



**ASIA FEMINIST  
COALITION**

# CATALYSING VOICES FROM ASIA TO CARE FOR 'CARE'

November 2025



## About Asia Feminist Coalition

The Asia Feminist Coalition is a network of 24 feminist organizations across Asia working towards gender justice and equality. The coalition was formed in 2022 and is committed to building a feminist movement in Asia that is intersectional, inclusive, and diverse.

## About this publication

This publication is the coalition's effort towards strengthening evidence-based advocacy informed by our collective understanding and experiences around care work in South Asia. We are putting forward our demands for building equitable and care-centered economies.

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We also express sincere gratitude and solidarity towards the countless care workers who hold our worlds together.



Photo by: Vinayak Puthiezhatti

# List of Acronyms

<b>CNRS</b>	Center for Natural Resource Studies
<b>ECD</b>	Early Childhood Development
<b>IDWF</b>	International Domestic Workers' Federation
<b>ILO</b>	International Labour Organization
<b>IWWAGE</b>	Institute for What Works to Advance Gender Equality
<b>NDWM</b>	National Domestic Workers' Movement
<b>RCT</b>	Randomized Control Trial
<b>WDI</b>	Women's Development Innovators



Women's

# UNPAID WORK

continues to subsidize the cost of care in the economy.

As a feminist group from Asia, in solidarity with care workers, we are putting forward a collective vision for more equitable economies that account for CARE in development agendas.



Photo by: Elizabeth Stevens/Oxfam

# FOR A FAIR CARE FUTURE, WE DEMAND THAT:

## 01 Care as a Human Right

Care must be seen as a human right: the right to give, receive, and perform self-care with dignity.

## 02 Care as a Public Good

Care must be recognized as a public good, operating on the principles of justice, equity, and universality backed by State accountability.

## 03 Valuing All Care Work

Both paid and unpaid care work should be recognized and valued as a fundamental aspect of our communities and societies.

## 04 Economic Recognition of Caregivers

People providing care - whether paid or unpaid - must be acknowledged for their contribution to the economy.

## 05 State Responsibility in Care Work

The State guarantees living wages and income, universal social protection<sup>[1]</sup> and ensures prevention from violence as well as decent work conditions to all paid and unpaid care workers regardless of their background, income, gender, social, citizenship status and geographical location.

## 06 Intersectionality in Care Work

Recognising and acknowledging that care work also has intersecting identities like social identity or caste, class, gender and these identities could lead to further marginalization.



<sup>[1]</sup> Social protection is social security guarantees which secure protection for all in need, over the life cycle, to available, accessible, acceptable and quality essential health care including maternity care, and to basic income security especially for children, for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability, and for older persons; which together secure effective access to goods and services defined as necessary at the national level. (Recommendation on Social Protection Floors 2012 (No. 202) ([ilo.org](http://ilo.org)))

# THE FUTURE WE ENVISION CAN BE ACHIEVED THROUGH:

**1** Invest more and allocate 3%-10% <sup>[2]</sup> of national income towards equitable, quality, public care services

Invest in social protection schemes including social protection floors, and design social protection programmes including cash transfer programs that are linked to maternity benefits, childcare allowances, disability allowances, and care for older persons.



**Allocate 3% - 10% of National Income**

**3**

Developing country level policies on care with clear vision identifying the evolving care needs and corresponding requirement of service provision including safeguards and protection for care workers.



**4**

Public infrastructure must be made available for care services to reduce the operational costs. Requisite amendments to existing legislations and building bye-laws must be made to include these provisions. These spaces must uphold the values of inclusivity and accountability to ensure equal and dignified access to everyone.



**Public Infrastructure for Care Services**

<sup>[2]</sup> Centre for Global Development & Global Alliance for Care. (2024). [The global roadmap for action on the care economy.](#)

# THE FUTURE WE ENVISION CAN BE ACHIEVED THROUGH:



## Professionalize the Care Workforce

5

**Professionalizing the Care Workforce:** Countries must enable the recognition of care workers as skilled professionals by curating dedicated skill training programs, certifications etc. within government skilling bodies. This curriculum must be co-created with the care workers and care recipients to make it relevant to the realities of our communities.

Introduce and support community-led efforts run by self-help groups and cooperatives like community kitchens, and community based care services to empower women's groups.

6



## Introduce Community-Led Efforts

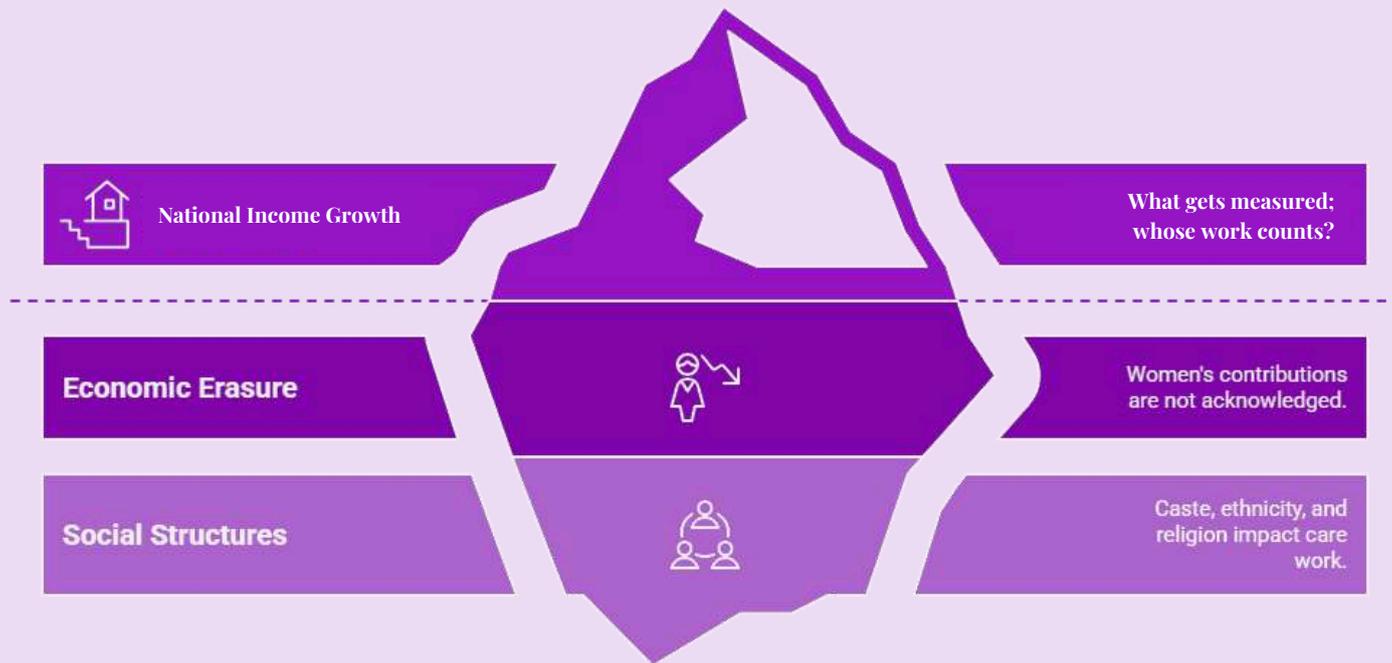


## Engage Men and Boys

7

**Engaging men and boys:** Concerted advocacy and policy measures aimed to effecting attitudinal shifts through tailored campaigns, training and behavior change programs targeting families, particularly men & boys in order to redistribute unpaid care work. By encouraging equal and responsible contribution from everyone we can build stronger and resilient communities.

*Our demands are a response to the distinct yet shared challenges emanating from the invisibilization of care work of women from the countries in South Asia.*

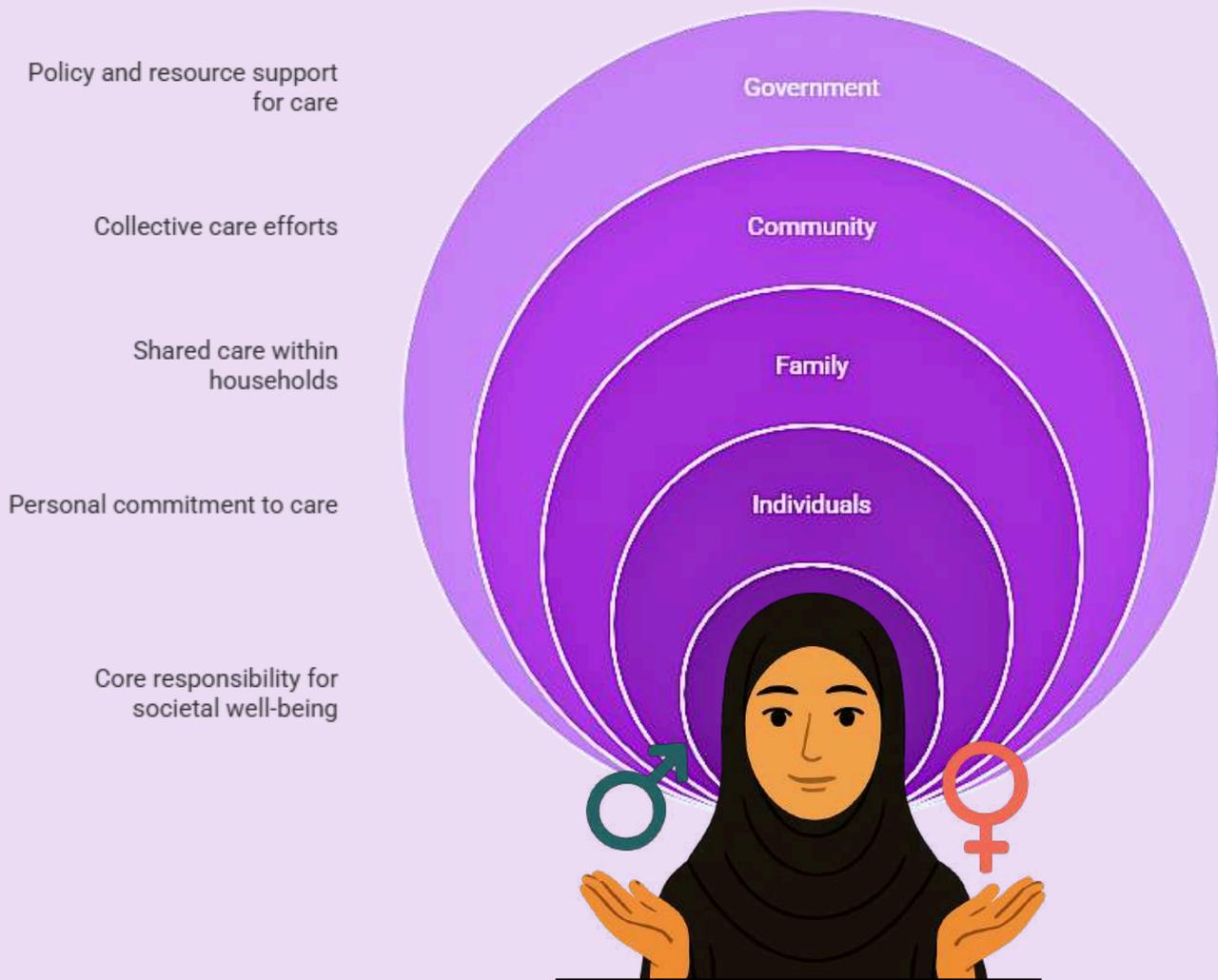


Care work and what constitutes care work requires introspection as it represents the heart of our societies. It is the invisible foundation upon which our daily lives are built, ensuring that families thrive and communities function smoothly. Conventional economics and social structures fail to acknowledge the physical, emotional and mental labour that goes into care work; leading to the erasure of women's contributions to the economy and society at large. In the South Asian context, deep rooted social structures like caste, ethnicity, and religion severely impact the ways in which care workers and their labour is perceived leading to further undervaluation or deliberate devaluation.

Care work encompasses both direct care for children, the elderly, individuals with disabilities, and those dealing with illnesses, as well as indirect care or domestic tasks, such as preparing meals and supplying essential household needs. Care work spans two main areas: unpaid care work, which includes both direct and indirect support provided for households or communities, and paid care work, typically involving direct & indirect care services performed in exchange for wages or profit.



## Care Responsibility Distribution



*While we acknowledge the increasing involvement of the private sector in care delivery, this publication's focus is on the role of governments and communities.*

### A CARING ECONOMY IS ONE WHERE

- care work is not governed by gender roles within households and otherwise;
- paid forms of care work are seen as skilled professions (albeit operating at different skill levels depending on the nature of work) with fair wages, social protection and decent work conditions;
- States guarantee requisite care infrastructure and service provisioning backed by adequate public spending

It is time we reimagine our shared futures as one where every child enjoys the right to safe and quality care; the elderly, those dealing with illnesses and living with disabilities have access to dignified forms of care; thus, ensuring everyone can reach their full potential.

## RECOGNIZING AND VALUING UNPAID CARE WORK (Recognize, Reduce & Represent)

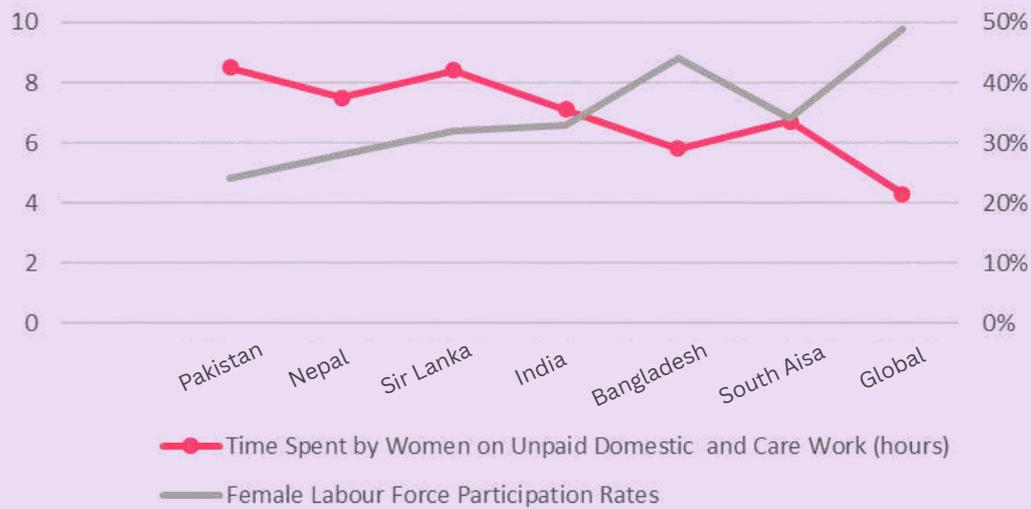
A cursory look at the time use survey data from countries in South Asia, shows the skewed distribution of unpaid care work, which is predominantly carried out by women. This essential work underpins the entire economy by ensuring the well-being and productivity of the paid workforce.

*If unpaid care work in Asia and the Pacific was carried out by a single company, it would have an annual turnover of \$3.8 trillion which is 9 times that of Apple. - says Oxfam*

Country	Time Spent on Unpaid Domestic and Care Work (hours) <sup>[4]</sup>		Female Labour Force Participation Rates <sup>[5]</sup>
	Male	Female	
Bangladesh	0.8	5.8	44%
Nepal	3.7	7.5	28%
Sri Lanka	4	8.4	32%
India	2.7	7.1	33%
Pakistan	1.2	8.5	24%
South Asia	1.2	6.7	34%
Global	1.6	4.3	49%

<sup>[4]</sup> For Bangladesh, see [Bangladesh Time Use Survey \(2021\)](#); for Nepal, see [Nepal Time Use Data for Enhancing Social Inclusion and Gender Equality](#); for Sri Lanka, see [Sri Lanka Time Use Survey \(2017\)](#); for India, see [India Time Use Survey \(2024\)](#); for Pakistan, see [Pakistan Time Use Survey \(2007\)](#); for global, see Charmes, J. 2019. [The Unpaid Care Work and the Labour Market](#). International Labour Organization.

<sup>[5]</sup> To ensure consistency of definition of Female Labour Force Participation Rates across countries, we have used modeled [ILO estimates](#) for female population aged 15+



**Time Spent on Unpaid Domestic & Care Work versus Female Labour Force Participation Rates**

The burden of unpaid care work borne by women is related to gender gaps in labour outcomes. Hence, the time and labour used in the unpaid care work should be calculated. The definition of work and labour should be redefined. In order to value care work, time use in care work and monetary calculation mechanism should be developed.

- Vice Chairman, Policy and Planning Commission, Karnali Province, Nepal



The unequal distribution of care work implies disproportionate access to learning and earning opportunities for men and women. Since women bear the major brunt of caregiving responsibilities, they have less time for economically productive or market-oriented activities such as training, education, employment and entrepreneurship. The fewer the opportunities they have for creating capital for themselves and their families, the larger the gender gaps in labour outcomes. The gaps are also exacerbated because of the dual burden thereby resulting in wage gaps in the labour force. Unpaid care work negatively affects adolescent girls, especially in the South Asian context, as they are expected to take on care tasks at relatively younger ages, delaying their pursuit of financial independence, ultimately compromising their dreams and aspirations.

Care currently is an unrecognized economic contribution of women and girls to the national economy which needs to be valued. - Nalini Ratnarajah, WDI, Sri Lanka





Due to the lack of policy vision, poor investment and implementation challenges, South Asian countries report a severe dearth in care infrastructure like childcare centers, elder care homes that provide affordable and accessible care services, which can reduce aforementioned care burden. Additionally, countries in the region have also failed at universalization of social infrastructure like tapped water, clean energy and uninterrupted power supply, which can significantly reduce the drudgery of unpaid domestic work.



Photo by: Elizabeth Stevens/Oxfam

## Improving Care Infrastructure in South Asia



## STRENGTHENING THE RIGHTS OF PAID CARE WORKERS (Reward and Represent)

*If care work was acknowledged as a formal profession, it would undoubtedly rank among the oldest and most critical vocations in the world- professions that have historically advanced societies and communities.*

Care workers' rights must be viewed within the framework of labour rights. They deserve respect, recognition, fair compensation, social protection- backed by principles of decent work.

The paid care economy remains undervalued and severely underpaid with little to no semblance of social protection. Women comprise a majority of the care workforce. Social norms and gendered division of labour lead to care work being considered inherently feminine. Consequently, even when caregiving takes the form of paid



Photo by: Sruthi Kutty

employment, it is considered an extension of the unpaid work women perform at home. This is very well reflected in the low quantum of remuneration given to the frontline workers involved in delivery of community based ECD and healthcare services, despite the fact that they provide the most crucial form of paid care work.

*If we want an equal and inclusive society, we need more care and investment. Care responsive plans, policies and infrastructure can create an avenue for marginalized communities for a better future. – Sarmila Thapa, Yuwalaya, Nepal.*



In India, the number of women frontline workers, mainly the ASHAs, Anganwadi workers and helpers stand at 3.4 million. Other countries in the region also employ a significant proportion of women workers in similar roles with different nomenclature like ECD workers, Village Health Workers, Female Community Health Workers etc. What remains constant across the region, however, is the conceptualization of this critical workforce as “volunteers” or “community health volunteers with low skill and meagre remunerations/honorarium.



Similarly, despite accounting for 25% of the global care workforce, many domestic workers lack access to decent working conditions, such as fair wages, paid leaves, maternity benefits, and social protections. This perpetuates the harmful perception that domestic work is “unskilled” and an extension of unpaid household labor. In reality, domestic workers operate at a medium skill level, gaining expertise through years of experience and training. However, the sector remains one of the top five for forced labor, with migrant domestic workers facing even greater vulnerabilities due to exclusion from national labor laws and restrictions on forming unions.

A mapping study conducted by The International Domestic Workers’ Federation (IDWF) on care policy in 12 countries in Asia provides evidence that domestic work is care work and calls for regulatory frameworks to recognize these skills, ensure equal labor rights, and provide opportunities for skilling and upskilling, while protecting workers under national labor codes.



*It is essential that we acknowledge and appreciate the efforts of all caregivers, rather than taking their contributions for granted. – Tasnima Mukit. CNRS, Bangladesh*





Several care workers either domestic workers or others caring for the elderly come from marginalized communities. They also continue to face barriers to accessing rights and entitlements and therefore any policy or solutions should be intersectional and inclusive in nature.

– **Beena Pallical, Asia Dalit Rights Forum, India**



As per National Domestic Workers' Movement (NDWM), the total number of domestic workers in India range from official estimates of 4.2 million to unofficial estimates (based on statistics from non-governmental organisations) of more than 50 million in 2022. Similarly, it is estimated that Nepal has at least 200,000 domestic workers and the majority of them are female. Sri Lanka had 66,677 recorded domestic workers, with a significant majority (89%) being female, according to the 2022 Labour Force Survey. According to ILO estimates, there are at least 8.5 million domestic workers in Pakistan, the vast majority of whom are women and young girls. In Bangladesh, the number of domestic workers is 1.3 million which accounts for around 0.8% of the total labour force of Bangladesh. Apart from fair wages, the paid care workforce must also receive health coverage,

paid leaves, maternity entitlements and safe working environments. It is indeed a matter of grave injustice, that these care workers- be it domestic workers, community health workers or ECD workers - who are the backbone of maternal and child health are themselves deprived of critical safeguards and maternity entitlements.



*Centering the care economy in the phenomena of 'work' with decent wages, linking it with social protection, formalization (professionalization) of care work, creating fairer opportunities and involving these workers in decision making forums is essential.*

# FOSTERING CARING MASCULINITIES (Redistribute)



Photo by: Sruthi Kutty/IWWAGE

*Every person has been a recipient of caregiving at some point in their lives, and yet not everyone is involved in caregiving. Redistributing care work is paramount to dismantling existing power hierarchies.*

In his [article](#) “Gender Equity Still Requires a Focus on the ‘Second Shift.’”, Joseph de la Torre Dwyer has beautifully explained why unremunerated care work is distorting our society. He says that: *by transferring payments from those who care to those who don't with at least three important consequences; we guarantee that the powerful will never perform care; we promote an unsustainable consumerism; and we exacerbate the excessive inequalities and reduced wellbeing of the shareholder society. It is only by naming care as work that must be remunerated that we can change all three. By incenting the powerful (e.g., men, the rich) to engage in substantive*

*care, care and power would touch, perhaps definitively altering politics as we know it.*

This is in line with evidence from South Asia that have consistently highlighted the link between unpaid care work and gender-based violence<sup>[6]</sup>. Reducing women's caregiving burden, promoting shared responsibilities, and empowering women economically are critical steps toward reducing gender based violence in the region. Policies and programs that address these issues can create more equitable and safer environments for women.

<sup>[6]</sup> Oxfam India, On Women's Backs, India Inequality Report 2020  
[https://www.oxfamindia.org/sites/default/files/2020-01/Oxfam\\_Inequality%20Report%202020%20single%20lo-res%20%281%29.pdf](https://www.oxfamindia.org/sites/default/files/2020-01/Oxfam_Inequality%20Report%202020%20single%20lo-res%20%281%29.pdf)



*Care work to me is an expression of care and love to your loved ones if done by choice. However, if you are obligated or forced, it becomes a burden. This burden is further exacerbated when it is unpaid and taken for granted, particularly in the case of women.*  
 - **Anbreen Ajaib. Bedari, Pakistan**

## LEARNINGS FROM THE GENDER LAB, INDIA

The Gender Lab is a non-profit that works towards empowering adolescents and youth in urban and rural communities in India. Through their program with adolescents, they found that unpaid care work has always affected the lives of adolescent girls and women.

There was fear of imminent violence if their 'duties' wouldn't be fulfilled. Girls couldn't be fully present in the program or step out of their homes despite their interest and willingness.



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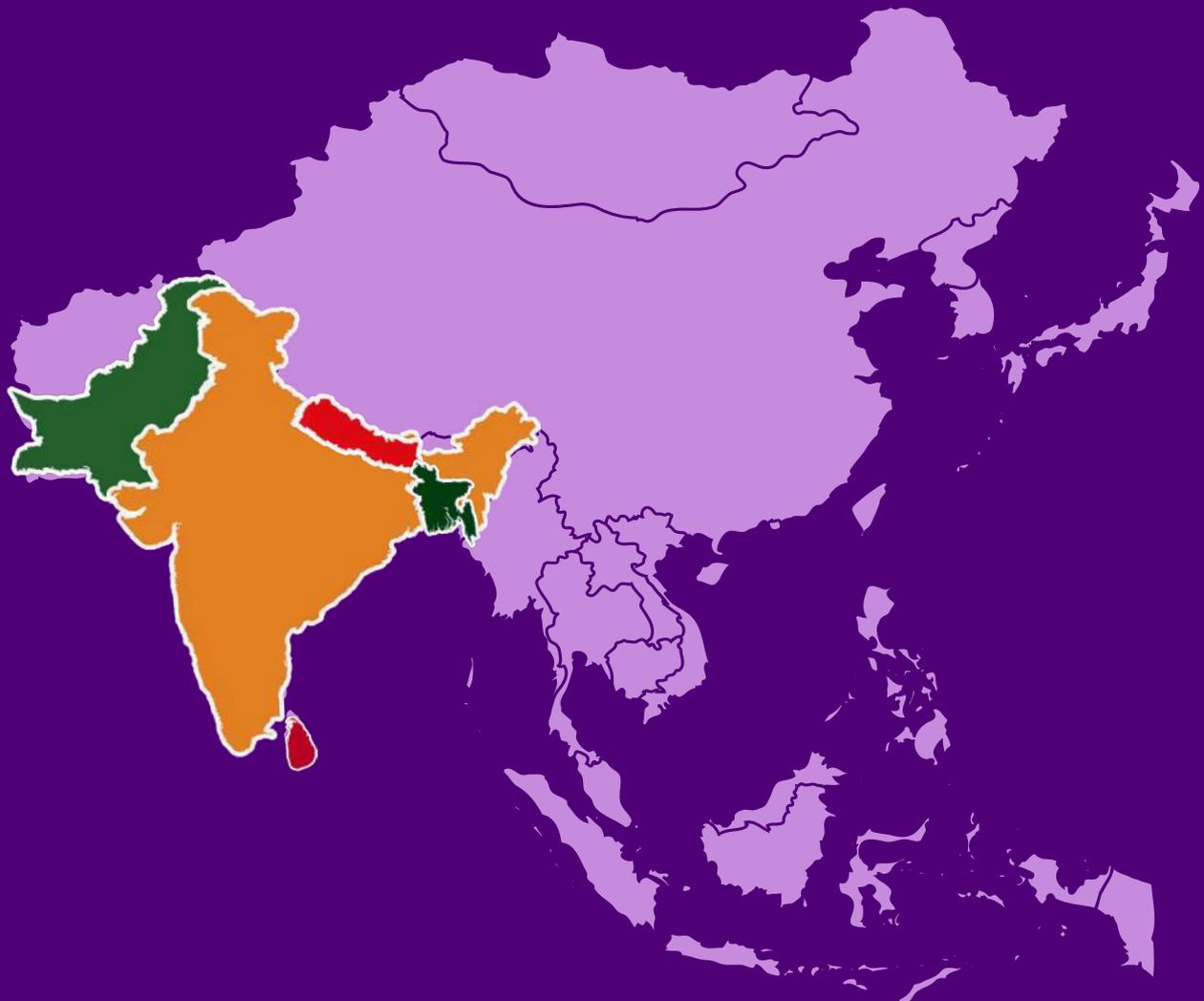
Initiatives like Program P<sup>[7]</sup> with presence across all countries in the region - work with expectant fathers to instill better ideas of caregiving and fatherhood. These programs work with fathers and their partners at early stages of pregnancy, which is a critical period to sensitize men to challenge traditional masculinity and enable positive social behaviours in their families and communities. Findings from a randomized controlled trial (RCT) studying Program P in Rwanda demonstrates significant effects of this gender-transformative initiative on health and violence-related outcomes. The results indicate that nearly two years after participating in the program, men were almost 50% less likely to perpetrate violence against their female partners and spent approximately one additional hour per day on household chores.

*Engaging men in caregiving enables us to reshape traditional notions of masculinity, foster nurturing fatherhood, create homes free from violence, and build more equitable societies.*



<sup>[7]</sup> Program P is conceptualized by the REDMAS, Equimundo, and Fundación CulturaSalud/EME <https://www.mencare.org/what-we-do/programming/>

# SOUTH ASIA CARE POLICY MAPPING



## TRENDS OBSERVED IN CARE POLICY MAPPING:



To better understand the care policy structure in South Asia, we conducted a rapid care policy mapping across five countries: Bangladesh, India, Pakistan, Sri Lanka, and Nepal. The following observations and trends are based on the limited available data online.

- There is an absence of dedicated policy focusing on care.
- Despite the high demand of care work in the region, the implementation remains poor and underfunded in almost all countries resulting in inadequate infrastructure and substandard care facilities
- With the push to retain care at the household level and increasing labour force participation rates of women, the care burden is being shifted to underpaid informal workers who can work in the households: such as domestic workers.
- There is urban-rural divide in accessing and availing the care services and benefits
- Present care policies and laws lack an intersectional approach - for instance, there is very limited data and policies for people living with disabilities.
- Parental leaves are available in all countries, however there is evident gender disparity with men having very limited paternity leaves reinforcing traditional gender roles and limiting men's involvement in caregiving responsibilities.
- Domestic workers have little to no recognition as care workers in these contexts

# BANGLADESH

## Childcare

- Government-subsidized daycare centers: The Child Daycare Centre Bill 2021 was passed to support working parents.
- Daycare centres: 63 centres nationwide, operated by the Department of Women Affairs (DWA) under the Ministry of Women and Children Affairs (MoWCA).
- Penalties: Failure to maintain safety in daycare centers can result in fines or imprisonment.

## Elderly Care

- Government-subsidized residential and community care services under the National social security Strategy (NSSS).
- Pension system: Includes old age allowance, allowances for freedom fighters, widows, and vulnerable groups.
- Challenges: Limited coverage and implementation.

## Care for Persons with Disabilities

- Bangladesh Persons with Disability Welfare Act 2001: Aims to support the welfare of individuals with disabilities.
- National Coordination Committee for Welfare of Persons with Disabilities: Oversees implementation.
- Challenges: Limited budget allocation and slow progress.

## Family-Friendly Workplace Policy

- Maternity leave: 120 days paid maternity leave. Workers can take the entire 120 days before or after birth of their child.
- Paternity leave: No legal requirement, but some companies offer 5 days to 4 weeks.
- Daycare: Organizations with 25+ women employees must set up daycare centers.



# PAKISTAN

## Childcare

- Provincial laws: Require employers with a certain number of female employees to provide childcare.
- Factories Act 1934: Mandates 'suitable' facilities in factories with 50+ women employees.
- Punjab Factories Rules 1978: Requires daycare rooms for children under six.
- In Islamabad Capital territory, any establishment having at least 70 employees should provide a day care service.

## Elderly Care

- Senior Citizens Act: Provides benefits like free healthcare, pensions, and financial assistance for low-income elderly citizens.
- Benazir Income Support Programme (BISP): Offers financial aid to elderly citizens (above 60 years of age) from impoverished backgrounds.
- Challenges: Limited access to specialized geriatric care.

## Care for Persons with Disabilities

- National Disability Policy: Aims to promote inclusion and empowerment of people with disabilities.
- Special education programs: Efforts to expand services for children with disabilities.
- Disability allowances: Provided to eligible individuals.

## Family-Friendly Workplace Policy

- Maternity leave: Up to 180 days for the first birth, 120 days for the second, and 90 days for the third.
- Paternity leave: Up to 30 days for three times.
- West Pakistan Maternity Benefit Ordinance 1962: Provides 12 weeks of paid maternity leave.



# SRI LANKA

## Childcare

- National Guidelines for Child Day Care Centers (2017): Regulates 1,200 daycare centers serving 24,000 children.
- National Policy on Early Childhood Care and Development (2013): Ensures accessible and high-quality early childhood care.
- Maternal and Child Health Program: Provides prenatal, postnatal, and immunization services.

## Elderly Care

- National Policy for Senior Citizens: Focuses on health, welfare, and dignity of the elderly.
- Public Assistance Pensions (PAP): Provides pensions for economically disadvantaged elderly citizens.
- Free healthcare: Available for all citizens, including the elderly, but specialized geriatric care is limited.

## Care for Persons with Disabilities

- Protection of the Rights of Persons with Disabilities Act (1996): Ensures non-discrimination in employment, education, and public services.
- National Policy on Disability (2003): Promotes inclusion in education, employment, and health services.
- Accessibility Regulations (2006): Mandates accessibility in public spaces, buildings and transport.

## Family-Friendly Workplace Policy

- Maternity leave: 12 weeks for live birth, 6 weeks for stillbirth.
- Paternity leave: 3 days for fathers working in the public sector.
- Shops and Office Employees Act: Provides 84 working days of maternity leave for live births and 42 days for stillbirths.



# INDIA

## Childcare

- Factories Act: Mandates creches in factories with 50+ women employees.
- Saksham Anganwadi and Poshan 2.0: There are 13.6 lakh Anganwadi (ECD) centers with workers being paid an honourarium. Services include: Health Check-ups, Immunization, Growth promotion and supplementary feeding, Referral services, Early childhood care and education, Nutritional and health education
- Schemes like Palna and MGNREGS: Provide for the establishment of creches.

## Elderly Care

- Integrated Programme for Senior Citizens (IPSc) under which grants in aid are given for running and maintenance of Senior Citizens Homes/ Continuous Care Homes, Mobile Medicare Units etc
- Challenges: Limited government support for elderly care.

## Care for Persons with Disabilities

- Legislation and schemes: Exist for persons with disabilities, but they do not specifically address caregiving.
- Challenges: Lack of comprehensive care services for disabled individuals.

## Family-Friendly Workplace Policy

- Maternity leave: 26 weeks for the first two children, 12 weeks for subsequent children.
- Paternity leave: 15 days.



# NEPAL

## Childcare

- Early Childhood Centers: Established under the Constitution of Nepal.
- Safe Motherhood and Child Grant Program: Provides cash transfers to mothers and caregivers
- District Child Welfare Boards (DCWB): Oversee childcare services.
- Labor Act 2017: Mandates childcare centers in organizations with 50+ women staff.

## Elderly Care

- Senior Citizen Act 2006: Provides social security allowances for elderly citizens, ranging from NPR 2,660 to NPR 4,000 per month.
- Concessions: Priority seating in public transport and other benefits.

## Care for Persons with Disabilities

- Rights of Persons with Disabilities Act (2017) ensures equal rights for persons with disabilities in education, employment, and public services
- Monthly allowances: Provided to individuals with disabilities based on severity (Group A: NPR 3,990, Group B: NPR 2,128).
- Rehabilitation programs: Include accommodation for girls and women with disabilities.

## Family-Friendly Workplace Policy

- Maternity leave: 14 weeks of paid maternity leave under the Labor Act 2017.
- Paternity leave: 15 days.
- Paid breastfeeding breaks: Provided at work.
- Postpartum leave: Additional 30 days for complications during childbirth.







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