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# Care Economy Partnership for Change 

CARE ECONOMY PUBLIC POLICY INNOVATIONS Collaborative Action-Research FUND Latin America and the Caribbean

## CALL FOR PROPOSALS

## BACKGROUND

The care economy is in crisis and its distribution is unfair. Globally, women spend an average of 3 times more hours than men on care and domestic work. If this work were counted as part of the formal economy, it would constitute $15 \%$ of GDP in Latin America. Therefore, it is a key part of the economy but remains unrecognized and unaccounted for.

When we consider paid care work, we see that it is composed mostly by women. Women are also over-represented in the paid domestic work sector: $93 \%$ of people engaged in domestic work in the region are women. Working conditions for these women are often unfair and precarious. In the case of domestic workers, $77.5 \%$ work informally and their income is less than or barely equal to50\% of the average of employed people (UN Women, 2020).

Unpaid care work is also mostly the responsibility of women and girls. They are generally responsible for domestic work, fetching water, wood, sewing, cooking, washing and cleaning. Women take care of minors, the elderly, and people with disabilities within the home. Time use surveys in countries of the region show that women use two thirds of their time in unpaid work and one third in paid work, while men spend their time in the opposite proportion (Vaca, 2019). The gaps are even larger for girls and women living in vulnerable conditions, such as in rural areas, poverty or with disabilities of their own.

The arrival of the pandemic increased the already extensive and disproportionate care workload for women and girls. The confinements, the closure of schools and the contagion of household members meant an increase in the number of hours dedicated to care, since women had to fulfill additional roles, now as teachers and nurses (Comisión Interamericana de Mujeres, 2020).

Furthermore, the disproportionate assignment of care responsibilities to women has many negative consequences for them. First, it makes them more prone to time poverty ${ }^{1}$ (Kabeer, 1998; Arriagada, 2005), reducing their wellbeing. Second, it limits their job opportunities, both in terms of labor insertion and in terms of quality of work. In fact, care tasks constitute a major barrier to the labor insertion of many women around the world. Household surveys carried out in the region show that, on average, $44 \%$ of women between 20- and 59 -years state that they do not participate in the labor market (not actively looking for or performing paid work) due to some responsibilities related to care of dependent family members' responsibilities (Vaca, 2019). On the other hand, in order to reconcile their work responsibilities with those of their home, women generally end up opting for jobs with fewer hours or that offer them greater flexibility, which usually are of much lower quality in terms of pay conditions and working rights (Medel, Díaz, \& Mauro, 2008). Third, dedication to care work also impacts other dimensions of women's wellbeing, such as physical and emotional. Various studies find negative impacts of paid and unpaid care work on mental and physical health (Pinquart \& Sörensen, 2003; Chung Kim, 2020).

Additionally, care responsibilities at home, especially in the case of girls and adolescent women, negatively affect education trajectories, reducing their available time to study and increasing the probability of dropouts even before finishing basic education ${ }^{2}$. Later, about $75 \%$ of young women are considered NEETs (young people not in education, employment or training) ${ }^{3}$, most of them are not idle but taking care of their children and other household responsibilities without recognition.

There is a growing recognition that unless we address the structural barriers that perpetuate gender inequalities, any other intervention or policy will not achieve its full potential to foster women and girl's empowerment. Addressing systemic and pervasive inequalities requires transforming the care economy, including measures to i) recognize, ii) reduce, iii) redistribute unpaid care and domestic work, iv) reward paid care and domestic work and $v$ ) ensure representation of women care workers (5Rs). As caregiving is essential for human well-being and sustainable economic growth, these policies will not only benefit women and girls but also men, boys, girls, societies and economies at large and our planet.

There is momentum for advancing the care economy agenda that has been promoted by the feminist movement over the past 3 decades. While COVID 19 has amplified the inequalities associated with the care economy it has also opened a unique opportunity to make the care economy visible, show its importance, its lack of recognition and the gender inequalities it generates. This underscored the relevance of designing and implementing measures to address these issues. As there is growing momentum, the project "Care Economy Partnerships for Change" (CEP4C), with the support of Canada's IDRC, will foster collaboration with strategic partners to promote a fairer care economy.

As part of this project, GRADE ${ }^{4}$, in collaboration with UNRISD and the Global Alliance for Care, is coordinating the launch of a Collaborative Action Research Fund to provide evidence for care economy public policies innovations in Latin America.

[^0]In recent years, there have been important advances and responses in many countries, including from the private sector and communities, but also from the public sector, to promote a care agenda and to implement innovations to provide more and better care services. Central governments of countries like Uruguay, Mexico, Argentina, and Colombia have been working to recognize and promote a care agenda and care national strategies/systems, which other countries such as Costa Rica and Peru are trying to follow. There are also some interesting recent care policies innovations of subnational governments such as la Municipality of Iztapalapa or the government of San Pedro Garza García (Nueva Leon) in Mexico. There are also policy innovations to recognize, redistribute and reward care services, and to increase and improve the provision of care services to reduce the gaps between supply and demand. There is very little evidence of how these innovations are working, of their impacts and their possibilities for scaling and replicability. Addressing evidence gaps can also spur more policy innovation.

This project seeks to support public policy innovation in the care economy. It will do so by fostering partnerships between policymakers and researchers. It seeks to support funding for collaborative research activity between public policy innovators and local researchers and is conceived to power policy responses to address care economy challenges.

It seeks to provide critical support for policy ideas at the earliest stages of developmentwhen small funding can help address critical evidence gaps for the design of public policies, proof of concept and pilot testing to advance a policy idea, which can include a refinement of a policy already in place to deepen its impact. It will also support learning and evaluation of policies already being implemented to support its refinement, scaling strategy and impact. The call for proposals will support action-research studies; studies that are explicitly linked to public policies that provide effective solutions to advance the care economy agenda and reduce gender inequalities.

Proposals can be submitted either by the implementing agency or by the research organization but have to clearly demonstrate the nature of the partnership and make explicit the role of the organizations taking part of the collaborative.

## COLLABORATIVE ACTION RESEARCH FUND OBJECTIVES AND MODALITIES

The objective of this Fund is to promote public (from national, regional, or local governments) care ${ }^{5}$ economy policy innovations in Latin America based on rigorous evidence and on collaborative work of public institutions and researchers. While we accept proposals from all government levels, proposals from subnational (local and regional) governments are particularly welcomed.

Eligible Projects should pursue at least one of the following specific objectives:

- Generate rigorous evidence to inform the implementation of public policy innovations that aim to expand the provision of and foster access to quality care services and promote women's economic empowerment and wellbeing.

[^1]- Provide rigorous evidence of public (national or subnational) innovations that aim to recognize and better reward care work and improve women care providers' (paid or unpaid) working conditions and wellbeing.
- Provide rigorous evidence of public (subnational or national) innovations (policies, campaigns, programs or programs components) oriented to change gender roles and stereotypes and redistribute work within households and communities.


## In all cases the following requirements should be considered:

- Public policy innovations may be led by national, regional, or local governments and may be solely public or of mixed nature in alliance with communities, civil society or private sector.
- Studies should aim to provide evidence of new proposed innovations (pilots) or innovations already implemented but with no or insufficient evidence of results (considering various alternative evaluation methods), or additions/innovations linked to pre-existing programs/policies to foster their impact towards transforming the care economy.
- Studies include evaluating/learning on the sustainability and replicability of proposed innovations.
- Studies shall be conducted by partnerships of researchers and public sector policy/program implementing agency (central or local governments). Ideally considering multidisciplinary teams.

In addition, projects selected for funding will be expected to demonstrate impact or contribution to public policy reforms and policy innovations. While each project is expected to plan for policy engagement and impact, GRADE and UNRISD - GAC, as part of the Care Economy Partnerships for Change project, will develop a cohort-level knowledge translation and promotion of evidence uptake to foster cross-project collaboration and to amplify impact at the regional and global levels, including thematic knowledge products, drawing insights from across projects and synthesizing results. These knowledge products will be shared with the broader public and key stakeholders, citing and recognizing the research origin. Individual projects will be expected to contribute to and cooperate in this cohort-level knowledge translation and engagement effort.

Regarding methodologies, the studies should apply rigorous analytical and methodological evaluation tools of quantitative or qualitative nature. Mixed methods are encouraged. Quantitative studies could be based on primary or secondary data. The studies should be co-designed between the implementing agency and the local research team in a way that allows for providing rapid feedback loops to implementing agencies.

## ELIGIBILITY AND EVALUATION CRITERIA

The selection of studies will be based on four main criteria:

- Collaboration and expertise - A solid and demonstrated collaboration between a public agency (national, regional, or local) already implementing or with capacity to implement care related policies and an independent local research organization with relevant proven expertise to carry out the proposed research.
- Action - A clear window of opportunity to generate evidence to inform and impact policies that contribute to the care agenda.
- Rigor -sound research design and methodology
- Impact - Projects funded under this initiative are expected to lead to concrete policy reforms and policy innovations with significant impact to transform the care economy. Proposals should demonstrate clear pathways through which the proposed work / research will inform policy reforms / policy innovations.

Submitted proposals will be evaluated according to the following evaluation criteria:

| Assessment criteria | Description | Weight (\%) |
| :---: | :---: | :---: |
| Relevance | It includes the following elements for assessment: <br> - Provides clear rationale for the proposed research and of its relevance. <br> - Alignment with the Call for Proposals <br> - Clear description and relevance of the public policy innovation, or intervention for the context/country <br> - Clear research questions and objectives <br> - The scope of the work details the public innovation, methodology, output, timeframe, and risks. | 25\% |
| Quality and rigor of the research design and methodology | It includes the following elements for assessments: <br> - The proposal clearly details the methodology and approach selected for the study, including a brief description of the steps to gather and analyze data. <br> - Outlines appropriate and sound methods for data collection, analysis, and knowledge translation. <br> - Promotes an interdisciplinary perspective and mixed methods. <br> - The methodology aligns with the call for proposals' objectives and with the outputs. <br> - The expected outputs provide rigorous evidence of public innovations that aim to recognize and better retribute care work and improve women care providers' (paid or unpaid) working conditions and well-being. | 20\% |
| Impact | It includes the following elements for assessments: <br> - The study includes strategies to provide rapid feedback loops to implementing agencies: <br> - Clearly outlines pathways to achieving impact on one or more of the 5 Rs and specifically on the promotion of women's economic empowerment and wellbeing. <br> - Shows generation of evidence and analyze potential for replicability. <br> - Contribution to knowledge | 20\% |


| Assessment criteria | Description | Weight (\%) |
| :--- | :--- | :--- |
|  | The proposal has a solid and demonstrated <br> partnership between a public agency (national, <br> regional, or local) and an independent local research <br> organization with relevant proven expertise. <br> Research team and <br> The proposal has a robust and qualified <br> research team. At least one of the <br> researchers has a PhD. At least one of the <br> research members has a solid proven <br> public-research <br> collaboration | gender perspective expertise. |
| There is a clear set of activities each partner <br> will carry out. <br> The proposal attachments include an MoU, <br> agreement or Letter of Intention between the <br> agency and the research team to co- <br> implement the project. | $25 \%$ |  |

Proposals will be evaluated by a selection committee conformed by a GRADE representative, an IDRC representative, a UNRISD/GAC representative, and two external experts (policy and research care economy experts).

The selection of proposals will also take into account the enabling environment for research for development and evidence-based policy making, including risks for researchers and subjects of research and other participants as per research ethics standards.

## BUDGET AND DURATION

The total funding available is equivalent to 278,000 USD (or 381,000 CAD). The fund expects to support a minimum of three studies. Proposed studies may request between 30,000 and 120,000 USD, depending on the scope of the proposed study.

The Budget may cover costs associated to piloting/refining of the policy innovation, personnel costs of a research team, quantitative and qualitative fieldwork, travel if required, dissemination activities and other costs of the research.

Studies might have a maximum duration of 18 months.

## APPLYING FOR THE FUND

Applications may be received from February 27th to May 12th.
To apply for the call, a proposal shall be submitted following the call template and describing the public policy innovation and its expected impacts, the implementing agency-researchers partnership, research questions, activities, methodology proposed (including data requirements and fieldwork if necessary), ethical standards, expected outputs and impact. The application package shall include the proposal team composition, workplan and budget. Annexes 1 and 2 include the proposal and budget templates that MUST be used for the submission.

The fund will support projects with demonstrable capacity to apply appropriate ethics procedures that include mitigation strategies for addressing the risk of potentially negative consequences for affected or targeted populations.

While the focus of the call seeks to address one of the most pervasive barriers for gender equality, it is also designed with an intersectional approach to gender. The fund will support projects that adopt an intersectional approach and avoid treating women as a homogenous group.

Applications should be presented in English or Spanish.
Both the research partner and the implementing/policymaking agency must be based in Latin America and the Caribbean.

## Applications should demonstrate the nature of the policymaker-researcher partnership thorough a collaboration letter signed by both parties.

Any inquiries about the call should be directed to:
Team GRADE
carefund@grade.org.pe

## ANNEX 1. PROPOSAL TEMPLATE

Instructions: Your proposal must follow this template, and you can submit it in English or Spanish. Please, read each section carefully and complete them.

Project title: Add your project title.
Summary: Shortly brief your project aims, expected outputs, impacts, the approach(es) and methodology that you will apply (max. 300 words).

Describe the policy innovation: Brief description of the care economy innovation/program/intervention that will be evaluated, describe why it is important in the context of the country/locality and how it contributes to one or more of the 5 Rs , and in particular to the empowerment of women (max. 400 words).

Project objectives: In this section add the research questions, and describe how these are relevant to deepen the impact of the care policy/program/intervention. Also at least one main objective and two specific objectives (max. 300 words).

Project design and proposed methodology: For meeting the objectives, include details about the intervention and research design, data collection, gathering tools, and analysis where applicable (max. 800 words)

Expected results and impacts: Describe the evidence that will be generated, specify how the proposal will contribute to improved innovation/program/intervention in the care economy (max. 400 words).

List of planned project outputs: Please, enlist the main project outputs that you expected to produce (max. 200 words)

Project monitoring, and learning plans and dissemination: Please briefly explain the plan for monitoring the project's progress and achievements and the plan to gather, record and disseminate the lessons learnt (max. 300 words)

Collaborative/Partnership description: Please include or describe how the proposed team and partnership is positioned to implement this project successfully by having the expected impact (max. 500 words)

Ethical considerations: Please include the ethical plan, guidelines or considerations that you, your team, and the project will take on to implementing and evaluating the project. Include details regarding how will you will manage the sensitive data and the ethical considerations related to gathering information (max. 250 words).

Project risks and mitigation strategies: Please include and detail the project risks that you map and the mitigation strategies to address them (max. 250 words)

Annex - CVs of Project team: Attach the CV of the responsible person from the lead institution, as well as the CVs of all project team members. In the case of a consortium, please include the CVs of the project lead from the partner/collaborating institution(s). At least one of the research team members should have a solid proven gender expertise. Each CV must not exceed 4 pages. Attach also, if applicable, institutional curriculums.

ANNEX 2: BUDGET TEMPLATE
Please, complete the budget template.

| Cover sheet | Details |
| :--- | :--- |
| Project title |  |
| Organization: |  |
| Starting date: |  |
| End date: | $\$$ |
| Total budget |  |

Table 1: Disaggregated by budget categories

| Budget | Details and comments |  | Total cost | $\begin{gathered} \text { Year } 1 \\ \text { 1st Half } \end{gathered}$ | Year 1 2nd Half | Year 2 1st Half | Year 2 2nd Half |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Personnel |  | \$ | - | \$ | \$ | \$ | \$ |
| Role 1 |  | \$ | - |  |  |  |  |
| Role 2 |  | \$ | - |  |  |  |  |
| Role 3 |  | \$ | - |  |  |  |  |
| Role 4 |  | \$ | - |  |  |  |  |
| Role n |  | \$ | - |  |  |  |  |
| Field work * |  | \$ | - | \$ | \$ | \$ | \$ |
| Field work item 1 |  | \$ | - |  |  |  |  |
| Field work item 2 |  | \$ | - |  |  |  |  |


| Field work item n |  | \$ | - |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Travel expenses and per diem |  | \$ | - | \$ | \$ | \$ | \$ |
| Travel expenses 1 |  | \$ | - |  |  |  |  |
| Travel expenses 2 |  | \$ | - |  |  |  |  |
| Travel expenses n |  | \$ | - |  |  |  |  |
| Consultants and other services |  | \$ | - | \$ | \$ | \$ | \$ |
| Consultants and other services 1 |  | \$ | - |  |  |  |  |
| Consultants and other services n |  | \$ | - |  |  |  |  |
| Equipment |  | \$ | - | \$ | \$ | \$ | \$ |
| Equipment 1 |  | \$ | - |  |  |  |  |
| Equipment n |  | \$ | - |  |  |  |  |
| Workshops and other events |  | \$ | - | \$ | \$ | \$ | \$ |
| Workshops 1 |  | \$ | - |  |  |  |  |
| Workshops n |  | \$ | - |  |  |  |  |
| Other costs |  | \$ | - |  |  |  |  |
|  | Total Budget | \$ | - | \$ | \$ | \$ | \$ |

*Include all the details of the field work: interviews, focus groups, surveys, pilot, etc.


[^0]:    ${ }^{1}$ Time poverty can be understood as the lack of time for activities other than work, such as rest or leisure (Gammage, 2009).
    ${ }^{2}$ Alcázar, L.; M. Bullard \& M. Balarin (2020). Poor education and precarious jobs in Peru: Understanding who is left behind and why [Ocassional Paper Series, 64]. Southern Voice.
    ${ }^{3}$ De Hoyos, R., Rogers, H., \& Székely, M. (2016). Ninis en América Latina: 20 millones de jóvenes en busca de oportunidades. Washington, DC: Banco Mundial.
    ${ }^{4}$ https://www.grade.org.pe/

[^1]:    5 Care includes the work-paid and unpaid- carried out within families, the distribution of tasks among the members involved in the production of care and the interactions they establish with other spaces-state, private, and communities-for the production and provision of care goods and services (Gender in Latin America Working Group, 2022: 8)

