

Uruguay's national care policy: A virtuous cycle in data, advocacy and policy

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Measuring the hidden contribution: Unpaid services provided by women

The unpaid work done mostly by women to produce goods and provide services – including caring for children, the sick and the elderly – has long failed to be measured and recognised as a critical contribution to Gross Domestic Product (GDP) and a society's successful functioning. Uruguay is one of the few countries which has addressed the challenge of measuring unpaid work.

Conditions that paved the way for Uruguay to measure unpaid work included: a strong and long-existing feminist movement – it was the first country in Latin America to grant women's right to vote in 1927 – which provided needed advocacy; as well as undesirably low female labour force participation rates (with a persistent 20 percentage point gender gap¹); and a rapidly ageing population (almost doubling between 1963 and 2011), which highlighted the urgency of confronting the problem of unpaid care.²

Data and advocacy lead to policy action

Uruguay's national care policy showcases the direct influence of data measuring unpaid care work on policy, aided by an enabling environment that fostered virtuous cycles between data, advocacy and policy. The sequence of events occurred as follows:

- a) **Equality advocacy.** International and national feminist advocacy in the 1990s provided the initial impetus for measuring unpaid care work. The United Nations (UN) 1995 Beijing Fourth World Conference on Women unleashed a movement to assert women's rights and measure all of women's work, paid and unpaid. UN regional agencies, including the Economic Commission for Latin America and the Caribbean, the UN Development Fund for Women (now UN Women), and governments motivated by the International Labour Organization, provided legitimacy, and contributed funding and technical assistance.
- b) **Equality policy.** As a result of this advocacy, Uruguay enacted legislation on equal opportunities and rights in 2007, and approved an equal opportunity and rights national plan (2007–2011). The plan called for the need to quantify women's unpaid work.
- c) **Data.** This advocacy and national plan were aided by a pioneering data effort by the University of the Republic, which in 2003 carried out a stand-alone time-use survey to quantify unpaid work in Montevideo's metropolitan region. In 2007, following the equal opportunities plan, Uruguay's national statistics office launched its first time-use module with national coverage,

¹ Inmujeres/Mides/UNFPA (2014), *Avances y desafíos para la igualdad de género*, http://www.inmujeres.gub.uy/innovaportal/file/57783/1/estadisticas-de-genero-2014_web.pdf.

² National Board of Care (2015), *National Care Plan 2016–2020*, <http://www.sistemadecuidados.gub.uy/innovaportal/file/61181/1/plan-nacional-de-cuidados-2016-2020.pdf>.

hosted in a household survey, and repeated it in 2011 and 2013, providing basic data for quantifying Uruguay's "care deficit".

- d) **Care advocacy.** These data, unleashed in a receptive policy environment, motivated additional and more specific advocacy. A civil society, Gender and Family Network, worked alongside academia and INMUJERES, the government women's agency, to advocate for a government response to the "care deficit" using data from time-use surveys.
- e) **Care policy.** This call was heard and a new government administration, with input from civil society and academia, drafted a national care policy and approved a National Care Plan (2016–2020), which mandates an integrated national care system, including expanded services for preschool children, the elderly and people with disabilities. Significantly, a national debate, including dialogues with all sectors of society, preceded the Plan's approval. Following approval, information about the Plan was disseminated to the public through national tours. While a number of studies contributed to the Plan's drafting, the 2003 and 2007 time-use survey data were key to providing justification and backing national dialogues and dissemination efforts. The Plan is enshrined in a new law (the "legal right to care and be cared for") and includes fiscal reforms to ensure its sustainability and universality. The Ministry of Social Development, the Plan's co-ordinator, obtained budget resources from line ministries to implement the plan.

A progressive enabling environment can change the status quo

The country's enabling environment; the quality of data and effectiveness in communicating results; and motivation for, and the nature of, policy change all contributed to Uruguay's success.

First, and perhaps foremost in the enabling environment, is a long-held progressive, feminist tradition in Uruguay that provided a receptive intellectual environment for gender equality, care advocacy and the resulting care policies. The UN regional agencies reinforced this enabling environment by prioritising aspects of measurement in their regional gender work and found a receptive audience in a government with a strong statistical tradition.

Second, Uruguay's national statistics office produced quality data and ensured that these data were disseminated with support from the government's citizen communication efforts.

Third, multiple motivators existed for addressing women's unpaid care work: the need to spur female labour force participation rates and the need to meet the challenges of a demographically ageing society. This led to legislative measures including: an overall equality of opportunity and rights policy and a more specific care framework; a call to measure unpaid work; and fiscal regulations for backing the implementation of a national policy with government budget allocations.

The seamless translation of time-use survey data into a national care policy in Uruguay seems to have been the result of concerted efforts by different actors on advocacy, data and policy, which have reinforced each other over time.

KEY POINTS:

- The unpaid work done mostly by women to produce goods and provide services – including caring for children, the sick, and the elderly – has long failed to be measured and recognised as a critical contribution to GDP and a society's successful functioning.
- International and national feminist advocacy in the 1990s provided the initial impetus for measuring unpaid care work. In Uruguay, this led to the collection of data through time-use surveys to quantify unpaid care work, culminating in the creation of a National Care Plan that mandates an integrated care system.
- The country's enabling environment; the quality of data and effectiveness in communicating data results; and motivation for, and the nature of, policy change all help to explain Uruguay's success.