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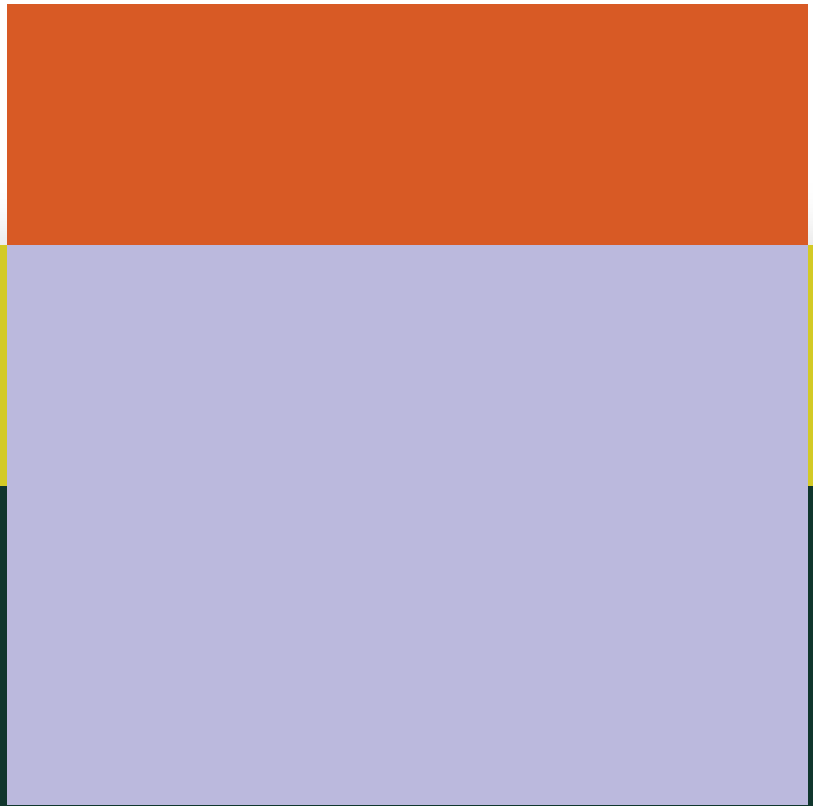
Working Paper

# Centring Care in Climate Finance:
## A Feminist Blueprint for Adaptation, Resilience, and Climate Justice



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# Centring Care in Climate Finance:
# A Feminist Blueprint for Adaptation, Resilience, and Climate Justice

## Executive summary

This briefing argues that care systems—comprising unpaid and paid care work, caregiving infrastructures, and community healing networks—are essential to climate resilience and adaptation, and climate justice. Drawing on feminist economic frameworks, it positions care as a central pillar of any just, effective, and resilient climate-finance agenda (Climate and Care Initiative, 2024b). Yet mainstream climate-finance mechanisms have largely failed to explicitly recognise or fund care.

The paper outlines concrete pathways to integrate care into the architecture of climate finance. It proposes a care-centred policy framework and recommends reforms to the Adaptation Fund (AF), the Green Climate Fund (GCF), and the Fund for Responding to Loss and Damage (FRLD). It argues that by centring care, climate finance can shift toward supporting social infrastructure that not only mitigates harm but also builds collective well-being, gender equality, and dignity amid escalating climate crises.

### Key messages: The three pillars of care-centred climate finance

1. *Care is climate infrastructure*
   Social systems of care—including health, education, and caregiving—are key to resilience but remain underfunded and undervalued. Recognising and funding care systems as an essential part of climate resilience is critical. Climate-finance institutions must reorient funding priorities and governance frameworks to recognise care work—both paid and unpaid—as essential infrastructure for adaptation, mitigation, recovery, and climate justice (Asian Infrastructure Investment Bank [AIIB] & UN Women, 2025; Climate and Care Initiative, 2024a; Collins et al., 2021b).

2. *Reparative logic: Reparative finance requires care*
   Addressing historical injustices and redistributing resources to frontline communities requires a reparative approach to climate finance. The FRLD must prioritise care-based recovery, by including dimensions of non-economic loss and damage such as mental health, cultural continuity, and social cohesion. Within this framework, care itself should be recognised as both a metric of loss if unsupported—revealing the erosion of social, emotional, and cultural well-being—and a mode of repair, which can promote healing, reconstruction, and community resilience (Climate and Care Initiative, 2024a, 2024b; AIIB & UN Women, 2025). In FRLD discourse, non-economic losses—ranging from cultural heritage to psychosocial well-being—are increasingly recognised as integral to comprehensive climate justice. A care-centred approach operationalises these dimensions through reparative, community-driven recovery processes.

3. *Inclusive governance: Co-creating just finance*
   Governance reform is urgent. Funding strategies must be co-created with those most affected, especially care providers. Climate-finance institutions need inclusive governance structures that elevate the voices of women, Afro-descendants, Indigenous peoples, and other historically marginalised caregivers. Inclusive governance ensures that care priorities guide funding design, allocation, and monitoring—embedding justice at the heart of climate finance (AIIB & UN Women, 2025; Climate and Care Initiative, 2024a, 2024b).

## Core message

Centring care is materially and ethically imperative for achieving climate justice. Embedding care into climate finance is not symbolic — it transforms rhetoric into redistributive reality and ensures that climate resilience is grounded in equity, dignity, and shared responsibility.

## Call to action at COP 30

The outcome of the 30th Conference of the Parties (COP 30) under the United Nations Framework Convention on Climate Change (UNFCCC) must include the explicit embedding of care in global climate-finance frameworks and operational policies. This shift will encourage climate-finance institutions, including multilateral development banks, national development banks, bilateral finance mechanisms, and private funders, to move away from extractive models and towards regenerative, community-led strategies rooted in the ethics of care.

# Introduction: The missing link between care and climate finance

Climate change is not only an ecological and development crisis, but also a crisis of care. Rising temperatures, extreme weather, food and water insecurity, and displacement all intensify demands on caregivers and community healers—particularly women, Indigenous peoples, Afro-descendants, and informal caregivers. These burdens are magnified by gendered labour divisions, social inequality, and chronic underinvestment in care infrastructure.

While global climate-finance mechanisms mobilise billions for mitigation and adaptation, they largely overlook the care economy as a strategic site of resilience investment. Care work remains invisible—neither classified as adaptation, nor valued as a climate service. This briefing argues that such omission constitutes a policy and design failure, and that redirecting climate finance to support care systems can unlock a more just, gender-responsive, and resilient future.

## The case for care as foundational climate infrastructure

Feminist economists have long argued that the care economy—comprising both paid and unpaid labour—forms the foundational infrastructure of any sustainable society (AIIB & UN Women, 2025). It underpins health, education, productivity, and collective well-being. In policy and academic debates, the term 'care infrastructure' refers to institutionalised provisions such as childcare, eldercare, home- and community-based services, and fair employment conditions for care workers (Collins et al., 2021b; Levy & Palley, 2021; Lind, 2021).

By driving disasters, health risks, and displacement, climate change dramatically increases the demand for care while simultaneously eroding the conditions for its provision (Climate and Care Initiative, 2024a). Recognising care as critical climate infrastructure requires broadening understandings of adaptation beyond the technical to include social reproduction and communal well-being (Fraser, 2016). Unpaid care work—predominantly carried out by women—currently functions as invisible climate adaptation, stabilising households and economies during shocks. Yet this labour remains unprotected, uncompensated, and absent from climate-policy design.

More nuanced understandings of climate infrastructure distinguish hard infrastructure (roads, pipes, energy grids) from soft or social infrastructure (Peters, 2015), such as schools and hospitals that "promote the health, education, and cultural standards of the population" (Fourie, 2006, p. 531). Yet feminist scholars argue that conceptual understandings of infrastructure that disregard the gendered work of care remain incomplete (Hall, 2020; Strauss, 2020). Li and Laughlin (2024), in turn, identify six components of care infrastructure: physical infrastructure, knowledge systems, community networks, national frameworks, public financing, and social protection and care services.

In a climate-stressed world, these components of caregiving must be recognised as critical for investment. Climate-induced shocks including droughts, floods, migration, and disease increase the need for care while eroding the capacity to deliver it. Conversely, direct and indirect investments in care—for example in water, energy, health, and childcare—reduce vulnerability and expand adaptive capacity. Hence, the care economy underpins physical, social, and emotional resilience.

Moreover, care infrastructure in the form of childcare centres, healthcare systems, and dignified paid-care employment acts as a multiplier for climate resilience: it frees time for community participation, enhances human security, and reduces gendered inequalities intensified by disasters. In sum, to invest in care is to invest in adaptation, mitigation, and just recovery.

Despite this alignment of care with adaptation, loss and damage reduction, and just transition goals, existing climate funds rarely include explicit financing for care. This neglect is partly due to the absence of care-sensitive modelling and indicators in climate finance frameworks, such as vulnerability assessments, Nationally Determined Contributions, and National Adaptation Plans. It also reflects a deeper structural bias: for generations, women and communities have

provided the unpaid, invisible care work that has effectively subsidised climate adaptation and resilience—without recognition, compensation, or inclusion in financing mechanisms.

## Climate finance architecture: Where is care?

This section provides a brief overview of key multilateral climate-finance institutions. It critically examines the how their governance frameworks include (or omit) care-related priorities, and the barriers faced by care providers—especially women and Afro-descendant communities—in accessing and shaping these funds.

### Global climate funds: Emerging pathways and persistent gaps

Under Article 11 of the United Nations Framework Convention on Climate Change (UNFCCC) a framework was established to provide 'financial resources on a grant or concessional basis, including the transfer of technology [to developing countries]' (UN, 1992). This led to the creation of climate funds to channel resources from developed to developing countries for climate action. The principal funds are the Adaptation Fund (AF), the Green Climate Fund (GCF), and more recently the emerging Fund for Responding to Loss and Damage[1] (FRLD).

Beyond the UNFCCC framework, international cooperation on climate finance also takes place through a wider ecosystem of actors, including the Global Environment Facility (GEF), Climate Investment Funds, multilateral development banks such as the World Bank, the African Development Bank, the Asian Development Bank, the European Investment Bank, and the Interamerican Development Bank, and a range of bilateral funders including Australia, Canada, the EU, Japan, and the UK. Philanthropic and private foundations have likewise become influential partners, mobilising grants and catalytic finance for adaptation, resilience, and just-transition initiatives. Examples include the Rockefeller Foundation's Global Energy Alliance for People and Planet and the ClimateWorks Foundation's collaborative networks. These actors increasingly complement intergovernmental mechanisms, shaping a hybrid architecture of international cooperation on climate finance.

Given their importance, it is concerning that these institutions operate through highly technical, top-down decision-making structures that rarely account for the gendered and racialised labour of care (AIIB & UN Women, 2025). Funding windows tend to privilege physical infrastructure, emissions reduction, and macro-resilience metrics, leaving minimal space for the social systems—especially care systems—that make resilience possible. This neglect is measurable: the UN Environment Programme estimates that only 4% of adaptation finance targets health services, and just 2% supports education.

#### *Quantifying the invisible and valuing the essential*

Investing in care—childcare, health, and paid care jobs—yields a 'triple dividend" by building resilience, improving gender equity, and supporting livelihoods. Indeed, Oxfam (2022) finds that unpaid care work fills 76% of service gaps post-disaster, yet it remains excluded from adaptation metrics. Likewise, researchers and practitioners have highlighted the importance of Indigenous-led, culturally grounded mental-health responses in post-disaster contexts. For example, following the 2017–2018 British Columbia wildfires, the First Nations Health Authority funded Indigenous-led cultural and mental wellness supports, including community-based care hub models, as part of disaster recovery efforts. Yet, quantitative outcome data to support and improve these interventions remain limited or unpublished (Abele & Gladstone, n.d.; Allen et al., 2020; Public Health Agency of Canada, 2024). Overall, climate funds still lack binding safeguards, quotas, or indicators for unpaid labour and care outcomes.

#### *Adaptation is social: Strengthening adaptive capacity means strengthening care*

Adaptation is not only technical; it is social. To strengthen care capacity is to strengthen adaptive capacity. The AF's Enhanced Direct Access modality—focused on locally led adaptation—offers entry points for care integration, though care is not yet framed as core adaptation infrastructure. This modality can enable projects to integrate eldercare, childcare, and psychosocial recovery in climate-vulnerable communities.

Care work constitutes frontline adaptation: community health workers manage heat stress, and childcare enables women farmers to adopt climate-smart practices. To improve project effectiveness, the AF should explicitly recognise health, social protection, and care systems as resilience infrastructure, broadening its conception of adaptation to include investments such as mobile health units and emergency childcare. It could also reasonably

1. Although the FRLD is not explicitly mentioned in Article 11 of the UNFCCC, it was established as part of the UNFCCC's financial mechanism to assist developing countries vulnerable to climate change impacts. Operationalised at COP 28, it is designed to provide financial support for economic and non-economic loss and damage associated with climate change.

expand its existing sectors—health, livelihoods, disaster-risk reduction, and water—to include care integration, following precedents set by the GCF and GEF, which have financed caregiving under health resilience or ecosystem-based adaptation (see Box 1).

## Box 1. Care as core adaptation infrastructure

***Concept***

Care systems—comprising health, education, social protection, caregiving networks, and community healing—are fundamental components of adaptive capacity. When these systems are strong, communities can prepare for, absorb, and recover from climate shocks more effectively.

***Rationale***

Traditional adaptation frameworks tend to focus on physical and technical infrastructure (e.g., seawalls, irrigation, early warning systems). Yet these systems cannot function sustainably without the social infrastructure of care that maintains human well-being, cohesion, and recovery. Women's unpaid and paid care work already sustains adaptation informally, effectively subsidising resilience without compensation or recognition.

***Policy recommendations***

- **Integrate care into adaptation design and funding:** Recognise childcare, eldercare, and community care as critical resilience investments.
- **Expand metrics:** Include well-being, social cohesion, and psychosocial recovery in adaptation indicators.
- **Enable direct access:** Leverage modalities such as the AF's Enhanced Direct Access to channel resources for locally led, care-responsive adaptation.
- **Reframe adaptation finance:** Recognise care infrastructure as equally important as physical infrastructure for long-term climate resilience.

***The Green Climate Fund: Gender acknowledged, care overlooked***

The GCF—the largest source of international climate finance for mitigation and adaptation under the UNFCCC and Paris Agreement—mandates gender integration across activities through its 2023 gender policy but does not include explicit care parameters. Under this policy, projects such as Zambia's project to strength climate resilience of agricultural livelihoods (GCF, 2025) and Lao PDR's health-resilience initiative (GCF, 2023) include gendered health and community-care elements. However, gender action plans rarely make unpaid care visible or channel finance directly to care systems. The fund's Direct Access Entity (DAE) model could enable participation by care-centred civil society organisations (CSOs), provided clearer guidance and capacity-building support are developed.

***Bridging the divide: Structural, governance, and operational reforms***

Building on recent findings (AIIB & UN Women, 2025; Climate and Care Initiative, 2024a, 2024b), reforms to the GCF, AF, and FRLD should advance four strategic shifts:

1. Invest in care-service infrastructure: Upgrade and expand facilities that serve caregivers and recipients.
2. Embed care in infrastructure design: Integrate gender and care analyses into large-scale adaptation and mitigation investments.
3. Support decent work in the care sector: Create climate-linked employment that empowers women and improves livelihoods.
4. Finance systemic care transformation: Partner with governments to fund structural reforms in care services and social protection.

These priorities align with ongoing UNFCCC processes, including the Enhanced Lima Work Programme on Gender, and participatory budgeting for community-driven finance. COP 30, through the COP Presidency's proposed Action Agenda and civil society's proposed Belem Action Mechanism,[2] should steer all financing mechanisms to integrate care, care services, and care infrastructure into adaptation and just-transition frameworks. Finance—alongside capacity building and

2. The proposal for a Belem Action Mechanism (BAM) has been led by the Climate Action Network and the Women and Gender Constituency of the UNFCCC as a means of building equity and social justice into just transition discussions. COP 30 adopted a BAM-like mechanism within the UAE Just Transition Work Programme (para 25), but deferred decisions on its operationalisation to the COP 31 cycle. To ensure care, care services, and care infrastructure are integrated into the BAM and just-transition frameworks, gender and care advocates should engage in the 15 March, 2026 call for submissions towards the June 2026 draft decision, which will be forwarded to COP31 in November 2026.

technology—is an enabler and accelerator of climate action.

A taxonomy of reforms across funds should include:

- Reframing care as part of climate infrastructure.
- Revising gender policies to explicitly include care.
- Expanding eligibility to care-sector actors.
- Developing indicators and results frameworks to capture care outcomes.

## Rewiring the Green Climate Fund to support care and care work

The GCF is mandated to deliver a paradigm shift toward climate-resilient, low-carbon development in developing countries. The Fund has framed gender equality as a core principle of its governance architecture from inception. While the GCF increasingly references the resilience of health and social systems—for example, identifying links between climate and health or public-service resilience—its portfolio has historically privileged hard infrastructure, energy, forestry, agriculture, and financial instruments over social reproduction (GCF, 2024a).

The GCF was designed with a gender framework from the outset, including a gender policy and gender action plan that require all project implementers to include gender assessments and gender action plans in funding proposals. However, unpaid care and domestic work continue to be treated as background context rather than the focus of investment.

Across GCF gender assessments, women's unpaid care and domestic work is consistently cited as a constraint to participation. For instance, the project Climate Resilient Health and Well-Being for Rural Communities in Southern Malawi (GCF, 2004c) identifies women as primary caregivers and notes that resultant time poverty limits their engagement in adaptation activities. This is supported by independent evaluations which find that care burdens appear as explanations for low participation, but seldom drive dedicated financing (Schalatek et al., 2021), and that globally, unpaid care is recognised as a barrier, not as an investment domain (CARE International & Stockholm Environment Institute, 2024).

A key insight is that the GCF's approach to care remains instrumental: it identifies care responsibilities as barriers to efficiency, rather than structural drivers of resilience. Projects from Zambia (GCF 2025) and Lao (GCF, 2023), for example, include gendered healthcare and training for community health workers. Yet their gender action plans rarely make unpaid care visible, nor do they channel finance towards care systems. At the same time, GCF projects invest in water, sanitation, and hygiene (WASH), public health, and social protection systems that underpin the care economy, but still frame care primarily as a vulnerability factor, rather than as adaptive infrastructure.

An emerging recognition that social protection constitutes infrastructure for resilience rather than welfare expenditure creates a natural policy bridge to care systems such as childcare, eldercare, and community-health support.

In the last five years, the GCF's funded portfolio can be characterised as 'care-adjacent'—that is, as financing public systems that absorb climate shocks on behalf of caregivers, particularly women caring for children, the elderly, or people with disabilities. Three clusters of projects over that period are especially relevant:

1. *Climate-resilient health systems and public health delivery.* For example, the Climate-Resilient Health and Well-being for Rural Communities in Southern Malawi project (GCF, 2024b) funds climate-informed disease surveillance, early warning systems, and frontline health/WASH infrastructure, and trains health staff to manage climate-related health risks. Care pathways could be strengthened in such programmes by expanding care approaches to include time relief, caregiving support, and psychosocial recovery, shifting adaptation from infrastructure-centric to people-centric resilience.
2. *Water, sanitation, and service reliability as time relief for women.* For example, the Fiji Urban Water Supply and Wastewater Management Project (GCF, 2017, 2024c) expands access to reliable, climate-resilient water and wastewater services in Greater Suva. Its gender assessment and gender action plan identify women's domestic water responsibilities, safety, mobility, and time burden, and the gender action plan commits to gender-responsive service design, accessible consultation schedules, and sex-disaggregated monitoring.
3. *Early warning and anticipatory social protection.* The GCF is exploring climate-triggered social protection (cash or safety-net scale-ups) as an adaptation instrument. A GCF–Food and Agriculture Organisation of the United National (FAO) portfolio review of 23 projects (FAO & GCF, 2025), includes cash transfers as a distributive mechanism. In low-income, climate-shock contexts, women caregivers manage crises at household and community levels; hence, emergency cash or asset protection constitute crisis-care finance, even when labelled as livelihood protection.

Overall, the term 'care' (relating to the care economy, unpaid care, and caregiving) appears mainly in the gender assessments and action plans of proposed projects

(e.g., Climate Resilient Health and Well-Being for Rural Communities in Southern Malawi [GCF, 2024b] and Fiji Urban Water Supply and Wastewater Management Project [GCF, 2017]), rarely appearing in project outcome metrics. As Schalatek et al. (2021) note, unpaid domestic care is acknowledged as limiting women's participation but rarely funded as an objective in its own right. Thus, while the GCF funds the pillars of the care infrastructure of adaptation—public health, water, social protection—it has yet to finance the care workforce or care economy explicitly.

## Policy axes for scaling care within the GCF

There are four key policy axes through which the GCF can integrate care.

1. Reframe care as resilience infrastructure.
   *Current gap:* Care systems are not consistently defined as core adaptation or mitigation infrastructure.
   *Transformational pathways:* (a) the GCF Board should update sectoral guidance to define health, caregiving, and psychosocial support as climate-critical systems, prioritising proposals that integrate care as a resilience strategy; (b) gender policy could be expanded by requiring analysis of unpaid care burdens and mandating care-responsive budgeting.
   *Precedent:* Zambia and Lao PDR projects already demonstrate this framing.

2. Establish a care-and-resilience co-investment window.
   *Current gap:* No dedicated funding stream or blended finance tool for care systems.
   *Transformational pathways:* (a) build on the WHO–UNDP–GCF Climate-Health Facility to fund proposals integrating health, care, and climate; (b) develop a co-financing facility targeting care infrastructure and care-worker protection.
   *Precedent:* Reflected by the GCF's Climate and Health Co-Investment Facility Coordination Programme, and the Fund's Simplified Approval Process for small-scale and low-risk activities.

3. Innovate metrics and results tracking.
   *Current gap:* No standardised indicators for care outcomes.
   *Transformational pathway:* Introduce care-specific indicators (e.g., care-burden reduction, caregiver training), time-use surveys, and participatory monitoring and evaluation led by caregiver networks. Additionally, these metrics should be integrated into the Belem Adaptation Indicators to track progress agreed to at COP 30 and used as inputs under Priority Area D (gender-responsive implementation and means of implementation) of the Belem Gender Action plan 2026-2034.
   *Precedent:* Project to strengthen climate resilience of agricultural livelihoods in Zambia (GCF, 2025) includes gender-disaggregated metrics.

4. Leverage direct access entities to scale community care.
   *Current gap:* Care actors remain under-represented among direct access entities.
   *Transformational pathways:* (a) provide targeted accreditation and readiness support to women-led and care-centred CSOs; (b) prioritise direct access entity funding windows for community-care infrastructure.
   *Precedent:* Some direct access entities already implement gender-responsive projects but few focus explicitly on care.

## Toward a just transition in the GCF

There is scope for the GCF to advance financing for care jobs within the broader Just Transition Framework. Guidance on this should be part of the proposed Belem Action Mechanism.

The Fund's mandate and flexibility make it well-positioned to promote gender-transformative models, by: (a) formalising paid-care employment in renewable energy projects to offset fossil-fuel job losses; (b) funding care-workforce training in climate-vulnerable sectors (e.g., eldercare in heat-prone regions); and (c) requiring GCF projects to treat care-job creation as a co-benefit in resilience initiatives.

Operationalising these shifts demands that the GCF: (a) update its gender action plan to include measurable care-economy metrics; (b) create a dedicated funding window, facility, or call for care-oriented climate solutions; and (c) facilitate programmatic funding proposals that include care employment as an adaptation/mitigation co-benefit.

Through such reforms, women's rights and care-focused organisations could become accredited implementing partners, enabling the Fund to move from acknowledging unpaid care to financing the systems that sustain resilience.

## Rewiring the Adaptation Fund to support care and care work

The AF finances concrete adaptation projects in particularly vulnerable developing countries. Predating the GCF, it is known for locally grounded, small-to-medium scale initiatives. The AF's updated Gender Policy and Action Plan (AF, 2021),[3] and Gender Guidance for Implementing Entities (AF, 2022), require: (a) analysis of gender-differentiated climate vulnerability; (b) equal opportunities for women and men; and (c) tracking of outcomes in terms of women's agency and ability to address gender-differentiated vulnerability.

Crucially, AF gender policy requires implementing entities to identify unpaid care and domestic work responsibilities that restrict women's participation, and to design interventions that reduce this burden through climate-responsive infrastructure, technologies, and social protection measures. Examples of such gender-responsive project design may include measures such as childcare provision, flexible participation schedules, or the promotion of labour-saving technologies (AF, 2022).

Alongside this, the updated 2025 Environmental and Social Policy (AF, 2025b) links gender to environmental and social risk management, requiring projects not only to avoid harm but to deliver social benefits to vulnerable groups. In practice, AF projects across Least Developed Countries and Small Island Developing States include: securing water access near homes, thus reducing women's and girls' unpaid water-carrying labour; community-based early warning and evacuation planning targeting women caregivers, people with disabilities, and the elderly; and livelihood diversification and climate-resilient agriculture, targeting women as primary food providers.

It should be noted that these are *care-adjacent* investments that acknowledge women as caregivers and household risk managers who require resources, even if care is not named explicitly.

### From care-adjacent to care-centred adaptation

The AF's Gender Scorecard (fiscal year 2024) measures project outcomes in women's resilience and agency, rather than just participation numbers. This focus on decision-making power and safety highlights that access to reliable care services is itself an adaptation outcome (AF, 2025b).

AF projects already integrate community-based disaster preparedness, shelter retrofits, health outreach, and cash/asset protection for female-headed households—all recognisable components of social protection and crisis care. However, the Fund does not yet systematically frame universal social protection systems or public care infrastructure as core adaptation investments. The dominant approach is still to target vulnerable women so they can cope, rather than to finance robust public care systems to structurally reduce vulnerability.

Yet the AF's design—direct access, small grants, and gender and environmental and social policy safeguards—makes it ideally suited to pilot explicitly care-centred adaptation, such as: resilient community care hubs that double as cooling centres, flood shelters, childcare spaces, and elder check-in nodes; or shock-responsive cash and psychosocial support for caregivers post-disaster. Because the AF already has policy hooks (gender policy, environmental and social policy, and the gender scorecard), these could be widened to treat care infrastructure and paid care labour as measurable adaptation outcomes (AF, 2022).

### Emerging practice: Anticipatory action and social protection

Under AF frameworks, unpaid care is increasingly being treated as a design criterion with budget implications, rather than a diagnostic barrier. Recent AF projects show this evolution. In Lesotho, the 2025 AF project Improving Adaptive Capacity of Vulnerable and Food-Insecure Populations, Phase II, led by the World Food Programme (WFP), devotes an entire component to "institutional capacity and systems building for impact-based forecasting, anticipatory action, and gender-responsive last mile climate services" (WFP & AF, 2024), anchored in the country's National Social Protection Strategy that sets out a vision for 2025 to "build the resilience of Basotho families and provide support in the face of shocks" (Government of Lesotho, 2015, p. 24). Through recent project approvals such as this, and its 2021 Gender Policy, the AF has begun to institutionalise social protection measures within its adaptation finance architecture, effectively treating them as part of resilience infrastructure.

The AF's updated Gender Policy and Action Plan (AF, 2021) explicitly directs project implementers to: (a)

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**3.** Approved in March 2021 (Decision B.37/26; Annex 4 to the Operational Policies and Guidelines); replaces the 2016 policy to align with the Paris Agreement and UNFCCC Gender Action Plan; moves from 'do no harm' towards 'transformative' outcomes—explicitly encouraging projects to address care work, unpaid labour, and social-protection dimensions when these influence climate vulnerability (AF, 2021, pp. 7–8, 14).

identify where women's unpaid care and domestic work limits their participation in adaptation measures, and (b) to incorporate solutions such as childcare provision, flexible participation schedules, labour-saving technologies, or social-protection measures in the funded design. This goes beyond diagnosing care as a barrier: it authorises budgeting to reduce that burden as an adaptation measure.

Similarly, in Peru's 2025 Climate Resilience in Andean–Amazonian Landscapes project (AF, 2025a), women are recognised as frontline managers of food security and household resilience. The design couples early warning systems and anticipatory action with livelihood diversification, nutrition security, and adaptive safety nets—bridging gender, care, and social protection.

These projects illustrate a shift from asset- or infrastructure-based adaptation toward anticipatory systems that link early warning and social protection. The AF is, in effect, formalising social protection as adaptation infrastructure, creating precedents for care-related safety nets—cash transfers, food-security buffers, psychosocial and caregiving support—triggered by early warning data.

Integrating care metrics (time use, unpaid labour reduction, service reach) into AF's monitoring and evaluation framework would make these investments visible in national adaptation accounting and global climate-finance tracking.

In terms of institutional leverage points, the AF's policy architecture already has the governance tools needed for care-centred adaptation, namely: the Gender Policy and Gender Action Plan (AF, 2021) which requires sex-disaggregated indicators on time use, access to resources and services; the Environmental and Social Policy (AF, 2022) whose Principle 5 (access and equity) demands evidence that vulnerable groups—including caregivers—benefit equitably; and the Strategic Results Framework (AF, 2019) which allows countries to report the percentage of households covered by social-protection or risk-transfer mechanisms linked to climate risks. Embedding care indicators within this Results Framework would consolidate the AF's shift from instrumental participation toward transformative resilience.

Moreover, the AF has a key strategic role. Because of its community-scale focus and flexible modalities, the AF serves as a proof-of-concept laboratory for care-responsive adaptation, informing replication by the GCF or the FRLD. This cross-fund learning would elevate care from a gender-mainstreaming issue to a formal adaptation category, bridging humanitarian cash, social protection, and climate finance.

## Policy axes for rewiring the AF to support care and care work

There are five key policy axes to promote the integration of care and care work into the AF.

1. Frame care as adaptation infrastructure.
   *Current gap:* Care is still viewed as a social or health issue, not an adaptation domain.
   *Transformational pathways:* (a) embed 'care-as-infrastructure' language in proposals to justify direct funding for community caregiving hubs, childcare in adaptation programmes, and gender-responsive social protection, which aligns with the AF's environmental and social policy principles on human rights and inclusive development; (b) amend investment priorities to explicitly recognise health, social protection, and care systems as resilience infrastructure.

2. Expand enhanced direct access to care actors.
   *Current gap:* Most enhanced direct access grantees are environment ministries or NGOs—not care networks.
   *Transformational pathways:* (a) broaden eligibility and provide capacity-building for care-focused CSOs, women's organisations, and health worker unions; (b) encourage projects integrating care (e.g., 'care hubs' combining clean energy, water access, and caregiver training) and include care expertise on AF technical review panels.

3. Pilot a 'care–resilience window' or thematic call.
   *Current gap:* No dedicated funding stream for care-related adaptation.
   *Transformational pathways:* (a) launch a thematic call prioritising projects that reduce unpaid care burdens, support care workers, or enhance care infrastructure; (b) partner with municipalities to pilot community-based adaptation projects integrating care (e.g., heat shelters with childcare, community kitchens).
   *Precedent:* Model provided by AF's past innovation through calls for locally led adaptation.

4. Revise the results-based framework to include care indicators.
   *Current gap:* Care outcomes remain invisible in monitoring and evaluation frameworks.
   *Transformational pathways:* (a) add care-sensitive indicators such as reduction in hours of unpaid care work, number of care workers trained or remunerated, and improved resilience outcomes among caregiving households; (b) promote participatory monitoring led by caregivers to strengthen accountability and ownership.

5. Integrate care into social equity and gender policies.
   *Current gap:* Gender policy recognises equity but rarely addresses unpaid care as a structural barrier.
   *Transformational pathway:* Revise gender policy to explicitly include care work as an adaptation concern and budgeting requirement.

## Rewiring the Fund for Responding to Loss and Damage to support care and care work

The FRLD—operationalised at COP 28 in December 2023—serves under the UNFCCC and Paris Agreement. Parties agreed that the FRLD would operate with independent governance, with the World Bank to act as interim host/trustee to expedite setup. By early 2025, the Fund had received roughly USD 330 million in signed contribution agreements and about USD 218 million in paid-in resources, against USD 700–800 million in pledges (Schalatek 2025). This limited capitalisation makes it essential that early allocations deliver visible, people- centred impact.

### Reframing loss and damage through a care lens

Loss and damage are not only material. Climate-driven trauma, displacement, and erosion of the social fabric generate hidden care burdens. A caring framework for loss and damage must centre the lived experiences of those sustaining recovery—women, elders, Afro-descendent and Indigenous caregivers (AIIB & UN Women, 2025; Climate and Care Initiative, 2024b). It is important to advocate for FRLD eligibility criteria to include care infrastructure (e.g., rebuilding childcare centres, training caregivers in disaster response). The Fund's board should begin to create frameworks and metrics for entities to be able to quantify caregiving burden as related to both economic and non-economic loss. It should also create space for the financing of community-based healing, elder care, and mental health programmes responsive to disasters. UNFCCC work on non-economic losses already recognises health, psychosocial well- being, culture, identity, and social cohesion as legitimate losses (UNFCCC, 2023). Care disruptions linked to exhaustion, trauma, and the loss of communal caregiving fit squarely within this framework of non-economic losses, and related projects could be financed as social infrastructure repair.

### Status of governance and technical infrastructure

The FRLD operates under the authority of the COP (UNFCC) and CMA (Paris Agreement), with a transitional Board of 26 members—14 from developing countries and 12 from developed countries—confirmed in 2024. Its governance architecture is complemented by the Santiago Network for Loss and Damage, which provides technical assistance to countries preparing funding requests, creating an entry point for care-sensitive expertise such as psychosocial recovery and social-protection design. However, with current resources covering less than 1% of estimated annual loss and damage needs (Shawoo et al., 2025), the Fund's early effectiveness will depend on strategically governed, high-impact pilot windows capable of demonstrating how care-centred recovery can be delivered at scale.

### Why a caring FRLD matters

Post-disaster responses typically rebuild assets, not relationships, and post-disaster recovery often overlooks care infrastructure, perpetuating cycles of vulnerability. Women and care providers bear the brunt of these impacts. It is therefore crucial that care infrastructure and community caregiving networks be eligible for financing. Gender advocates call for gender-responsive guidelines that require funding proposals to include care impact assessments, as well as mechanisms to ensure grassroots, women-led organisations are prioritised in the disbursement of care recovery support. Care is both a metric of loss and a mode of repair. To enable genuine recovery, every disaster must be followed by an upsurge in funding to support unpaid and underpaid care labour. This includes mental health services, community kitchens, elder- and childcare hubs, spiritual care, social cohesion programmes, and cultural restoration programmes. Moreover, care offers an ethical compass for climate finance, rooted in principles of non-extraction, healing, and interdependence. A reparative finance paradigm recognises historical injustices and redistributes resources as obligation, not charity.

Given current under-capitalisation, it is crucial that each approved project demonstrate visible, human-centred impact. Care-centred loss and damage projects deliver rapid co-benefits (income, healing, community trust) and set a normative precedent that recovery is about restoring dignity and social reproduction, not just infrastructure. Embedding care from the start will: make non-economic losses measurable and fundable; demonstrate people-first delivery, enhancing trust in the FRLD; and anchor a long-term vision of healing justice within climate finance. In this way, embedding care from the outset strengthens the Fund's equity and legitimacy.

### Policy axes for rewiring the FRLD to care

The Fund's board should now begin to integrate care and the care economy into its policies and programmes by working on the five axes below. Each of these policy axes builds on existing mandates, precedents, or operational

mechanisms within the UNFCCC system, and together illustrate how the FRLD can extend its current architecture toward care-centred repair.

1. Expand the definition of loss to include care disruptions.
   *Current gap:* Unpaid care burdens and trauma are absent from official loss typologies.
   *Transformational pathways:* (a) explicitly include caregiving roles, family separation, intergenerational trauma, and collapse of communal care networks as recognised non-economic losses; (b) make care impact notes a requirement in all FRLD funding proposals.
   *Precedent:* The UNFCCC non-economic losses framework (UNFCCC, 2023) already lists social/cultural losses as a legal basis for inclusion.

2. Fund community-based trauma and healing networks.
   *Current gap:* Psychosocial recovery and community care are rarely funded.
   *Transformational pathways:* (a) channel direct grants to grassroots mental health, community kitchens, elder- and childcare hubs, and mobile trauma clinics post-disaster; (b) support women-led and Afro-descendent/Indigenous care networks implementing trauma-informed and culturally grounded models.
   *Precedent:* WHO (2024b) identifies psychosocial support as a critical adaptation co-benefit.

3. Establish a 'care recovery facility' or thematic window.
   *Current gap:* No funding stream for caregiving resilience or healing.
   *Transformational pathway:* Create a ring-fenced care recovery window within the FRLD to finance caregiver stipends and replacement care, training for community health/care workers, and long-term grief and cultural healing initiatives. Such a facility would operationalise the FRLD's commitment to addressing non-economic losses through people-centred repair.

4. Engage caregivers and survivors in governance and design.
   *Current gap:* Those who perform care labour rarely sit at the table.
   *Transformational pathways:* (a) ensure representation of care providers, nurses, trauma workers, and women's rights and disability CSOs on advisory panels; (b) integrate a participatory review step (through the Santiago Network roster) to vet the care-sensitivity of proposals. The Santiago Network's technical provider registry (2024) allows such rosters.

5. Link care restoration with cultural reparations.
   *Current gap:* FRLD lacks an explicit lens for addressing cultural and intergenerational dimensions of care loss and repair.
   *Transformational pathway:* Building on the inclusion of loss of culture and heritage as a legitimate category of climate-related harm in the UNFCCC's framework on non-economic losses, treat the erosion of cultural caregiving practices, traditional healing systems, and sacred kinship roles as reparable harms, and establish targeted cultural-care repair grants to support community healing rituals and the revival of traditional care methods.

## Practical actions to operationalise care within the FRLD

To achieve the transformations outlined above, specific practical steps may be taken in four broad domains. First, in terms of eligibility and guidance, since the FRLD rulebook is still under development, early Board guidance can explicitly recognise care infrastructure (childcare centres, safe spaces, training for caregivers) as eligible investment. In addition, in relation to metrics and results, as well as UNFCCC-recommended qualitative methods for tracking non-economic losses, the FRLD should also pilot time-use surveys, care-burden indices, psychosocial recovery scales, and cultural continuity indicators. Box 2 provides some illustrative care-sensitive indicators. Beyond outcome indicators, care-centred climate finance also requires design-stage questions that shape how infrastructure, labour, governance, and finance instruments are conceived (see Box 3).

## Box 2. Illustrative care-sensitive indicators for the FRLD

| Outcome | Possible indicator | Measurement method |
|---|---|---|
| Reduced unpaid emergency care burden | % decrease in average unpaid care hours 6–18 months post-event | Time-use surveys |
| Psychosocial recovery | % of caregiving households accessing mental health / trauma services | Household surveys |
| Restored care infrastructure | # of child/elder-care hubs rebuilt or established per 100 000 affected people | Facility mapping |
| Caregiver well-being | Change in validated caregiver strain index (CSI) | Pre/post survey |
| Cultural continuity | # of revived collective healing rituals or traditional care practices | Qualitative monitoring and evaluation |

Disbursement channels are another key change domain. Small-grant windows through national direct access entities or municipal governments can be used to enable sub-granting to women-led and Afro-descendant/ Indigenous CSOs for last-mile delivery. Finally, in terms of technical assistance, the Santiago Network can be used to mobilise a roster of care and non-economic loss experts (trauma care, social protection, cultural heritage, disability-inclusive care) to support proposal preparation and monitoring.

## Box 3. Programme-level design questions to shape care-centred climate finance

| Dimension | Example of design questions |
|---|---|
| Infrastructure | Are we investing in physical and relational care systems (clinics, childcare, mobile care units)? |
| Labour | Are caregivers recognised and remunerated as climate actors? |
| Governance | Do local women and care networks share in design and power? |
| Metrics | Do indicators track time use, well-being, and social resilience gains? |
| Finance instruments | Do mechanisms allow for integrated care-climate proposals and flexible disbursement? |

## Bridging the divide: Towards a unified policy framework for embedding care into institutional mandates

The discussion here has made it clear that there are evident synergies and efficiencies in grounding climate finance within care-centred frameworks. Integrating care into climate finance can generate cross-cutting enabling conditions, with empirical studies (AIIB & UN Women, 2025; Climate & Care Initiative, 2024a) showing that care investment multiplies adaptive capacity and recovery speed. Effective integration of this approach is anchored in the complementary strands of policy advocacy, capacity building and transformative governance reform.

In terms of policy advocacy, opportunities lie in aligning climate finance guidelines with SDG 5 (Gender Equality) and SDG 13 (Climate Action), while promoting participatory budgeting, gender-responsive and feminist finance tools, and policy coherence across relevant ministries (climate, gender, labour, health). Transformative capacity building measures include the training of national authorities, NGOs, and international financial institutions in care-centred climate analysis, the funding of local data collection relating to care burdens exacerbated by climate stress, and the institutionalisation of peer learning among climate and gender focal points.

Conceptual and planning shifts to reframe care as climate infrastructure require recognising care work—both paid and unpaid—as essential infrastructure for resilience, alongside the systematic inclusion of health systems, early childhood and elder care, mental health services, and community caregiving networks in adaptation planning and financing.

### Core policy and governance priorities

Specifically, the following institutional and policy priorities provide a practical framework for embedding care into climate-finance mandates:

1. *Budgetary reform: Allocate dedicated funding for care systems.*
   - Establish dedicated budget lines within adaptation and just-transition portfolios.
   - Ensure access for grassroots women's groups, cooperatives, and social-care providers.

2. *Governance reform: Institutionalise participatory governance.*
   - Reform governance of climate funds to secure meaningful representation of care providers, women's organisations, Indigenous and Afro-descendant leaders.
   - Move beyond consultation toward co-design and co-governance mechanisms—mirroring the enhanced direct access and direct access entity modalities in AF and GCF.

3. *Measurement reform: Develop care-sensitive metrics and indicators.*
   - Integrate indicators for capturing reduction in care burdens, improvements in time-use equity, well-being, and community resilience, alongside standard metrics such as emissions reduction or GDP growth, in line with UN Women and OECD (2024) emphasis on time-use data as key to evaluating social resilience.

4. *Policy coherence: Promote cross-sectoral synergies.*
   - Align climate-finance architecture with universal social protection, education, and healthcare access goals.
   - Coordinate across UN Women, UNDP, ILO, and WHO, and multilateral development banks to prevent siloed funding and duplication.

5. *Normative orientation: Promote a reparative finance ethos.*
   - Embed justice, equity, and historical responsibility in fund governance.
   - Prioritise countries and communities contributing least to climate change but carrying the heaviest unpaid care burdens. This principle aligns with loss and damage negotiations and reparative climate-finance frameworks (see Bond, 2023; Ghosh et al., 2023).

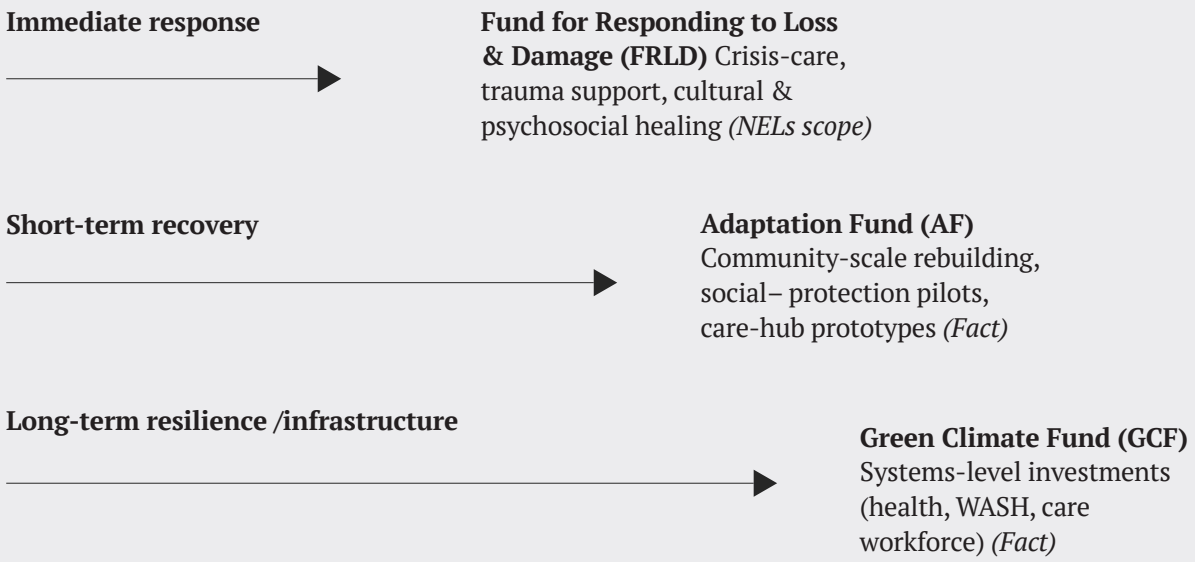
6. *Institutional learning: Build capacity and knowledge sharing.*
   - Invest in training, research, and South-South knowledge exchange on care-centred strategies.
   - Support regional peer networks among national implementing entities, care ministries, and feminist research institutes to translate evidence into policy.

Taken together, the analysis above points to a small set of design elements that can guide care-centred climate finance across funds and time horizons: dedicated care budget lines within adaptation proposals; co-developed indicators measuring impact on unpaid care burden and well-being; flexible funding cycles acknowledging relational timelines of care; multi-sector partnerships among climate, health, gender, and labour ministries; and participatory monitoring led by caregivers and frontline communities.

## Towards a coherent architecture: Layered financing for care

Care-centred climate finance does not require the creation of entirely new institutions. Rather, it calls for a clearer articulation of how existing funds within the UNFCCC ecosystem can operate as a sequenced and complementary financing architecture, aligned across different temporal horizons of climate impact and recovery. Each major fund already performs a distinct function in the climate response continuum, from immediate crisis response to community-scale recovery and long-term systems transformation. When viewed through a care lens, these roles reveal an implicit but underutilised care-centred adaptation pipeline, in which loss and damage, adaptation, and resilience-building investments can be strategically aligned rather than siloed (see Figure 1).

### Figure 1. How and when UNFCCC funds collectively support layered care-centred recovery




Read together, these differentiated mandates suggest that care need not be confined to a single fund or instrument. Instead, care can be financed in layered ways: as immediate psychosocial and cultural repair following climate shocks; as community-based rebuilding and social protection during recovery; and as long-term investment in care systems that underpin resilience, including health, water, sanitation, and the care workforce. This layered approach helps avoid both duplication and gaps, while recognising that care needs evolve over time.

A comparative perspective further highlights how each fund offers distinct entry points for embedding care within its existing modalities, governance arrangements, and monitoring frameworks. As Table 1 illustrates, the AF, GCF, and FRLD each bring complementary strengths, from localised access and community-led design to system-level investment and recognition of non-economic losses, that together can support a coherent care-centred climate finance architecture. Together they form a care-centred adaptation pipeline – FRLD for immediate trauma response, AF for community rebuilding, GCF for structural transformation, and within this each play specific roles.

While these operational levers clarify how care can be embedded in project design and delivery, a coherent approach also requires situating care within the broader architecture of climate finance and understanding how different funds can work together. Operational tools alone are insufficient unless they are anchored within a coherent financing architecture that aligns loss and damage, adaptation, and resilience investments across institutions and time horizons. Beyond project-level operationalisation, embedding care sustainably within climate finance requires attention to the institutional architecture through which loss, recovery, and long-term resilience are financed.

**Table 1: Comparative roles of different climate funds in supporting the care economy**

| Componet | Fund for Responding to Loss and Damage (FRLD) | Adaptation Fund (AF) | Green Climate Fund (GCF) |
|---|---|---|---|
| **Care framing** | Care as site of both economic and non- economic losses | Care as adaptation infrastructure | Health and care as resilience systems |
| **Access modalities** | Local and survivor- led design potential | Enhanced direct access | Direct access entities |
| **Financial instruments** | Proposed care recovery facility | Thematic calls, local innovation grants | Co-investment facility, simplified approval process |
| **Community role** | Frontline healing networks | Locally led adaptation | Community-based proposals via direct access entities |
| **Gender/care lens** | Potential for survivor/care-informed planning | Gender policy amendable to including care | Gender action plans include care dimensions |
| **Monitoring** | Requires tracking relational loss | Care-sensitive indicators possible | Gender monitoring and evaluation can include care data |

## Conclusion: Bringing care from the margins to the centre of climate finance

As climate shocks intensify, the question is no longer whether we can afford to fund care, but whether we can afford *not* to. Care is the connective tissue that holds societies together in moments of rupture and is the foundation of collective recovery. Climate finance that ignores care not only perpetuates inequality but also overlooks one of the most strategic investments in resilience.

This briefing has argued that care is not peripheral to climate resilience; it is central. Drawing on foundational analyses and emerging empirical evidence, the case is clear. Small and van der Meulen Rodgers (2023) demonstrate that unpaid care work constrains women's empowerment, while accessible and well-designed care infrastructure enhances women's labour-market participation and economic security. Similarly, UN Women emphasises that care infrastructure, while often neglected or ignored, has wide-ranging economic and social benefits: it bolsters women's time and opportunities for decent paid work, education, and well-being, and generates quality jobs while increasing income and tax revenue (AIIB & UN Women, 2025).

By embedding care into the architecture of climate finance, through governance reform, targeted investment, and reparative principles, we lay the groundwork for a profound transformation. We shift from a paradigm of extraction and austerity to one of regeneration and repair. COP 30 offers a pivotal platform to advance this vision. It is a moment to broaden the very definition of infrastructure, amplify the voices that matter in decision-making, and reallocate resources in ways that genuinely uphold climate justice.

The choice before us is not merely between decarbonisation and adaptation. It is about avoiding maladaptation while safeguarding dignity; about belonging, not just adaptation; and about relationships, not just resilience.

In short: let us finance a future where care is central — because what we care for, we sustain.

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