



**ECONOMIC AND SOCIAL
COUNCIL**

Distr.
LIMITED
E/ESCWA/C.7/2023/7(Part V)
21 July 2023
ORIGINAL: ENGLISH

Economic and Social Commission for Western Asia (ESCWA)

Committee on Women
Eleventh session
Beirut, 10–11 October 2023



Item 8 (e) of the provisional agenda

Advancing care policies in Arab countries

Summary

Women bear the brunt of unpaid care work, which means that many are unable to enter, participate and advance their careers in the labour market. The COVID-19 pandemic and its repercussions served as a wake-up call, drawing attention to the prevalent challenge of unpaid care work that impedes the fulfilment of women's potential. Investing in the care economy and designing and implementing care policies are critical not only to boost women's economic participation and gender equality and advance the Sustainable Development Goals, but also to increase women's preparedness so as to mitigate future shocks, crises and setbacks.

The present document highlights the timeliness of addressing unpaid care work so as to remove barriers to women's economic participation, and proposes an approach to advance the care economy. It also presents the work of the Economic and Social Commission for Western Asia (ESCWA) on the care economy stream, aimed at supporting member States in designing care-related policies. The Committee on Women is invited to review the analysis and comment thereon.

Contents

	<i>Paragraphs</i>	<i>Page</i>
Introduction	1–6	3
<i>Chapter</i>		
I. Care policies yet to be developed and upgraded	7–9	3
II. ESCWA approach to support member States.....	10–16	4
III. Empowering women in the Arab region by advancing the care economy: highlights from selected countries	17–39	5
A. Lebanon.....	17–22	5
B. Saudi Arabia.....	23–28	6
C. Morocco	29–32	7
D. Oman.....	33–39	7
IV. Regional efforts to exchange experience, strengthen capacities and promote care policy changes.....	40–41	8
V. Challenges to advancing the care economy.....	42–50	9
VI. Recommendations	51	10

Introduction

1. The uneven distribution of unpaid care work between men and women is a global phenomenon. However, it is particularly marked in the Arab region, where women carry out 80–90 per cent of all unpaid care tasks, and spend on average around five times more hours than men on unpaid care tasks. These large gender gaps are closely linked to the unsupportive structure of the care economy and care policies in the region. Bearing the brunt of unpaid care work translates into women being unable to enter, participate and advance in employment or entrepreneurship.
2. The COVID-19 pandemic further exacerbated pre-existing gender inequalities in the Arab region, including the heavy burden of unpaid care work shouldered largely by women as schools and care institutions closed and learning shifted to online modalities. This put pressure on women in the formal sector, forcing them to take paid or unpaid leave, and with some ultimately leaving their formal jobs to undertake care work. Before the pandemic, relatively little importance was given to the care economy and related policies in the region, as reflected in Arab countries' response plans to the COVID-19 crisis.
3. To mitigate the consequences of the pandemic, Arab Governments acted at considerable speed to design and implement policy measures to protect jobs, infrastructure and economic growth. The packages included various measures to protect individuals and households; strengthen public health systems; and support businesses with a focus on small and medium enterprises. A review by the Economic and Social Commission for Western Asia (ESCWA) of fiscal and social policy measures implemented by Arab Governments as a response to the pandemic and its repercussions concluded that there was consistently weak mainstreaming of a gender perspective in their responses, particularly in relation to care work and the economy.¹
4. The pandemic and its repercussions served as a wake-up call, drawing attention to the prevalent challenge of unpaid care work that impedes the fulfilment of women's potential. Investing in the care economy and designing and implementing care policies are critical not only to boost women's economic participation and gender equality and advance the Sustainable Development Goals (SDGs), but also to increase women's preparedness so as to mitigate future shocks, crises and setbacks.
5. Advancing the care economy and related policies contributes to boosting women's labour force participation; to fulfilling the potential of children and strengthening human capital; to fulfilling the rights of older persons and persons with disabilities by ensuring their dignity; and to driving economic growth.
6. Consequently, it is vital to raise awareness on the linkages between the care economy and related policies and socioeconomic development; to strengthen national capacity to reformulate care-related policies and legal frameworks; and to support policymaking processes on care-related measures.

I. Care policies yet to be developed and upgraded

7. Arab countries have made numerous efforts to increase their female labour force participation over the past decades, including by introducing legislative reforms to their labour laws and social protection systems, but those efforts did not result in the expected outcome. This could be because such efforts have been fragmented, but largely because countries did not adopt a holistic reform approach that takes into consideration the various policies that govern the care economy, which could reduce the burden of unpaid care work borne by women, by acknowledging, reducing and redistributing it.
8. Care policies can be divided into the following four types:

¹ ESCWA, [Leaving women and girls further behind or a potential opportunity for strengthening gender equality? Lessons from the COVID-19 crisis in the Arab region](#), 2022.

- (a) Policies related to the provision of care services by the Government to its citizens (children, older persons, and persons with disabilities) either directly or in the form of subsidies or financial support;
- (b) Policies related to care-relevant infrastructure, such as the provision of potable water, clean energy, sanitation, electricity, roads and transport;
- (c) Care-relevant labour market policies;
- (d) Care-relevant social protection policies.

9. The most important care-related labour policies are the ones related to maternity benefits, which include key components such as maternity leave, supporting breastfeeding in the workplace, employment protection, and non-discrimination, all of which could empower women if properly adopted, and allow them to reconcile between their maternal role and their professional life. Care-related leave and flexible work arrangements are also transformational, as they allow working women to reconcile between their professional work and unpaid care responsibilities, in addition to encouraging the co-sharing of care responsibilities between men and women. They include paternity leave, parental leave and care leave, which allows employees to care for a sick family member. Furthermore, it is important to ensure that social protection schemes are available to caregivers, who contribute to society and the economy by undertaking care work (for more details on how Arab countries are faring with these policies, see E/ESCWA/C.7/2023/7(Part I) submitted to the Committee on Women under provisional agenda item 8 (a)).

II. ESCWA approach to support member States

10. Unpaid care work accounts for more than half of all work time worldwide, with women undertaking over two thirds of it and thus putting in 3.2 times more hours than men. Increasingly, the unfair distribution of unpaid care work is seen as a key obstacle to women's economic participation, by restricting women's right to freely pursue economic opportunities.

11. Consequently, care activities should be supported by legislation, policies and services to recognize and reduce unpaid care work, and provide alternatives to redistribute it among family members and other stakeholders such as the State and communities. Investing in the care economy and designing and implementing care policies is therefore critical to boost women's economic empowerment and gender equality.

12. To strengthen the capacity of Arab countries and bolster their efforts to formulate and reform care-related policies, ESCWA developed a comprehensive approach at the national and regional levels to develop the care economy in the region.

13. At the national level, ESCWA adopted a three-phased comprehensive approach. The first phase entails preparing, in collaboration with relevant national stakeholders, a detailed case study to analyse the policy and legal environment governing public and private care. It also examines the characteristics of the services provided; and identifies the main actors and stakeholders involved in the sector, the changes that have occurred over the last decade, especially during the COVID-19 pandemic, and the needs and expectations of care givers and care receivers. The national case studies are usually based on desk reviews, and on focus group discussions and individual interviews with key informants. It also benefits from national surveys with care service beneficiaries. This detailed analysis identifies policy gaps and levers to promote the redistribution of unpaid care work, and to ease the burden on women so that they can participate in the labour market when they choose to do so.

14. The second phase facilitates a national dialogue among all relevant actors and stakeholders identified in the case study, including government entities, civil society and community-based organizations, syndicates and orders, and international organizations concerned with care policies and services. Such dialogues help identify the various roles and responsibilities assumed by stakeholders to avoid duplication of efforts, and to ensure the alignment, coordination and maximization of those roles. A national dialogue can also identify

potential improvements and upgrades to care services, by capitalizing on information and institutional knowledge produced. A key outcome of national dialogues is reaching consensus on legal and policy priorities.

15. The third phase builds on the outcomes of the dialogues to secure resources, whether in terms of capacity or funding, to address the identified policy and legal changes.

16. ESCWA is applying the approach in five Arab countries in three different sectors of the care economy, as follows:

- (a) Women's economic empowerment and childcare in Lebanon and Saudi Arabia;
- (b) Women's economic empowerment and care provided to older persons in Morocco and the Sudan;
- (c) Women's economic empowerment and care provided to persons with disabilities in Oman.

III. Empowering women in the Arab region by advancing the care economy: highlights from selected countries

A. Lebanon

17. In Lebanon, despite progress over the past few years, national labour laws, policies and action plans remain below international standards and expectations. They do not accommodate the needs of working women, and do not provide the necessary support to women seeking to join the labour market. Unpaid care work is hindering Lebanese women from actively participating in economic spheres, thus jeopardizing their chances of pursuing careers and undermining their economic empowerment. Most childcare responsibilities in Lebanon, as in many countries worldwide, fall on women.

18. This situation was exacerbated by the COVID-19 pandemic and the ensuing lockdown measures, forcing women to face a sudden and disproportionate increase in care work and childcare responsibilities. The pandemic acted as a trigger to examine childcare in Lebanon, and advance the care economy and related policies. The childcare sector was particularly hard hit by the pandemic globally, and especially in Lebanon given the compounded effects of the economic crisis and other challenges that the sector was facing prior to the pandemic.

19. The ESCWA case study on childcare in Lebanon² first examined the legal and policy framework for childcare. It highlighted several gaps related to maternity benefits; maternity, paternity and parental leave; and flexible work arrangements. It also assessed practices implemented by employers in the private sector, and shed light on several initiatives that extended beyond existing policies and legal frameworks, including providing longer maternity and paternity leave, and facilitating access to childcare services. Although employers have no legal obligation to provide childcare services or flexible work arrangements to their employees, documented good practices demonstrated an increased interest therein, especially among private-sector employers. These practices had a positive impact on employees' well-being and productivity.

20. The case study also mapped and assessed childcare services provided by both the private and public sectors, showing that there are 10 times more daycare centres in the private sector than in the public sector. Differences between the two types of daycare centres are not limited to their number, but also extend to the quality of care provided and to its cost and affordability. Given the limited number of public daycare centres in Lebanon, private centres are the main choice for working parents. However, cost and geographic distribution limit their availability and affordability.

21. The study showed that the absence of a strategic vision on the care economy has resulted in fragmented efforts to strengthen it in Lebanon. A consistent lack of coordination was observed among major stakeholders,

² The complete study is available in ESCWA, [Empowering women in the Arab region: advancing the care economy - case study: childcare in Lebanon](#), 2022.

causing overlaps and shortfalls in capitalizing on existing resources and tools. The study therefore highlighted the importance of enhancing coordination among the various stakeholders involved in childcare services and policies. It concluded with a set of policy recommendations to promote the distribution of unpaid childcare responsibilities among the State, families and communities.

22. Based on the national consultations, national partners agreed to prioritize the adoption of flexible work arrangements (box 1).

**Box 1. Empowering women and advancing the care economy
in Lebanon: a success story**

The findings of the above-mentioned study were discussed in a national dialogue organized by ESCWA, in partnership with the National Commission for Lebanese Women (NCLW), and in collaboration with UN-Women, the World Bank and the Lebanese American University in Beirut. It brought together several stakeholders, including the Ministry of Social Affairs, the Ministry of Public Health, the Higher Council for Childhood, the Syndicate of Nursery Owners, and international and civil society organizations. Findings were also discussed in public hearing sessions organized by the Women and Children Parliamentary Committee, as part of its efforts to mitigate the consequences of the COVID-19 pandemic. National discussions paved the way towards concrete legal and policy reform, aimed at advancing the care economy and promoting women's economic participation.

The case study highlighted the absence of a flexible work arrangement framework, despite its importance to redistributing unpaid care work between household members. Ongoing national efforts to operationalize this framework were discussed at the national dialogue. ESCWA provided support to the Women and Children Parliamentary Committee to undertake a legal study, which informed the preparation of a draft law on flexible work arrangements. The draft law was submitted to Parliament in March 2023 for adoption and implementation.

Building on the recommendations of the case study and the public hearings in Parliament, and with the support of ESCWA, the Head of the Women and Children Parliamentary Committee submitted in July 2023 a second law proposal to increase maternity leave from 10 to 14 weeks and provide for breastfeeding breaks and facilities, as well as to establish 10 days of paternity leave, ensure care services are available in the workplace in the private and public sectors, and eliminate existing discrimination against women in social security laws. ESCWA continues to support the Women and Children Parliamentary Committee in advancing the adoption processes of the two abovementioned law proposals.

Both the case study and national discussions demonstrated the significant efforts made by stakeholders to boost childcare services, which are hampered by a lack of coordination and missed opportunities. This highlighted the need to develop a structured strategic vision to frame the efforts and ensure their maximization, with support from ESCWA.

B. Saudi Arabia

23. In 2016, Saudi Arabia adopted the Saudi Vision 2030 comprising three strategic objectives: a vibrant society, a thriving economy, and an ambitious country. As part of the quest for a thriving economy, the Vision envisages high employment rates, with equal employment opportunities for all, resulting in an increase in female labour force participation.

24. The ESCWA case study on childcare in Saudi Arabia³ analysed the development of daycare centres in Saudi Arabia, initially launched to decrease persistently high female unemployment rates by creating jobs for women in the care sector, namely early childhood care.

25. The shift to support daycare centres called for a revision of rules and regulations, and the adoption of new regulatory frameworks and institutional reforms, so as to regulate the establishment and development of

³ ESCWA, [Case study: childcare in the Kingdom of Saudi Arabia](#), 2022.

daycares centres outside of the formal education system for children aged 0–6. These changes eliminated some obstacles to women’s participation in the labour force.

26. Following those reforms, family-friendly workplaces were promoted, and childcare was established as a societal responsibility, leading to the development of “child hospitality” as a sector. The child hospitality sector is now a wide and growing market, and a developmental turning point in terms of the economy and the status of women. The sector has been nationalized and feminized since inception, both in terms of female investors and employees. Increased women’s economic participation has led to escalating demand for child hospitality centres, and further rapid development of the sector is expected.

27. The study concluded that childcare often limits Saudi women’s participation in the labour market, leading some women to work on a part-time basis, thus affecting their professional advancement.

28. The study recommended increasing the number of child hospitality centres, promoting their establishment, streamlining establishment procedures, and reducing operational costs. In addition, the study recommended expanding the childcare subsidy programme, facilitating its registration process, and increasing women’s awareness of it.

C. Morocco

29. In Morocco, women perform a large share of unpaid care work, including for older persons. Although these tasks are not yet precisely quantified at the national level, one thing is certain: with the rapid evolution of demographic ageing in Morocco, the care needs of older persons will witness significant growth. Consequently, a major issue raised by population ageing is how women will be mobilized to meet older persons’ needs. The pandemic exacerbated challenges in this sector, and increased the burden on women caring for older persons.

30. Currently, the older person care sector comprises shelters aimed at older persons in precarious circumstances, managed by public authorities. Day centres, reception services organized by the private sector, and other types of housing such as nursing homes and non-medical establishments, are also emerging. Although the study shows an increase in public investment to develop day centres and institutions for older person care since the 2000s, those investments responded little to the needs of society. Challenges include a lack of qualified personnel, financial affordability issues, and an insufficient number of day centres and companies offering home services to older persons.

31. The feminization of care for older persons is accompanied by an unequal division of labour between men and women. The challenges faced by caregivers are not only related to the time and effort invested to take care of older persons, but also to their lack of capacity and skills to do so.

32. The ESCWA study⁴ highlights that it is necessary to develop a common national strategic vision and policies on the care economy, recognize and value care services, and strengthen the provision of services and infrastructure to enhance a wide range of care services and ensure wider access to various types of services. This would remove some obstacles to women’s participation in the labour market and thus to their professional advancement.

D. Oman

33. Family responsibilities and commitments play a significant role in determining the level of women’s participation in work. According to a time use survey conducted by the Directorate General of Social Statistics in Oman in 2011, Omani women dedicate 19.2 per cent of their day to unpaid care work, compared with 8.1 per cent for men.

⁴ ESCWA, *L’Autonomisation économique des femmes dans les pays arabes : développer l’économie des soins*, 2022.

34. The persistence of traditional gender roles in Oman, whereby women bear the majority of domestic and family responsibilities, including unpaid care work, has negatively affected the social and economic empowerment of women in the country. This has led to a disparity in gender employment and a lack of female representation in leadership positions.

35. The case study on women's economic empowerment and care services for persons with disabilities in Oman (forthcoming) reviews the legal frameworks governing women's economic participation and the provision of an enabling environment and workplace, and those promoting the rights of persons with disabilities, in view of their impact on caregivers. It highlights the reforms that have been implemented and the gaps that still need to be addressed.

36. The study also describes the institutional set-up that governs the provision of support and services to persons with disabilities through governmental and private centres, and centres run by affiliated non-governmental organizations (NGOs). Private and NGO-run centres were established following advocacy efforts by families and caregivers for the rights and well-being of persons with disabilities. Despite numerous challenges, these centres have been successful in providing specialized therapy and rehabilitation services; integrating individuals into schools and higher education; supporting institutions with specialists; promoting values such as volunteerism; providing training and employment opportunities; and helping individuals participate in international competitions.

37. The study sheds light on the lack of intersectional perspectives in the legal frameworks to provide for the needs of parents/caregivers of children with disabilities. It demonstrates that caring for persons with disabilities is primarily the responsibility of the family. While the roles of parents change according to the child's age and needs, the mothers' role remains predominant overall. Challenges are exacerbated for working mothers caring for children with disabilities, as the Civil Service Law and Labour Code do not have exceptions for maternity and postpartum childcare leave. This puts financial constraints on working mothers and can lead to stress related to family burden and work responsibilities. The financial need associated with caring for persons with disabilities in the family makes it difficult for working mothers to leave paid work. Certain work environments, however, provide some form of support, such as remote work or flexible working arrangements, which can be an incentive for mothers to continue working.

38. The study also reveals that support for the economic empowerment of people caring for children with disabilities is available through governmental and non-governmental sources. Caregivers have also been able to create cognitive, psychological and social support networks to help them improve the care they provide. These support networks include exchanging experiences with other families; receiving specialized training and technical and medical consultations provided by health institutions; accessing the services of NGOs; and using social media networks to share experiences, expertise and information.

39. The case study concludes with a set of policy recommendations related to care-related legislative and legal frameworks, caregivers and their wellbeing, families' needs, and the quality, availability and affordability of care services.

IV. Regional efforts to exchange experience, strengthen capacities and promote care policy changes

40. In addition to its efforts at country levels, ESCWA is working at the regional level to allow countries to exchange and capitalize on knowledge, experiences and lessons learned.

41. Capacity-building efforts at the regional level capitalized on the guidelines formulated by ESCWA to advance care policies (box 2).

Box 2. ESCWA guidelines to advance care policies

The guidelines produced by ESCWA^a form a tool targeting Arab policymakers, aimed at supporting and scaling up their efforts to advance the care economy and related policies, and to promote women's economic participation. It also assists non-governmental stakeholders in promoting and expanding the care economy.

The guidelines comprise two main sections. The first provides a detailed analysis of care work needs and various measures to meet those needs, and outlines their relationship to gender equality. It addresses the care economy and related gender inequalities in a context of unmet care needs, compounded by current demographics and other challenging factors. It explains the various approaches and typologies of care policies, and the issues that should be addressed before designing and implementing care policies. The second section outlines the analytical framework that underpins the formulation of transformative care policies. It details the set of transformative care policies available, explains their coverage in the region, and provides an analysis of the role of institutional actors and stakeholders involved in the formulation of care policies and the provision of care. It also examines the challenges facing the implementation of care policies, and sets out a variety of policy actions and promising practices from many countries to serve as examples for the region.

^a ESCWA, [Women economic empowerment in the Arab region: Guidelines to advance care policies](#), 2022.

V. Challenges to advancing the care economy

42. When designing policies to reduce the burden of unpaid care work and boost women's economic participation, many challenges arise related to the expansion of care services, to the implementation of social protection policies, to the establishment of labour policies, and to the provision of care-relevant infrastructure. These challenges are mainly linked to financial barriers, a lack of skills, prevailing social norms and stereotypes, and weak coordination and mainstreaming of efforts and governance.

43. **Care services:** the financial barrier is one of the most pressing issues facing the establishment and maintenance of accessible, affordable and quality care services. State funding is often the key to financing, particularly for long-term care services. Financing care services requires public funds either at the national level from general budgets or at the local level, such as from municipalities, thereby putting strain on fiscal spaces that could already be limited, particularly in developing countries, thus making it difficult to find necessary financing for care services. Although there are significant variations between countries, some have limited fiscal space that has been eroded in the last decade. However, the economic outcomes of care services expansion and its potential to simultaneously generate job opportunities, reduce poverty and inequality, enhance well-being, and promote gender equality is expected to encourage public investment in these services.

44. **Social protection policies:** finance is a crucial consideration and challenge for sustaining social protection systems. There are several ways for Governments to create the necessary fiscal space and generate resources for social protection policies. The main financing mechanisms can encompass expanding social security coverage and contributory revenues, increasing tax revenue, and reallocating public finances. International aid and development partners can also play a significant role in financing social protection, mainly by providing support for pilot programmes or innovative initiatives, such as cash transfer programmes and loans, to scale up social protection programmes. Another major challenge is related to the coordination and mainstreaming of efforts on social protection. It is critical to coordinate between contributory and non-contributory schemes and to foresee mobility of entitlements, so as to better assist individuals across their life cycles and provide them with adequate support, thus ensuring that no one is left behind.

45. **Labour policies:** the main challenge globally lies in establishing regulated maternity leave and improving its duration, while simultaneously reducing the financial burden on employers in the payment of cash maternity benefits. There is a similar challenge related to the establishment of paternity and parental leave. Although many countries have enacted laws to protect maternity and paternity in the workplace and to help employees with household obligations, the weakness of such protection in practice impedes the granting of leave. Many women, particularly the self-employed, those working in the informal sector and those working

with a non-standard contract, do not have access to adequate pregnancy and maternity protection, including income security and a quality maternal care.

46. **Care-relevant infrastructure:** public financing in care-related infrastructure is key. Governments and related ministries have a major role to play when it comes to investment in physical infrastructure, particularly in poor and risky environments, where the private sector has low incentives to finance such investment. Women comprise one of the main groups of stakeholders. Lessons learned from the experience of many countries show that where women are involved and consulted in the design of the investment/project, time-saving infrastructure and “women-friendly” provisions are more likely to be prioritized. Women and men have different perceptions regarding sanitation, privacy and safety. Since the identification of such concerns should mainly be the responsibility of women, it would be beneficial to organize them into lobby groups to obtain financial support.

47. Many promising practices have been implemented and applied worldwide to reduce the burden of unpaid care work on women, and to redistribute it across the whole of society. When it comes to care services, childcare provision in Germany is a good example, where policymakers have been attempting to make it easier for men and women to balance work and family obligations by gradually constructing high-quality, needs-oriented daycare and child-minding services for children under the age of three. The intergenerational living model in the Netherlands is another example of a good practice, whereby older persons care centres take in students who volunteer for 30 hours per month to live rent-free in vacant rooms, and access all the centres’ facilities and amenities. In Uruguay, the National Integrated Care System was established in 2015 to generate a co-responsible model of care, shared by families, Government, the community and market, and especially shared between men and women.

48. Thailand implemented a universal coverage scheme in 2001 that includes all those who are not protected by other social health insurance systems, such as the Social Security Scheme for private employees and the Civil Servant Medical Benefit Scheme.

49. There are many examples of promising practices related to labour policies, including flexible arrangements for maternity, paternity and parental leave, such as childcare services at work and paternity leave in Viet Nam, supporting mothers at work and special arrangements for breastfeeding in Brazil, and flexibility in maternity leave in Estonia, France and Peru, among other countries.

50. To enhance care-relevant infrastructure in the Philippines and Zimbabwe, the Women’s Economic Empowerment and Care (WE-Care) initiative, in partnership with Oxfam, Unilever and its Surf brand, has rekindled progress on gender equality by tackling burdensome and uneven unpaid care and domestic labour undertaken by women, and by testing a comprehensive package of interventions to reduce and redistribute it. In Bangladesh, the Urban Partnerships for Poverty Reduction Project was implemented over a period of seven years. It primarily targeted women and socially excluded households, namely female-headed households, with one disabled family member, ethnic minorities or scheduled castes.

VI. Recommendations

51. Arab countries are making efforts to empower women and improve their chances of participating in the labour market. However, the following recommendations should be taken into account by countries to move in the right direction:

(a) Adopt a holistic and comprehensive approach that takes into consideration the various types of care policies, and which requires joint efforts by various sectors and stakeholders to achieve the intended reforms;

(b) Expand the coverage of care-related laws and policies to reach all factions of workers, particularly part-time and informal sector workers, domestic workers, agricultural workers, and migrant workers, who constitute a large share of the labour force in the Arab region;

(c) Ensure that care-related policies and laws target both men and women to promote participation and the sharing of care responsibilities.
