformative approach to trauma by African Women Development Fund (AWDF)¹
- Mother’s Club in the Democratic Republic of Congo (discussions on women’s and child health that became an income generating activity)²
- EmpowerMed – energy poverty, Spain³
- National Domestic Workers Alliance – New York City, focus on passing Domestic Workers Bill of Rights⁴
- Index to track the Montevideo Consensus resolutions⁵
- Eastern Europe and Caucasus work on care workers and care models
- Italian Red Cross and the Red Crescent Society of Kyrgyzstan raising awareness on diseases, first aid training and prevention of SGBV, alongside the development of professional sewing skills and related income-generating opportunities.
- Initiative Tax to the Patriarchy, in Mexico

Links and notes from the chat:

[Strengthening Care Policies and Intersectional Movements for Care Justice: A Synopsis of the Women Deliver 2023 Pre-Conference on the Care Economy – Women Deliver](#)

[ISO Quito – AFM \(mujeresdelsur-afm.org\)](#)

[en_care_economy_v3.pdf \(ituc-csi.org\)](#)

[HarassMap | Stop sexual harassment](#)

[IEJ-CareEconomy1-Oct2023.pdfHome - Care Economy \(the-care-economy-knowledge-hub.org\)](#)

¹ https://awdflibrary.org/index.php?p=show_detail&id=1116&keywords=transformative+approach+to+trauma

² In the DRC, the Red Cross of the Democratic Republic of the Congo and the Belgian Red Cross, with the support of the Belgian Development Agency created ‘Mothers’ Clubs’ to raise awareness on hygiene and SRH, working in close contact with local health structures. The result has been self-sufficient self-help groups of women capable of designing and implementing small income-generating activities, that ultimately serve to set up solidarity funds to help each other in times of adversity. These Clubs also work like small local banks lending to pre-finance children’s schooling or the start of a small business, with the club being repaid when the mothers start earning back.

³ <https://www.empowermed.eu/>

⁴ [National Domestic Workers Alliance - Wikipedia](#)

⁵ <https://consensomontevideo.cepal.org/en/indicators>

Breakout Group 3

General Conclusions

- Policy making needs a feminist mindset
- Strengthening the care economy reflects positively on the entire company, as it enables half of society to contribute to the job market.
- Concerted efforts on local, national, regional and international levels are required for gender sensitive policies in all sectors.
- When facing an economic crisis, financial institutions, such as the IMF, often encourage countries to reduce funding for social services. Women are the first buffer of an economic crisis and their unpaid care labour is increased.
- We need a societal change to tackle caring responsibilities and inequalities in the care economy; this means breaking stereotypes of women.

Question 1: Best practices and recommendations

- Promoting a care economy requires promotion at the global (UN and EU), national and local levels.
- Care services must include those services that care for the environment, such as waste collection or recycling, but often are underpaid or not paid at all, and even discriminated against.
- Promote community support to women through debates and continuous dialogue.
- Involve stakeholders, including potential funders from the private sector, which would help in finding better models.
- Support informal structures and include them in formal and structured policies.
- Recognise state's responsibility for a care economy, including in programming, developing, budgeting, etc.
- Include unpaid work in national GDPs, which is the first step for recognising what the care economy entails.
- One good example of progress is the ratification of the ILO convention (ILO 189, 2011) on the protection of domestic workers, including the protection of homeworkers.
- Follow an intersectional approach.
- Funding is key: unless there is funding, policy is ineffective.
- Budgeting by the state and supporting civil society organisations financially is necessary, whereby the budgets should include such funds, either directly or via civil society.
- CLIPs' revision should address how to improve care economies and suggest steps to improve policies related to care services.
- Recognise unpaid peacebuilding efforts as care work. Meaningful participation of women is a cornerstone of feminist peace and the WPS agenda.
- Follow a more structured approach towards care, especially care for children and the elderly, as women sometimes stay out of the labour market due to care responsibilities.

- Approach the care economy as state regulated issue, whilst leaving space open for whomever is already providing care to contribute to the development of that policy.

Question 2: Best practices and recommendations

- Care-centred cities must provide services that are inclusive to persons with disabilities, in line with the UN Convention on the Rights of Persons with Disabilities.
- Look into "caring communities," organizing within the community to support women who need care support, but then transforming these models into paid models.

Models noted:

- Swiss Peace report
- Report being drafted by the OHCHR and other organizations in advance of the 55th Human Rights Council, which is on good practices of support systems enabling community inclusion of persons with disabilities.
- An initiative that is a public private partnership in North Macedonia - a civil society organization network which cares for people with disabilities and now has more than 150 people who are paid through contracts.

Breakout Groups 4 and 5 (merged)

General Conclusions

- Gender norms affect how gender inequality is perceived, whereby in cases of natural disasters for instance, women and girls do up to five to six times as much unpaid care in domestic work as men.
- Low salaries, especially for immigrants working in specific sectors, are not enough to cover the cost of leaving children at day care. Women therefore face the difficult choice of working or depending on their partner's salary.
- There is a difference between care and support - and such a distinction is necessary. Emotional caring and wellbeing are important, as self-care is crucial for providing care for others.
- Care services are equally important in rural areas as in urban areas.

Question 1: Best practices and recommendations

- See how women in local governments are influencing and addressing care economies (such as promoting online council meetings and adjusting times for meetings).
- Use a coherent approach to address unpaid work and informal care jobs and how they can be reflected in formal economies.
- Intersectionality is key when addressing inequality and discrimination in the care economy. A multi-dimensional and intersectional approach (including multiculturalism) is necessary.

- Focus on mainstreaming of legislative frameworks on anti-discrimination and gender equality, as well as equal opportunities to education.
- Break stereotypes and gender norms through awareness building.
- Involve governments, the private sector, civil society, and traditional leaders to promote the care economy and break gender norms.
- Consider the role of religious figures and more generally faith-based organisations in raising awareness on the benefits of shared care responsibilities for the entire community.
- Distinguish between economic and volunteering to avoid unpaid work. Voluntarism is also another way to foment a care community and break stereotypes.
- Support the role of trade unions in supporting and empowering caregivers.
- Contextualising is key, as a model cannot be copied or multiplied from one setting to another. Models should be culturally sensitive and must be adapted to the specific context, recognising the skills of women, and connecting this to sustainable economic models for circular economy.
- Form alliances with feminist and women's rights organisations to tailor initiatives and promote new forms of, for example, social enterprises.

Question 2: Best practices and recommendations

- A gender-responsive care city is based on infrastructure, social protection schemes, and public services addressing the care economy.
- Introduce enabling services to support women engaged in public life and the labour market. For example, childcare services for women to actively engage in public life, or women's access to productive resources and services, including land, digital and financial services.
- Encourage the facilitation of accessible and quality care services, both by the state and the private sector.
- Pay attention to children with disabilities and allocate funds and resources to ensure that the child is being taken care of at a community level.
- Facilitate access to financial resources and digital inclusion, especially for young people.
- Design city infrastructure with consideration of the needs of caregivers and those in their care, especially in the transportation sector.
- Encourage the involvement of neighbourhood parent groups to care for children.
- Ensure the effective use of gender budgets in local communities.
- Recognise the role women play in the circular economy and responsible consumerism, which positively influences communities.
- Target schools and raise awareness of youth regarding equal gender care.
- Facilitate open places and make them more accessible to women and children, whereas infrastructure is not always user-friendly for certain segments and is not easily accessible.

Models noted:

- The OECD framework for care economy, 'The 3R strategy', offers policy options on Recognition, Reduction, and Redistribution.
- The EU's analysis of the impact of different social protection schemes on women, also looking at promotion of shared responsibility within households, infrastructures and public works, and support to gender responsive transformative social protection policies and programs.
- Private and public service providers, such as day care, specifically for children with disabilities.
- Village savings, loans associations, and youth savings groups can be good models to tackle financial exclusion as a direct impediment to youth and female empowerment.

Breakout Group 6

General Conclusions

- The Legal framework alone is insufficient to create change, as it must be coupled with social demand and interest, as well as the presence of a budget to support such policies.
- There is a need to create a cultural change to challenge the perspective that care work is a natural job for women.
- Care work should not be gender-specific but must include society as a whole.

Question 1: Best practices and recommendations

- Recognise and support the role of cooperatives in fostering women's empowerment and in taking control of their own working conditions and provide an appropriate legal framework.
- Increase state aid to cooperatives providing care services.
- Base policies and strategies on statistical data and research.
- Facilitate the bringing together of civil society networks dedicated to research, training, and political advocacy in the field of care.
- Care policies should include social participation mechanisms and community participation to guarantee a social demand and a gender transformative approach.
- Care models must be adapted to specific contexts and needs of each community and its unique characteristics, with an intersectional and human rights perspective (the right to receive care, the right to provide care in dignified conditions, and the right to self-care).

Question 2: Best practices and recommendations

- For a gender-centred care city, there is a need to support digitisation and innovation.
- Invest in sensitisation and awareness.
- Recognise diverse care experiences and the exercise of self-care.
- Encourage discussions on legal frameworks that support the care economy, especially in key moments of legislative reform.

- Adopt policies and establish services and infrastructures that are specific to the territory in question, with a feminist urbanism perspective.
- Make care services accessible by adapting them to daily routes.
- Consider social emotional mapping to understand the realities of community care workers.

Models noted:

- 'Mesas de Cuidados' (Care roundtables) in Latin America: feminist civil society networks doing research, training, political advocacy in the area of care.
- 'Care blocks' in Bogotá, born from the negotiation between the local city council and the city's women's movement. They function with a comprehensive perspective, specific to the territory and with a feminist urbanism perspective, to make care services accessible by adapting them to the daily routes and times of women who care. They offer a diverse range of services, from services for children under five to services for people over 65, or people with disabilities requiring care support. Beyond the service component, it also has a strategy of cultural transformation of beliefs, representation and social norms, through pedagogical training and awareness raising activities. Carried out a socio emotional mapping to understand the realities of community care workers in the territories, to shape the future care blocks.
- Itinerant strategies for the rural areas, consisting of a bus equipped with different services of psychosocial support, leisure activities, access to internet, etc.
- 'House to house' program for people living with severe disabilities and their careers.

Breakout Group 7

General Conclusions

- The care economy is closely linked to everything relating to social protection and access to public services. Consequently, a care economy strategy cannot be drawn overnight without considering whether the foundations are there for this strategy to work. It is important to consider these structural factors.
- It is important not to think in silos, but rather to integrate the private sector, the actors of the authorities, the regional authorities, and civil society, each in their respective capacity.

Question 1: Best practices and recommendations

- Reflect socio-economic and cultural context when implementing strategies for the care economy or any other strategy for that matter. Models should consider such contexts, as they involve social and development issues.
- It is not possible to copy a successful model in another context; even if there are tools that worked well in one context, in the end they must always be adapted to the context in question.

- Ensure that policies are drawn based on clear data, and data disaggregated by sex. Having a baseline and data collection is key.
- Vulnerable segments of society should be involved in the discussion on care economies, including the different kinds of vulnerability, to be as comprehensive as possible.

Question 2: Best practices and recommendations

- The idea of a gendered database is useful, as it is important to try to understand what the needs of women in cities are and consider the reality of each city and the specific needs in that regard.
- Understanding needs includes attention to persons with children, persons with disabilities, especially in the domain of transport and accessibility.
- Consider the linguistic and cultural makeup of cosmopolitan cities, and offer corresponding services to care workers, such as translation services.
- In a similar vein, cultural contexts should be taken into account. Many cities have large immigrant populations so languages and cultural context must be taken into consideration. Some women, for example, who need a certain medical service do not want to visit male doctors. This applies to those who give as well as those who receive care.
- It is imperative to consider intergenerational spaces, where young people and older women can take care of each other and share experiences or mutual experiences.
- Map the changes in cities and design infrastructure and services to reflect such changes. For instance, cities are big and growing, and thus, transportation should be more gender sensitive.
- Geographic factors must also be taken into account, as there are changes even within the same country depending on the city.
- Engage in inclusive discussions and organise discussions through associations.
- Follow a bottom-up approach. Start with the stated needs that come via organised discussion, not from statistics. In discussions with citizens, set clear priorities and a long-term vision, a roadmap, to see how to put in place better conditions for the care economy in each city. Pay attention to the needs of the most vulnerable. Integrate public and private sector actors, local and regional governments, and civil society rather than working in silos.
- Ensure that women have time for self-care.
- Moving blocs of care, instead of a localised bloc, could expand access to services in large cities.
- Do not forget the rural areas, as they are linked, in extended cities.

Breakout Group 8

General Conclusions

- In general, there are modest amounts allocated by local authorities to care budgets, which points to the lack of proper judgment or planning.
- There is a lack of inter-institutional coordination in some cases.

- The care economy is a political issue that incorporates society as a whole, and not just women.
- There are socio-demographic changes in families and the number of children per family, with zero kids or same sex couples, which changed the traditional roles. Such changes will necessarily help democratise the care economy so everyone receives and delivers such care.

Question 1: Best practices and recommendations

- Sources of financing should not necessarily be limited to the state.
- Cooperate across and within countries, whether in exchanges of experiences or learning from best practices.
- Explore how to advance women's rights and mainstreaming gender perspectives in local public policies.
- Construct feminist political agendas that focus on the elimination of violence against women.
- Adapt models to different cultural and socioeconomic contexts, according to the specific conditions and diversities. It is important to reach out to rural areas, and areas impacted by conflict, where the state is absent.
- For a functioning care system, the education system and awareness are key, as this will make a socio-cultural change and recognize the legitimacy of this work.

Question 2: Best practices and recommendations

- State actors, markets, civil society organisations, and families must all be involved and included in planning care-centred cities.
- Security is an issue of importance; it is imperative to consider the risk factors that women and girls face among many other variables.
- Efforts must be exerted to address the issue of social stigma in the care economy, its nature, and importance. Addressing the sexual division of labour and gender roles in care work is still a pending task in most of the models.
- Set up campaigns to spread knowledge and awareness regarding the importance of care services and work done in that regard.
- The care system is specific to each city and community, which is something that must be taken into account when envisaging any model on care.
- Identify which services have more importance or priority and identify which are transversal and transnational.
- Transportation is a key sector, especially for women who need to care for disabled dependents. As such, transportation should be included in the care system.

Models noted:

- Local systems, at municipality level (e.g. Iztapalapa, Mexico, supported by UN Women)
- Majors' alliances (e.g between the 'Foro de Alcaldesas y Electas de Iberoamerica' and 'United Cities and Local Governments', UCLG, which promoted a co-learning lab on feminist municipalism).
- 'Manzanas de cuidados' in Bogotá, Colombia, and also now starting in other cities (Nariño, Cali, Antioquia, Manizales and Chocó).
- Community-based models, that acknowledge the ancient knowledge, indigenous traditions, etc.
- Models with formal institutional representation, such as the Ministry of Equity in Colombia, hosting the Directorate for Care; or the National Women's Institute in Mexico.