

**BUILDING BACK TOGETHER:
CHILDCARE AN IMPORTANT STEP ON THE ROAD TO RECOVERY FOR WOMEN
WORKERS**

Webinar held on 15 September 2021

By

Campaign for Quality Child Care for all Workers (India)

Webinar Report
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Introduction

The Covid-19 pandemic has been an unprecedented public health and humanitarian crisis, marked by forced lockdowns, social distancing, and consequent loss of livelihoods. Informal women workers and their children have been hardest hit by the current situation. It has increased the care burden of the women workers and adversely affected the health, nutrition and development of their young children.

This report presents the discussions at a webinar held by the Child Care Campaign, India on September 15, 2021. The webinar had two main objectives: 1) to highlight the impact of the absence of childcare facilities during the COVID-19 crisis on the workers' lives and that of their young children, and 2) to put forth key demands relating to the childcare needs of informal women workers.

Webinar Program

Session	Speakers
<i>Panel 1: Multi-layered and continuing impact of COVID-19 on women workers</i>	<p><i>Moderator: Shalini Sinha (WIEGO)</i></p> <p>Sumitra Mishra (Mobile Creches)</p> <p>Kanika Kingra (IWWAGE)</p> <p>Monika Banerjee (ISST)</p>
<i>Panel 2: Women workers in their own voices: Carrying the burden of care</i>	<p><i>Moderator: Rachel Moussié (WIEGO)</i></p> <p>Aline Souza, Waste picker, (MNCR-National Movement of Recyclable Material Collectors), Brazil</p> <p>Annie Diouf, Street vendor, (CNTS-National Confederation of Workers in Senegal), Senegal</p> <p>Parveen Bano, Home-based worker, Sangini Childcare Cooperative, SEWA, Ahmedabad</p>
<i>Panel 3: Building back together: The way forward</i>	
The road to recovery: Childcare and informal women workers	Amanda Devercelli (World Bank)
The road to recovery: How trade unions are addressing the care crisis	Marieke Koning (ITUC)
The road to recovery: Quality childcare for all	Mirai Chatterjee (SEWA)
Q &A and Vote of Thanks	Moderator: Susan Thomas, (SEWA)

PANEL 1: MULTI-LAYERED AND CONTINUING IMPACT OF COVID-19 ON WOMEN WORKERS

Opening Remarks By Shalini Sinha, India Country Representative, WIEGO¹

The pandemic is still with us, and many in India, like in other parts of the world are continuing to struggle with its devastating impact on all aspects of life. The images of the informal migrant workers walking back with pregnant wives and old mothers, with children dozing off on pull along suitcases due to extreme fatigue and exhaustion or riding hundreds of kilometres on their father's back are still etched in our hearts. Subsequent waves of disease and lockdowns have meant that economic recovery has not been stable, and workers continue to cope with crises of income, care and debt. The existing risks and challenges faced by informal workers due to their lack of social protection, access to good health care, access to access to sanitation infrastructure and poor housing- have all been exacerbated due to the pandemic.

The COVID-19 crisis has had a disproportionate gendered impact on livelihoods and has increased the care burden of women informal workers. A study by the Azim Premji University (APU) found that compared to men, women were seven times more likely to lose jobs during the 2020 lockdown and 11 times more likely to not return to work after the lockdown. Another analysis published by the university found that while 7% of men lost their jobs during the lockdown and did not recover them by December 2020, 46.6% of women lost their jobs without recovering them during this same period.

A WIEGO Crisis Impact study in Delhi last year found that nearly 60% of female respondents reported increased time spent on child care during the pandemic, which subsequently resulted in lesser number of days of paid work when lockdowns eased and lesser earnings than those who did not report increase in time spent on child care. With entire families stuck at home during the lockdown periods of 2020 and during the second wave in 2021, more time was also spent cooking, cleaning and caring for elderly household members.

With the closure of childcare facilities, many children were deprived of this essential source of nutrition and a stimulating environment for growth, which is expected to have long-term impact on education, health and nutrition, and overall well-being. The early childhood education and holistic childcare has been hampered due to the closure of centres and the absence of any learning environment at home. Vaccination rates were already an issue before the pandemic, and the current health crisis could exacerbate this situation further. Lack of social interaction, nutritional deficiency, lack of immunization, and decreased immunity have led to increasing health issues amongst children.

In many ways, the COVID-19 pandemic is a *triple crisis*. At its origin it is a public *health crisis*; lockdowns, and social distancing have led to an inevitable *economic crisis*. Along with closing creches, anganwadis and schools, these measures contributed to a *care crisis*. The impact of the triple crisis is multiple, and will be felt for a long time, and across many generations of informal women workers' and their children.

¹ Women in Informal Employment: Globalizing and Organizing

The road to recovery must acknowledge and address this. The need to invest in affordable and quality child-care services was never more pronounced than today, especially for millions of informal workers and their families.

The first panel consisted of questions put to the three panelists by Shalini Sinha and their responses based on their recent studies.

Presentation by Kanika Jha Kingra²

Question: Could you please share the key findings of your study in Odisha on the impact of Covid on rural women workers? And did your study find anything on mental health impact on women?

Kanika Kingra: These are the key findings on the Odisha study.³ In last 2 years, the focus has been on the impact of the pandemic in urban areas. There has been very little focus on rural India. This year, particularly, there has been significant impact of the pandemic in rural areas on health and livelihoods. This study was in partnership with PCI and Odisha Livelihoods Mission under the Ministry of Rural Development, NRLM.

This study is part of long-term engagement with Odisha on introducing gender transformative policies and focussing on strengthening the gender strategy of the livelihood mission in the state. The aim was to try and understand what is happening with women SHG members on the ground. The study was conducted in June; Anu Sanyal led study where we did four surveys covering 423 women SHG members in two districts. Looked at

- i) Wellbeing of these women
- ii) Impact on day-to-day life – unpaid care work, mental health crisis etc.

Most studies have shown significant impact on their wellbeing. Our study found that close to 83% had insufficient food. BPL families were particularly vulnerable. Women and girls suffered worse nutrition impacts. Male children were prioritized over female children.

² Kanika Jha Kingra is a Senior Policy and Advocacy Manager at Initiative for What Works to Advance Women and Girls in the Economy) IWWAGE which is an initiative of LEAD, an action-oriented research centre of IFMR Society. She spearheads the organisation's advocacy and policy engagement strategy to promote evidence-informed decision making on women's economic empowerment. Kanika has over eight years of experience in leading advocacy, communication, and research uptake strategies in international development. She has worked on developing tools and processes for monitoring and measuring the impact of evidence and research on decision making and policies.

³ <https://iwwage.org/wp-content/uploads/2021/01/Impact-of-Covid19-Odisha.pdf>

Some additional resources from IWWAGE on child care:

Link to report: Global childcare crisis and the road for post-covid-19 recovery and resilience-
<https://iwwage.org/global-childcare-crisis-and-the-road-for-post-covid-19-recovery-and-resilience/>

Link to report: Generating Female Employment through Public Employment: A Scoping Paper- <https://iwwage.org/wp-content/uploads/2021/01/Generating-Female-Employment-A-Scoping-Paper.pdf>

A majority of the women faced the burden of unpaid care work. More than 70% reported that they spent more than six hours per day on household work. This is a global and Indian statistic as well. More than 50% reporting increase in household chores and 59% saying that a large part of their unpaid work was focussed on childcare.

Mental wellbeing: effects child well-being if their own well-being is impacted. 66% women reported that they were highly stressed, largely due to food insecurity and also loss of income and livelihoods.

IWWAGE conducted another study conducted between June and July 2020 with 2000 women across 4 states who owned their own small-scale enterprises (in Madhya Pradesh, Bihar, Chhattisgarh and Orissa. They found that COVID-19 had an adverse impact on the supply chain and cash supply. It was seen that one in three entrepreneurs had permanently or temporarily shut down their businesses. The primary reason was the increased burden of unpaid care work (40%). This points to the importance of investing in childcare to build resilience.

Key recommendations to address the care burden

1. Much needs to be done for the rural context. Women can be employed as care providers, which not only generates employment but also addresses the large unmet need for childcare. There are ongoing global advocacy efforts with the Global Care Alliance to invest in the care economy. But at the rural effort concerted effort needed to fill in existing vacancies for care provision.
2. There is a strong need to provide care workers with the support required. While centers can be set up, in the absence of skill and decent work for these providers, very little can be done.
3. One particular concern is to encourage the private sector to emerge as a key actor in addition to the public sector. In India in the urban areas, the construction sector and the garment sector employ a lot of migrant workers who returned home during the pandemic. Need to have childcare as a key component of the recovery efforts in partnership with the private sector.

Presentation by Monica Banerjee⁴

Question: A recent study was carried out by ISST on the Sangini cooperative⁵ in the urban context of Ahmedabad city. The study looked at SEWA's childcare centers

⁴ Monika Banerjee is a research fellow with the Institute of Social Studies Trust (ISST). Monika's interest lies in issues of governance, understanding social policy processes in a comparative framework, visibility of deprived and marginalised groups in existing policies and viability of such policies in bringing change. Currently at ISST, Monika is associated with a Gender Mainstreaming project, funded by the Bill and Melinda Gates Foundation, which focuses on engendering policy processes and public discourses through events and research.

and the impact on women workers and their children during the lockdown and after the lockdown. What does your study say about unpaid care work of mothers and the need for institutional childcare needs for informal sector workers? You sought to study the impact on the closure of SEWA-run childcare centres on women workers? What were the key findings? You have referred to a crisis of care, what do you mean by it? What is the role of sevikas that has emerged and how do women relate to the child care centres?

Monica Banerjee: The study was done by SEWA and ISST collaboratively. There were a lot of studies about informal women workers and about children missing out on schools but almost nothing about children in the 0-6 age group. We know that the ICDS and other childcare centers had shut down since March 2020 and some are still closed.

Some NGO-run centers have opened but do not have the same number of children as before. So, we wanted to find out what was happening. There are some newspaper articles about 0-6 age group and Early Childhood Care and Development (ECCD), but hardly any formal studies on the subject. Who is giving attention to these children as women face the increased burden of unpaid care work? That was the objective of the study. We could not do a large study because of the pandemic. We looked at the 11 balsewa centers run by SEWA's Sangini cooperative. These are in a major city, Ahmedabad, which is in the western part of India.

The women in most of these families are of home-based workers, domestic workers and street vendors, with husbands working in nearby factories or autorikshaw drivers. About 143 families send their children to these centers. For the study we chose families whose children had been going for at least 6 months prior to the lockdown, which meant that they had some experience of full day child care.

We found that 99% households had lost primary source of income due to the pandemic. In 69% of the families, both the husband and wife had lost their means of livelihood. In the middle of 2020, during the lockdown, these families had no source of regular income. Even in December 2020- January 2021 when the study was done, most women had still not been able to get back their work. One of the primary reasons for women not being able to work was that children in the 0-6 age group were at home.

There was immense burden of unpaid care work, though women got some help from the family especially the in-laws. But when it came to childcare work, especially for 0-6 children who need lot of attention, primary care was done by mother. The women had no time to rest – the family was all at home and they had to provide food, tea throughout the day. There was the stress of not having work, especially the husbands not having work. There was some substance abuse among the husbands which was also a cause for stress.

⁵ Covid 19 Pandemic and Early Childhood Care: Assessing the Impact on Children Enrolled with Sangini BalSEWA Centres' Study will be shortly available on www.isstindia.org

Question: How did you arrive at the recommendation of looking at community-based provision of care as a model for disaster- resilient care infrastructure?

Monica Banerjee: Sangini is a collective – the mothers and the sevikas who work at the centers are all part of the community. There is a sense of ownership in terms of running these centers. When the lockdown happened, the centers were shut down but the sevikas did not leave the children. Through their own initiative they started distributing food and early childhood learning material to the mothers. More than that they were like a support system for the families especially for the women workers – talking to them, easing their stress, telling them that things will be ok. The child care center is not only about providing child care but about bringing the community together, especially in a disaster situation. True not only for Sangini but also across the country. ISST is bringing out a compendium that shows that across the country the childcare centers are providing support to the children’s families. It is not just about giving nutrition but providing overall support.

Presentation by Sumitra Mishra⁶

Question: In Delhi, malls have opened, theatres have opened but not childcare centers. Mobile creches has carried out several studies on the impact on children and mothers, what are your key findings?⁷

Sumitra Mishra: After the first lockdown in April 2020, the Forum for Creches and Early Childhood Care (FORCES), sprang into action to do a reality check on the situation on the ground, for young children under the age of six. Our first part of study was conducted in Delhi between May to September 2020 and a further study is happening now which gives interesting comparative results.

From the first study we saw that as soon as the lockdown hit between May to September 2020, the dry nutrition service distribution system improved significantly from 20% to 60%. The nutrition quantity was not adequate, and the nutrition balance was not adequate, but some nutrition was reaching the families.

Immunization for children got completely disrupted. From 12% in April May it rose to 56% in September. Our latest study shows that immunization through ICDS is about 90%, that is one service that is on track now.

What we still don’t talk about is the care bit and the education bit. While there has been a flurry of online education for school going children, and rightfully so, we are

⁶ Sumitra Mishra is the Executive Director of Mobile Creches, an organisation working for the rights of marginalised children to access Early Childhood Development. Their work spans from grassroot level interventions to policy advocacy at the national level. A postgraduate in Special Education for persons with disabilities, Sumitra comes with over twenty years of work experience in the development sector in India. Her direct work experience with disenfranchised communities of children and women has been the pivot of the strategic programming, fund raising, organizational development and policy influence abilities.

⁷ <https://drive.google.com/drive/folders/1M-EsUTGEdWoRwN7J24nbtH-luenVH2LW?usp=sharing>

not focussing on the loss of learning for children under 6 years, which is the most critical period for child development. There is very little attention on how these children have suffered during the last 18 months without access to any kind of outside education. There is still no talk of in-person ICDS services starting.

The greater and invisible burden is the care burden and there is enough evidence that talks about the phenomenal increase in the care burden of women and what it means for women. Also, in the absence of care, where families do have to go to work, what it has meant for the protection of children. And there is enough evidence from our experience on the ground to show that children are facing all kinds of abuse and risks to their safety. That is a big issue that has come up in our study.

Regarding the impact on women – public maternity provisions for women. Only 35% women were eligible for the benefits, or aware of the study, because they did not have the required paper documents. Even among the 35% eligible women, during the period April to May, only 3% received maternity benefits. Flags for us that on the ground how childcare provisions actually reach the people at the grassroots.

And the situation is very similar in Delhi as the centers remain closed. In Delhi the highest burden of reaching services and continuation of services has been on aaganwadi workers and ASHA workers. They have had minimal social protection and minimal protection against the health disaster and yet they have tried to provide door-to-door home based services.

Going forward, if we are talking of re-opening of care services then what does it mean for our care providers – we need to keep this in mind.

Question: Construction sector employs large numbers – children’s health and nutrition on the site has been an area of great concern. What is happening there now as the sector opens up?

Sumitra Mishra: There is further invisibilization -it’s not great there. Our study says that more than 60% of construction sector workers migrated back to the village during the first lockdown. 18 months later, 40% have returned to their worksites. But this has not meant good news for women workers and their children at construction sites. Less than half the women are coming back to construction sites because construction industry is reluctant to employ women workers back into the industry. Liability of work is one reason. Lack of childcare spaces and therefore the safety of children and the reputation risk it means for the industry is another reason. One would imagine that the bigger developers who have more capital would be able to lead a shining example of engaging and supporting women. But the bigger the developer the bigger is the pushback for women because they have more capital to invest in mechanization which pushes women back. The smaller developers are more likely to hire women.

Also during these 18 months that child care centers have remained closed it has meant greater abuse and death of children at multiple sites. It is clear that construction companies are moving away from their obligation to provide childcare services. Their focus is on re-starting their work and engaging more workers in the industry and maintaining their profit margin so that they can sustain the industry

rather than providing childcare services. It is for the government or NGOs to provide these services, it is not the responsibility of the business houses.

Recommendations for key enablers for economic recovery with childcare as a focus:

1. Most overarching need is for policy makers need to recognize the centrality of childcare in the post-COVID period, and to recognize the role of women in the economic recovery and how child care is needed. That connection is still weak. The more we talk about it the more we generate evidence – possibly that is going to help.
2. There are sufficient legal mandates for work-site based child care to be provided. Factories, construction industry, tea gardens, brick kilns – get those activated. Poor implementation is a problem
3. ICDS are very close to rural and urban communities of women and children. ICDS has phenomenal scope to expand and reimagine to provide 6-8 hours of care services to children with decent budget allocation and investment in adequate staffing.
4. We have to recognize women within the community are the strongest touch points for these children. There is a huge potential for supporting women as care entrepreneurs.
5. The government needs to subsidize the provision of childcare as a business model across the community. It helps women within the communities to provide solutions that are far more localized than any government, industry or NGOs can provide.

PANEL 2: WOMEN WORKERS IN THEIR OWN VOICES: CARRYING THE BURDEN OF CARE

Moderator: Rachel Moussie⁸, Deputy Director of Social Protection at WIEGO.⁹

We will hear from three women workers in the informal economy about the problems that they and the members of their organizations have faced during the pandemic in

⁸ Rachel is the Deputy Director of the Social Protection Programme at WIEGO. She joined WIEGO to lead on the Child Care Initiative, looking at women informal workers need and lack of access to quality childcare. The Child Care Initiative responds to demands by several women in informal workers organizations to address childcare as a labour right, along with maternity protections and access to healthcare. Rachel has worked closely with other WIEGO teams and programmes to develop and promote WIEGO's Child Care Campaign across and beyond the WIEGO Network.

⁹ The Triple Crisis: Impact of COVID-19 on Informal Workers' Care Responsibilities, Paid work and Earnings- <https://www.wiego.org/resources/triple-crisis-impact-covid-19-informal-workers-care-responsibilities-paid-work-and>

Family-friendly Policies for Workers in the Informal Economy- <https://www.unicef.org/reports/family-friendly-policies-workers-informal-economy>

Link to resources of the Child care campaign- <https://www.wiego.org/wiegos-child-care-campaign>

caring for their children and earn an income. This is a familiar obstacle faced by women. Both WIEGO and SEWA have been working for getting access to childcare for children of women workers in the informal economy for decades.

The pandemic has exacerbated the inequality between women and men in the informal economy because of their care responsibilities but also the inequality between workers in the formal and informal economies. Workers in formal economy have access to social protection provisions, such as family leave and health benefits that workers in informal economy have not been able to get.

In 2020 WIEGO conducted the first global survey with over 2000 informal workers in over 12 cities in Africa, Americas, Asia and Europe. Findings: women in informal economy who had care responsibilities worked 33% fewer days than other women during the initial lockdown – March April 2020. Because of childcare responsibilities many were unable to leave their homes even if they could work. After easing of restrictions in July 2020, women with care responsibilities were earning only 50% of their income in regular times compared to 70% being earned by men.

Some men in all cities reported an increase in unpaid care work. The negative effect of additional care responsibilities, however, was more severe on women's income. This showed that closure of creches beyond the initial lockdown had a more prolonged impact on the earning of women workers. We have seen the same in the more recent evidence coming from India which was discussed.

Aline Souza, Waste picker, (MNCR-National Movement of Recyclable Material Collectors), Brazil

This debate is very important for us and our children where we are fighting for our rights. I have seven children six sons and one daughter. I have been working since I was 14. Even when I was in school I helped my grandmother. I protected my grandmother from the difficulties and the abuses she faced. I'm the third generation of waste pickers in my family and lead one of the main unions of waste-pickers in Brazil. I'm also president of 21 unions of pickers, more than 1800 pickers and more than half are women. I represent these pickers within the national movement of pickers and the pickers of the federal district more specifically. I'm also working for the coordination of youth pickers in Brazil. Currently I am in college-- first year at law school. I manage my time between being a wife, a mother a student, sister, daughter, picker and all other roles.

It's very important to know the global context of women workers especially regarding help for their children. There are 800,000 recyclable waste pickers in Brazil of which 68% are women. 60% are black women from very poor neighbourhoods and are main income earners in the family. Article 208 of the federal constitution in Brazil addresses the topic of childcare to children from 0-6. Though we have legal framework the reality is different, and it is very difficult to put children in creches in Brazil. If we lived in a world with equality we would not need priority but just compliance with the law and what we are entitled to.

We tried to reduce the negative impact so we can have access to the creches. Before the pandemic it was difficult and now after the pandemic it is even more

difficult. It has been difficult to stay at home isolated since last year, with our children at home and without being able to work.

We always thought our work should be considered essential work because we cannot stop recycling waste. The waste will pollute our nature, rivers, the landfills will not be able to handle it.

There was a policy of cash transfers but it was not enough. We not only stopped working but we had to become teachers because classes were online. Of my 7 kids, 3 need creches – like many other women. We had to think of alternatives – one was to have a family member help. The creches are not back. Those who could pay someone to look after the children did that.

Rachel Moussie: What about your work with the NGO in Brasilia

Aline Souza: One alternative was to partner with an NGO to recycle electronic waste. The NGO passed onto the families of pickers the equipment to access online classes. We could serve 1000 families and this helped the future of the children. Also we could guarantee the food security of these families.

Annie Diouf, Street vendor, (CNTS-National Confederation of Workers in Senegal), Senegal. She is head of the employment sector branch of the CNTS¹⁰

I am responsible for employment at the CNTS in Senegal. The experience during the pandemic has been very painful especially for street vendors. The government decided to close all markets and all activities for street vendors had to stop. They were already a vulnerable section of society. They did not have access to economic support. Women who came back each night with income and food could not do so any longer. We have managed to get something even though it is small. The majority of women today struggle to make a living for their children to survive.

In 2017 you came to Senegal and launched campaign for childcare provision at work-sites. You worked with CNTS to identify strategies that could be used and what could be done to make the government more aware on this issue.

In 2018 we implemented this campaign in the capital city of Dakar. After this campaign we realized that women really needed childcare services in markets. There are instances of violence against children and even rape because parents have gone away to work. There was a case of a 3 year-old being raped because her parents were away at work.

In Senegal they do not have childcare centers in enterprises and work- sites. It was quite hard to run the campaign because people did not want to hear about how to

¹⁰ Women Informal Traders and Child care during the COVID-19 pandemic: Findings from Accra, Durban and Nakuru- <https://www.wiego.org/publications/women-informal-traders-and-child-care-during-covid-19-pandemic-findings-accra-durban>

implement the childcare center. You don't need too much money but you do need a little bit of money. We need child care because we can't bring our children to the market and supervise them and give them healthy nutrition.

It took a lot of time to carry out the awareness program but we have managed to implement a pilot project. The majority of women live in the suburbs. We have asked the Mayor to give us space for a childcare center to save the children from violence. The mayor agreed. That happened in July 2019. We tried to find childcare workers. They have to be paid and the children have to be fed. These women have agreed to put some money aside towards childcare centers. We have created an awareness campaign for this pilot project.

Rachel Moussie: Tell us about context of Covid-19

Aline Souza : So far it is forbidden to bring children to the work place due to the pandemic. But leaving the children at home has risks. So we want to learn from good practices in other countries and implement them in Senegal.

Parveena Banu Sheikh, Home Based Worker. Member Of Sewa's Sangini Childcare Cooperative. A Mother Of Two Young Daughters¹¹

I live in Ahmedabad. We faced a lot of trouble during the lockdown. There was a severe shortage of money and the children faced a lot of difficulties. It was difficult to do all the household chores with the children at home. There was no work during that time, and my husband also lost his work. We had to borrow money to be able to buy food etc. The childcare center was closed and it was difficult to manage the children at home while doing all the housework.

Now my work has started a little bit. I am able to work because SEWA's childcare center has opened and I can leave the children there. I am also able to rest a little bit.

We had no idea where we would find the money to run the house. My work completely stopped.

Rachel Moussie: Tell us about the impact of the childcare centers closing

Parveena Bano:The children stopped eating and became very irritable. They forgot all the things that they had learned at the center and refused to study. They were used to eating at the childcare centers and they stopped eating properly at home. My husband was home and my in-laws also stay with me. The children were very unhappy locked up at home. I experienced a lot of tension about our lack of money.

I want to add that we got relief kits from the childcare center which included dry rations, soap and hand sanitizer. Now the centers have opened and that has been very important for us.

¹¹ COVID-19 and Informal Work: Distinct Pathways of Impact and Recovery in 11 Cities Around the World- <https://www.wiego.org/publications/covid-19-and-informal-work-distinct-pathways-impact-and-recovery-11-cities-around>

Rachel Moussie: There was a lack of adequate relief for loss of income and immediate increase in care responsibilities, especially from the state to address women's increased responsibilities. But the importance of community level childcare like that provided by Sangini is very important. IT underscores the need for public childcare services as a key component of economic recovery plans moving forward. The need to recognize that all these informal workers are workers, and the need for securing their access to productive assets and securing their place of work, while also recognizing their deep need for childcare services. This gender and class intersection is so critical to coming out of this pandemic and not losing the ground that has been made for women informal workers.

PANEL 3: BUILDING BACK TOGETHER: THE WAY FORWARD

The road to recovery: Childcare and informal women workers

Amanda Devercelli, Global Lead for Early Childhood Development, The World Bank¹²

The personal stories we just heard echo all around the world. One good thing coming out of this pandemic is that the need for childcare is being highlighted, which existed long before Covid and will exist long after covid. Let's use this pandemic to get some action.

About 3 years ago we started writing a paper reviewing the evidence on childcare. How it is good for children's development and promotes women's economic empowerment. It is good for families because when women earn more, they use it for their families and invest more in their families and is good for businesses and the economy and overall productivity. That framing is very important. Childcare is not just a children's issue it is everyone's issue.

This framing was not an obvious argument to many people that I work with at the World Bank. The debate was still academic- can you maximize female labour force participation and promote child development. It was not being seen as a deeply personal and human issue that families grappled with. No family wants to choose between earning an income and keeping their child safe. In fact, most families don't have a choice. We need to move beyond 'if' and 'how' and begin taking action on it.

We released the paper in March¹³ and found that 40% of children around the world below primary school age need childcare but do not have access. Also found that if we increased access, we could create 43 million jobs and we can work together to ensure that these are high quality jobs. The paper took us a lot longer to write than

¹² Amanda E. Devercelli is the Global Lead for Early Childhood Development at the World Bank. Amanda has recently authored the new World Bank report "Better Jobs and Brighter Futures: Investing in Childcare to Build Human Development" and is leading a new major work program to support countries to expand access to childcare.

¹³ Link to report: Better Jobs and Brighter Futures: Investing in Child care to Build Human Capital- <https://www.worldbank.org/en/news/press-release/2021/03/04/nearly-350-million-children-lack-quality-childcare-in-the-world>

we thought but because it was released in the middle of the pandemic it got a bigger audience.

We can take advantage of this moment to put childcare at the center. Most countries right now are drafting Covid-19 economic recovery plans. Most of those plans include a section on supporting small businesses and on micro loans. We can be targeting that funding – the job training programs, employment programs, small business funding can all be channelled to the childcare sector which will not only help women get employed but also help women who own small businesses.

There is a lot of funding out there related to nutrition globally which could be used to make sure children in childcare centers get the nutrition they need and we use childcare centers as a way to ensure that children get the nutrition they require especially for the first 1000 days.

There are cash transfer programs in many countries targeting the most vulnerable families. There are ways that that funding can be channelled to pay for childcare. There are also a lot of urban planning and urban infrastructure programs that can be used to support childcare. Similarly in rural settings.

The challenge is enormous, the needs are immense, but I do feel hopeful that we have a moment globally to seize the stage, make the case for these investments in childcare and show the data and show how it can be done.

At the World Bank (WB) we are about to launch a major new work program across all of our different sectors across all of our different entities. We give grants and loans to countries but also our research unit our survey unit and all the sectors to find ways to use WB finance for quality and affordable childcare. A critical way to make that happen is to make sure that governments are demanding those resources from the WB. This is where citizen engagement, good models, good partnerships, public private partnerships are needed.

The road to recovery: How trade unions are addressing the care crisis

Marieke Koning, Policy Advisor, International Trade Union Confederation¹⁴

There is momentum building around care and building and sharing a caring economy. The time just before pandemic ITUC has published several pieces of research that indicated that investment in care is far more effective in recovering from crisis or recession than austerity policies. Investment in care can create million of jobs.

I want to refer to an ILO report of 2018 showcasing that if we do not act now, we cannot avoid a global care crisis, and this was before the pandemic. In 2015, 2.1 billion people needed care, including 1.9 million children under 15. And 200 million older persons. By 2030 this number is expected to reach 2.3 billion. So even before the pandemic ILO showed through these reports that there is a need to create 269 million jobs in the care economy by 2030.

¹⁴ Marieke Koning is a policy adviser in the equality department of the International Trade Union Confederation and her areas of work include the care economy, including decent work for domestic workers.

Now with the pandemic, it has been revealed that decades of austerity, privatization, under-investment and structural adjustment affected national health and care systems across the world. This has made it harder to deal with the impact of the pandemic and has affected our society deeply. For example, research shows, including by the ILO, that the pandemic disproportionately affected women and girls, particularly by taking on the responsibility of unpaid care work. There is a disproportionate loss in jobs and income for women across the world. They have lost millions of jobs.

Also, we see poor working conditions of care and health workers, particularly in the informal economy. 70% of them are women. So, a lot of action needs to be taken to build a gender-responsive and adequate road map towards recovery and build a resilient society and economy. That is why our unions say that it is high time to act. A caring economy forms a central part of ITUC's collective call for action. ITUC is calling for a New Social Contract to have gender transformative recovery from covid 19 and beyond. The demands include the creation of millions of decent jobs in the care sector including in child and elderly care, with decent pay and working conditions which is absolutely fundamental and very important for care workers in the informal economy.

We want to see the formalization of care workers in the informal economy, including the right to freedom of association and collective bargaining and have also demanded that unpaid care work be counted in the economy, recognizing the enormous contribution of women in our society and economy. We want to also see universal and equitable access is made possible to access public health care and education services including childcare. This call for action for a New Social Contract has spread across the world calling on governments to increase their investments.

Support for the care economy is growing. For instance, last June at the UN Women's Generation Equality Forum many stakeholders including governments, private sector, civil society organizations and unions pledged support to implement the commitment to accelerate transformative action towards achieving gender equality. Those who support the commitments pledged to contribute to its implementation by 2026. It includes a bold commitment around care, actually multiple commitments, around care. One of them is the increase in number of countries with comprehensive measures in gender-responsive public policy care services and law and policy reforms including an investment of a recommended 3-10% of national income and creation of upto 80 million decent care jobs. This is just one example of one set of commitments for promoting the care economy.

I must say that the support for this commitment is growing. For instance, as part of the action coalitions on economic justice and rights which is comprised by a number of leagues – the ITUC is there, but also governments from South Africa, Mexico, Germany and many others, the OECD countries, private sector and civil society organizations. They have endorsed these commitments. And Mexico is one of the leaders of this action coalition leading, the global care alliance and also there we see growing number of stakeholders joining this global coalition.

This will deliver much more momentum to build up and shape this care economy. This is absolutely necessary.

At ITUC we are working very closely with other federations around the care economy. We work with Uniglobal union, Public Services International, Education International, the International Domestic Workers Federation and WIEGO. We are all building together on the shared agenda around the care economy. We are organizing for decent work for all care workers, including in the informal economy, and to ensure that governments significantly increase investments in the care economy.

To close, with today's pandemic, this joint collaboration of unions and including WIEGO has even greater urgency. And we are heading together for the preparation for the next global action day on the 29 of October. It will include call to action on the care economy and this is an annual global international day. We expect calls to action for the care economy by unions and allies across the world. Very soon we will share and make available how to join the global action day. Please join this day on October 29, to act in solidarity and get all our governments to make a caring economy a reality.

The road to recovery: Quality childcare for all

Mirai Chatterjee, Director SEWA Social Security, SEWA and Chairperson WIEGO¹⁵

SEWA is a national trade union of 1.8 million women workers, and we are also an affiliate of the ITUC. We started organizing informal workers like my sisters in the photographs – street vendors, construction workers and hundreds of other trades mostly self-employed in the informal economy and almost 50 years ago it became very evident to us that it's impossible to organize women workers for their economic empowerment and self-reliance if we do not have childcare. And so we developed child care cooperatives.

As we organized our sisters it became very clear to us that if they were to move out of poverty and move towards self-reliance, they needed the four pillars of work and income security, food and social security, and within social security childcare is deeply embedded. This came directly from our members.

That's why we set up the Sangini cooperative in 1986. It took us two years to register this cooperative because people did not understand childcare. Imagine what it was like in 1986! They said what will you manufacture and how will you be viable? Sangini is striving to be viable, and we have opened our centers, although the govt ICDS centers are still firmly shut. The board consists of elected mothers who are women workers and sevikas, i.e. the child care providers.

¹⁵ Mirai Chatterjee is the Director of the Social Security Team at the Self-Employed Women's Association (SEWA). She is responsible for SEWA's health care, childcare and insurance programmes. She chairs the SEWA Cooperative Federation of 106 primary cooperatives and is also the chair of the WIEGO Board.

Internal studies conducted before the pandemic shows that women's income more than doubles when full day childcare is available. Sangini cooperative provides full day childcare according to the working hours of the mothers which is different from the government's ICDS centers which run for 2-3 hours and in some states for a little more. In addition to the increase in income, several studies conducted before the pandemic showed that the impact of childcare included older siblings going to school and reduced malnutrition. It also builds solidarity at the local level. We found it's an excellent way to organize women workers into unions and cooperatives, because childcare is so close to the women's hearts, so close to their families that immediately they want to organize.

During Covid, because of the solidarity that had developed at the local level, the child care centers became a hub for all kind of support. Not just relief but counselling and mental health support and so much more.

The journey of the childcare campaign in India

The starting point came 33 years ago with the seminal Shramshakti report. It was the report of a commission chaired by SEWA's founder Elaben Bhatt. One of the key recommendations was universal childcare if we have to support the work of informal women workers. This was 33 years ago and today I revisited the recommendations. The recommendations resonate with what all of us are saying here today.

From this Shramshakti effort, the Forum for Creches and Early Childhood Care (FORCES) was born. FORCES started working as a national campaign in 1988 with small branches in different parts of India and is still very active.

The next milestone was the National Advisory Council set up by the Prime Minister of India in 2010. For the first time, civil society in India got a chance to recommend action on a whole slew of measures that would strengthen the working poor of our country. And one of the important recommendations was on universal childcare supported by the government. Extending the Integrated Childcare Development Service (ICDS) centers to full day, according to the hours of the working women of this country.

The next milestone was in 2016 is when FORCES joined hands with WIEGO and we had a national consultation which brought together a lot of the strands and a lot of the needs that had been coming out in the last 30 years. We gave another push because it seemed that there was a window of opportunity at that time with the government of the day. That was followed by a number of regional consultations. From these consultations and from the grassroots our key demands and action points emerged.

1. Quality childcare is a right for all workers in India
2. Full day, free, quality care, holistic and integrated early childhood care for all.
3. Increased and adequate investment by government - central and state - for quality childcare, indexed for inflation. There should be stewardship by the government. We have calculated investment of about 1% of Indian GDP. Already there is considerable investment; this would be an extension of that. This is what we campaigned for during the last election with all the political parties.

4. Childcare undertaken in a childcare centre must be recognized as decent work and receive appropriate skills training
5. Maternity entitlements for all women
6. Developing appropriate and participatory mechanisms where workers have a voice for implementation, monitoring and evaluation, including grievance redressal. Local organizations of women like cooperatives, unions and self-help groups are best place to run these centers.

Steps forward for the national campaign

1. Unless we as workers organize on this issue it will not be visible and not be on state, national and global agenda. We have to organize workers, run campaigns, create awareness on the issue, sharing evidence with the public at large and the media.
2. Getting unions and cooperatives and other allies, the early childhood community, the World Bank and other donors like the Gates Foundation on board. I am sorry we have not been able to get representatives from the cooperative sector. Fortunately, next week the women's committee of the National Cooperative Union of India on which I serve, is meeting and this will be taken up there immediately.
3. We need more action research studies, particularly in parts of the globe and states in India from whom we don't usually hear.
4. We need to engage with policy makers at the national and international levels with the help of the World Bank, the ITUC, the Gates Foundation and so many more.
5. We should weave in the issue of early childhood care with the Right to Education campaign.
6. We have a national campaign run by the Indian government called "Poshan Abhiyan" which is about combatting malnutrition particularly for those under 2 and 3 years of age. We need to join hands with them as well.

Questions and Concluding Remarks

Susan Thomas, National Health Coordinator, SEWA¹⁶

A question to Amanda Deverecelli: How do you think the global experience can contribute to in pushing the agenda of this child care campaign in India? Specifically, what do you think the WB can do to engage with Indian policymakers?

¹⁶ Susan Thomas has been active in the field of Development and Health for the past 36 years. She is currently heading the Health and Child Care Department as National Health Coordinator in Self-Employed Women's Association (SEWA)

Amanda Deverecelli: I'm not the right person to answer that question because I work very little on India. We have another team that works with Indian government, and they will be better placed to answer that question. But what I do know from working with early childhood education work in India and other countries, is that the evidence is there on why we should be investing in childcare. What's missing is how you apply that evidence to the current policy environment.

What are the programmes that can be piggy-backed upon, like . the ICDS centers? How do we operationalize the global evidence in a specific context. It is important to contextualize in the country and see what mechanisms are already there that target families that could be adapted to have more of a childcare focus. What funding sources are available that have similar objectives but aren't focussed on childcare.

What I have learned in the WB and in other countries is that early childhood development is relevant for any goal that any country wants to achieve. And I think the same is true for childcare. Sometimes we have to accept that a government program may not have the same goals we have but we can make our goals relevant to their goals by formulating effective arguments and showing the benefits.

A question to Marieke Koning: How can ITUC play a role with its Indian affiliates particularly, how can we engage with the trade unions in India to push them on this important agenda of child care as a national campaign and how they can be part of this movement?

Marieke Koning: I am very impressed with work being done in India and led by unions like SEWA and the presentation made today. ITUC can work with unions in India to support this important call by emphasizing the importance of organizing around quality childcare. We can work on this strongly – doing this work in many countries. We are also exploring potential partnerships and alliances not only across unions but other movements including feminist movements. Because if we can build up that global and local call and demand around care and quality childcare then we will be able to interest the governments in investing in care and childcare.

I was also referring to the momentum that is building around the world - the Generation Equality and the Commitment around care which are coming out and the Global Care Alliance. Billions are being pledged in funding to make sure that those commitments can be implemented by 2026. Not all those funds will go there but I do see that the momentum can be used strategically to build Generation Equality and greater investment in childcare and related issues such as decent work for care workers because it is absolutely critical.

Question to anyone on Panel 3: While governments are getting convinced to play a large role in providing full day universal childcare, do we have any examples of sustainable creches in other countries?

Amanda Deverecelli: I don't know of any examples, and they do not need to be sustainable. Childcare should be publicly financed. It's a public good a positive externality. I don't know of any country in the world where childcare services serve the bottom of the pyramid at scale and are of good quality only on the income that

families can afford. We should be honest about that – we need public finance for this. We should put money on this public good.

Concluding Remarks

Thank you to all the panelists for a stimulating webinar. No matter where we are from, we speak the same language. In one voice we have the same need – of childcare so that women can go back to work. We've been suffering for the last 2 years. Where do we go from here? Together all of us from different continents and organizations have come together with the commitment to quality childcare for all women workers. Covid brought us back together to talk about it. Thank you to all the panellists and speakers and the Childcare Campaign and the women workers. We should join hands to take this movement forward.